## Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

**Freephone:** 0800 183 0204
**From a mobile or abroad:** 0115 924 9924 ext 65412 or 62301
**E-mail:** pals@nuh.nhs.uk
**Letter:** NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 67184.

The Trust endeavours to ensure that the information given here is accurate and impartial.

**NUH01212N**



Nottingham University Hospitals NHS Trust

# Induction of Labour

Information for women being offered Induction of Labour

**Maternity**

This document can be provided in different languages and formats. For more information please contact:

Labour Suite, Queen's Medical Centre
Direct line: 0115 875 4672
or
Labour suite, City Hospital
Direct line: 0115 9 627710

Public **information**

We are here for you

This leaflet is designed to give you information on what induction of labour (IOL) is and how and why it is performed. It will also explain some of the benefits and disadvantages and answer some of your questions.

## Induction of labour

IOL is a process of artificially starting a labour.

## Why is labour induced?

The length of a pregnancy is usually 40 weeks. Some women will go into labour naturally from 37 weeks, whilst others will not go into labour until 42 weeks. Research has shown that the placenta (also known as the 'afterbirth') will become less efficient in a number of pregnancies which have gone more than two weeks over the due date.

If labour has not started naturally by your due date then you may be offered a date for IOL. If IOL is offered, the midwife or doctor will explain the reasons why this is advisable for you, and they will make sure that you understand the reasons and answer any questions you might have.

IOL may also be offered if:

- You have a medical condition such as pregnancy-induced hypertension (high blood pressure) or diabetes.
- There is concern over the well-being of your baby.
- The membranes (waters) have broken. Often labour will start when this happens. Your midwife will advise you in this situation.



While there is a chance your IOL may be delayed there may also be occasions where we can accommodate you the day before. If we are able to do so we will ring you to discuss this.

QMC Labour Suite 0115 8754672
QMC Induction Suite: 0115 9249924 ext 64499

City Labour Suite 0115 9627710
City Induction Suite 07805732169

## Further information

The information in this leaflet is from guidelines which midwives and doctors use all the time. They are local and national guidelines and are produced from research. Your midwife or doctor can give you more information should you require it.

More information is also available from:

- Nottingham University Hospitals NHS Trust website at www.nuh.nhs.uk
- The National Institute for Clinical Excellence website at www.nice.org.uk
- Royal College of Obstetricians and Gynaecologists website at www.rcog.org.uk
- NUH leaflets: **Positive ways to manage pain in labour**, and **Monitoring your baby's heartbeat during labour** (available on the NUH website, or please ask a member of staff)

itself. This is because your body has not had as long to build up your endorphins (natural painkillers) as they would have if you had gone in to labour naturally. Women describe labour pain in different ways (see the leaflet – 'Positive ways to manage pain in labour').

The pain with prostaglandin is likely to be similar to the pain in early labour. As your labour establishes, the pain will become stronger. If you need to have a Syntocinon drip the midwife will make sure it is increased gradually to avoid too many contractions happening too quickly. You will always be cared for by a midwife, and she will support you in your choice of coping skills and pain management.

## Reason for IOL:

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Date: ---

Please ring ---------- at ---------- am / pm

Ask to speak to the Induction midwife, and please remember that your IOL may be delayed. Make sure you have something to eat and drink before you come into hospital.

We kindly ask that on the day of your IOL you are ready to leave for the hospital prior to ringing us. This includes having made arrangements for your other children/dependents. If you are delayed arriving at the hospital it may be that circumstances have changed since you rang which may then result in further delay to starting your IOL.



## What happens if I need to be induced?

If you have not given birth by your due date, you will be given an appointment to see your community midwife or a hospital appointment to see a doctor. At this appointment the midwife or doctor will assess your general wellbeing, and that of your baby. She or he will feel your abdomen to see how your baby is lying and will ask about fetal movements. She or he may then suggest you have an internal examination to assess the cervix (neck of the womb), and offer you a 'membrane sweep'.

## What is a membrane sweep?

The cervix is the opening of the womb. A membrane sweep is a process whereby the midwife or doctor places a finger just inside the cervix and makes a circular movement. This is to separate the membranes from the cervix. Performing a membrane sweep increases the chances of labour starting naturally within the following 48 hours. Your midwife may offer you a blend of aromatherapy oils for use after your membrane sweep which can increase the effectiveness of the membrane sweep and thus increase your chances of going into labour.

A membrane sweep should be the first method used if IOL is advisable, unless your membranes have already broken. A membrane sweep may be uncomfortable, and you may have a 'show' later in the day. The 'show' is a plug of mucus, (sometimes brown or spotted with blood) which is released as the cervix begins to open. It should not cause heavy bleeding, and you should seek advice if heavy bleeding occurs.

The midwife or doctor will also make an appointment for you to come to the hospital where you are booked for IOL in case you still do not go into labour naturally. You will be asked to contact the Induction Lounge at a given time on the day of your induction. Your midwife will write the time and date down for you as well as the telephone numbers that you will need.

## How is labour induced?

The following methods can be used to induce your labour:

1. Vaginal prostaglandin to 'ripen the cervix'
2. Artificial rupture of the membranes (breaking your waters)
3. Intravenous Oxytocin, known as 'Syntocinon', to start your contractions and to keep your uterus contracting.

### 1. Vaginal prostaglandin

Prostaglandin induces labour by encouraging the cervix to soften and shorten (known as 'ripening'). It can be given by a tablet placed high in the vagina, or in a slow-release pessary, rather like a tiny tampon – this is known as 'Propess®'.

**If you are given Propess®:**

Your baby's heartbeat will be monitored using a cardiotocograph (CTG) machine. A CTG machine consists of two discs which are held in place by elasticated belts. One disc is placed at the top of your tummy to monitor how often your womb contracts. The other is held in place where your baby's heartbeat can be heard clearly. The belts are not uncomfortable. The CTG machine produces a printed graph (often called a 'trace') to show the pattern of your baby's heart rate.

The Propess® will be inserted by a midwife, and then your baby will be monitored for about half an hour afterwards. Once the Propess® is in place it will swell, which keeps it in place. You can walk around, shower, eat and drink normally. You may be offered a blend of aromatherapy oils which can aid relaxation and may help to stimulate contractions reducing the need for further interventions. Your midwife will continue to check on both you and your baby over the next few hours. Women who have had a normal pregnancy may be suitable to go home after a short period of monitoring after propess insertion (this is known as outpatient induction of labour). If you are suitable for



## Why might my induction be postponed?

Midwives and doctors understand that when your induction is postponed it can make you feel quite upset. However, they will give you reassurance and arrange for your induction not to be too delayed, depending on your circumstances and those of the labour ward. The midwives and doctors have to prioritise mothers and babies for IOL. Your IOL may be postponed if another mother has a greater need at the time you have been given. Your IOL may also be postponed if the workload on the labour ward means there is no midwife available to care for you at the time you have been given. Our priority is to ensure that when we start your IOL we can look after you and your baby safely.

## Can I be induced and still have a home birth?

Those women who are suitable for outpatient IOL would need to return to hospital to have a CTG performed once they are having regular contractions to ensure that their baby's heart rate pattern remains normal. If so then you could potentially return home for a home birth if the community midwives are available to care for you. However if complications arose or your contractions became less frequent then you may need to return to hospital for monitoring and to possibly have your waters broken or start syntocinon to increase your contractions again. The majority of women will not be suitable for home birth either because they are being induced for a medical condition/ concerns regarding the baby or because they need to have their waters broken/Syntocinon) which require that you and your baby are monitored more closely during the induction and labour process.

## Is it painful?

Labour pains usually start slowly and build up to become closer together and more painful towards birth. Induced labours are likely to be more painful than a labour which has started by

## Benefits of IOL

- IOL may relieve a medical condition (such as pregnancy-induced hypertension) which may otherwise get worse.
- Pregnancy is not prolonged beyond a date when the placenta may not function as well as it did earlier in the pregnancy.
- Some women feel less anxious when they have a date for IOL.
- IOL may be performed to prevent you getting an infection if your waters have broken and labour has not started.

## Risks or disadvantages of IOL

- The process of IOL may not work, in which case the midwife and doctor will discuss the options with you.
- Over-contracting of the womb may occur with either prostaglandins or Syntocinon. Drugs can be given to reverse over-contracting in extreme cases, and if related to the Propess®, this will be removed.
- IOL may take up to 48 hours to achieve and may involve more vaginal examinations.

## Can I choose not to be induced?

If you don't want to be induced at the time at which it is recommended, you should tell your midwife or doctor. However, it will be recommended to you that you attend the hospital for the team to check how you and your baby are. This may be done using the CTG, and may involve you having a scan to check the water around the baby. How often you come to the hospital depends on your situation, and the midwife and doctor will discuss this with you.



outpatient IOL then you will be advised by your midwife when you need to return and to ring back if you have any concerns.

If the string from the Propess® moves to the outside of your vagina you must be careful not to pull or drag on it, as this may cause it to come out.

Please take special care:

- Wiping yourself after going to the toilet
- Washing yourself
- Getting on and off the bed

In the unlikely event that the pessary should come out, please tell the midwife straight away – she can then make sure it is safely repositioned. If you are at home you will have been advised which telephone number to ring if this should happen.

The Propess® will continue its slow release for 24 hours, although it may not be in place for that long. Eventually, as your cervix ripens and opens, the Propess® will be dislodged, and as your labour becomes established it will be removed. You are unlikely to need another internal examination until the Propess® needs to be removed – either because you are advancing in labour, or for one of the following reasons:

- Your waters break
- You have some vaginal bleeding
- You have diarrhoea, vomiting or nausea
- The midwife or doctor is concerned about your baby's heart rate
- Your contractions come very close together
- You have had the Propess® in for 24 hours, even if labour has not started

However if after six hours you are not experiencing any period pains/contractions your midwife may offer to examine you again

to check that the Propess is still in the correct position. This is important because it will increase the chance of it working.

**If you have a prostaglandin tablet:**

If you are being induced because your waters have already broken then you will be given a prostaglandin tablet. Your baby's heartbeat will be monitored using the CTG machine before the tablet is inserted by a midwife and then for about half an hour afterwards. After that you can walk around and eat and drink as usual. You may also be offered aromatherapy oils. Sometimes the prostaglandin tablet is enough to start labour, but if labour has not started you will need another internal examination after six hours. Your midwife will check on both you and your baby during this time.

The use of either the tablet or the Propess® will cause the womb to contract, and you may experience some period type pains initially, which may then slow down and disappear, but usually they build up to more painful contractions. Sometimes vaginal prostaglandin is sufficient to start off your labour, and you carry on by yourself.

Following 24 hours of propess or 6 hours of prostaglandin tablet for some women the cervix has become quite thin and short and is beginning to open. In this case the next stage of IOL is possible.

Sometimes vaginal prostaglandin is not necessary, because the cervix is already thin enough and beginning to open.

There is a chance, however, that even after 24 hours of Propess® it may not be possible to break the waters and the midwife and doctor will discuss the options with you. These may include having a prostaglandin tablet, a period of waiting, followed by trying the process again or delivery by Caesarean section.



## 2. Artificial rupture of the membranes (ARM)

This is also known as 'breaking the waters', and can be used if the cervix has started to ripen and dilate either by itself or by using vaginal prostaglandin. A midwife will carry out an internal examination and will make a small hole in the membranes using a slim plastic instrument. Having the membranes broken should encourage more effective contractions. If you are being induced because your waters have already broken the midwife will check to see if there is still a bag of waters in front of the baby's head. If so then they will break these.

## 3. Intravenous Syntocinon

Sometimes prostaglandin and/or breaking the waters is enough to start a labour, but many women require Syntocinon. This drug is given using a drip into a vein in the arm. It causes the womb to contract, and is usually used after the membranes have broken either naturally or artificially, and if contractions don't start by themselves. The dose can be adjusted according to how your labour is progressing. The aim is for the womb to contract regularly until you give birth.

When using this method of induction, it is advisable to have your baby's heart rate monitored continuously using a CTG. The contractions can feel quite strong with this type of induction, but the midwife will be able to discuss with you how you are coping, and give you information about different methods of pain management.