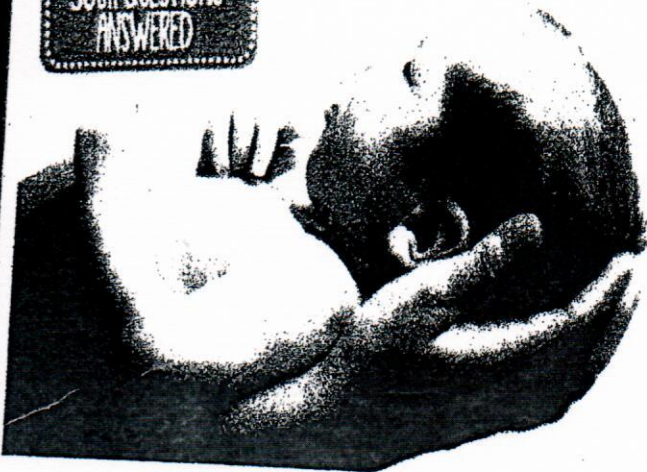


Induction of Labour

INDUCING LABOUR?
YOUR QUESTIONS
ANSWERED



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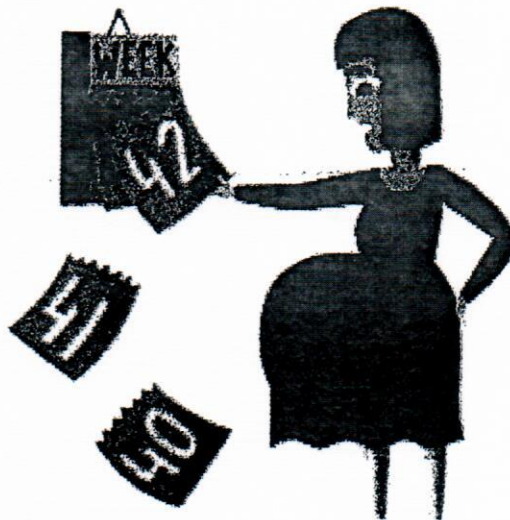
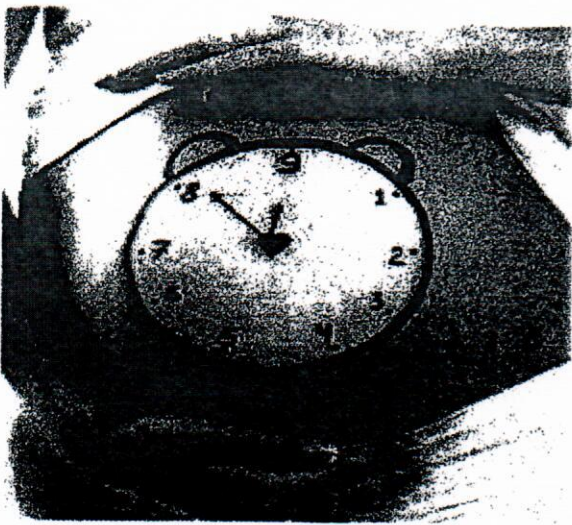


Information about Induction of labour, for women and their families.

This leaflet has been created to help you and your family understand what induction is, when it is likely to be recommended, and how the procedure is undertaken. It is a useful resource for women who are recommended induction during their pregnancy, but as always it should be used in association with discussions with your midwife and obstetric team to ensure you are fully prepared and understand exactly what this process involves and will mean for you and your family.

WHAT IS INDUCTION

Induction of labour (IOL) occurs when your doctor uses medication to start your labour for you instead of waiting for it to begin naturally. Labour is induced when the risks of the pregnancy continuing are greater than the risks of staying pregnant. These may be risks to yourself or to your baby.



When is labour induced?

Being overdue: In most pregnancies, labour starts naturally between 37 and 41 weeks leading to the birth of your baby. If your labour has not started by 41 weeks, induction of labour is offered.

Waters breaking without contractions (after 37 weeks): In some women the membranes and fluid around the baby break before labour starts. Most women will go into labour spontaneously within 24 hours of this happening. If they do not then induction is offered, as the risk of infection is slightly increased.



Other reasons your labour might be induced include:

- Diabetes
- High blood pressure
- Infection
- Bleeding
- Concern for the baby, including growth problems or repeated episodes of diminished or altered fetal movements.

Your doctor will discuss the reasons for induction with you, as those listed above are not all the medical reasons induction may be offered. It is important to know that if you do not wish to be induced and would rather wait for your labour to start naturally then it is up to you to decide about the risks and benefits. If you decide not to be induced, we will need to keep a closer eye on the baby with scans and monitoring once you go 2 weeks past your due date.

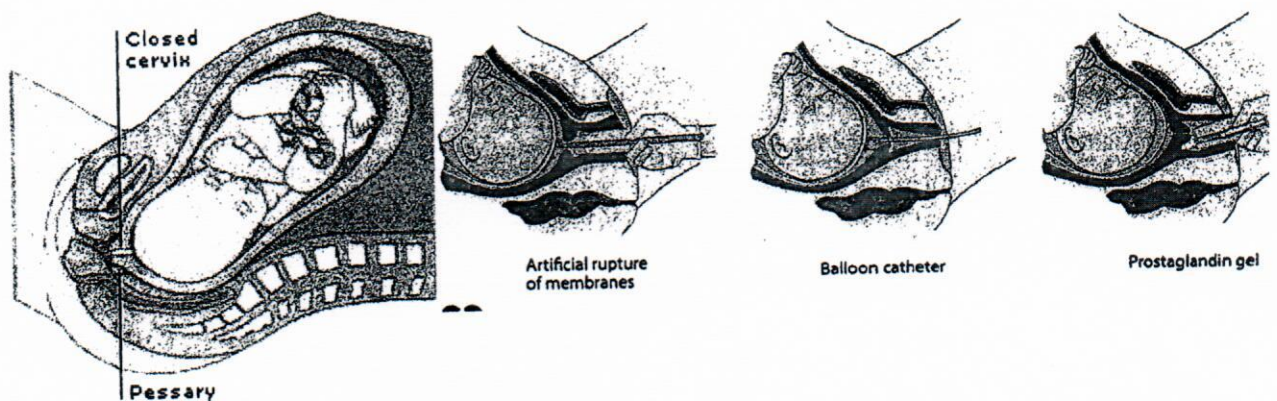
What happens?

Unless there are concerns about your baby which may mean an induction is offered earlier than 41 weeks, all women are offered a membrane sweep by their midwife. This is an internal examination to encourage labour to start. It may be uncomfortable but does not cause any harm to you or your baby. If labour has not started within 2 days, another sweep will be offered, and if necessary, a final one around 40 weeks + 11 days.

Inpatient Induction.

Stage 1: prostaglandin stimulation

If the neck of your womb (called the cervix) is not at all ready for labour after your sweeps, then a drug called prostaglandin can be used as drug that helps to start labour by causing the cervix to soften and shorten and for contractions to start.



The two main forms of prostaglandin that are given are Propess pessary and ProstIn. Propess is like a small flat tampon like bag attached to a ribbon that is inserted into the vagina. It slowly releases prostaglandins over 24 hours. Prostins are tablets that are also inserted into the vagina near to the cervix and they are given at least 6-8 hours apart. The choice of which type of medicine you will receive depends on how your cervix feels on internal examination usually done by a midwife.

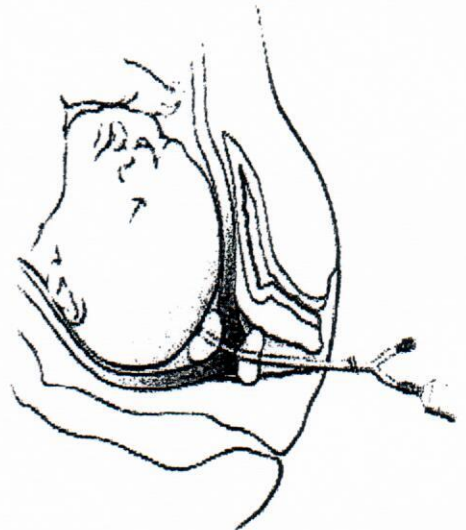
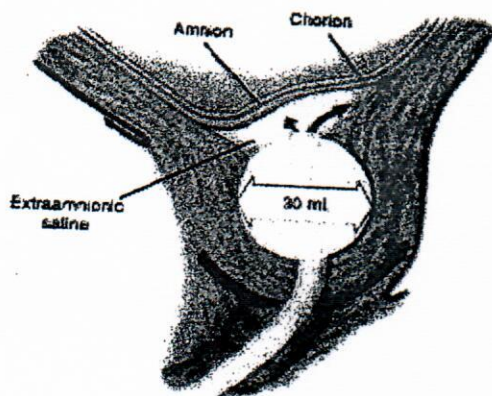
We hope that labour will start after this stage but often more medicine may be required. Induction is often a two stage process and prostaglandin may just open the cervix enough for staff to break your waters. Once your waters can be broken you will be transferred to the labour ward, once a midwife is available to care for you on a one to one bases, you will proceed to the next stage of the process.

The midwife will monitor your baby's heartbeat prior to each insertion of medicine on the antenatal ward, and at regular intervals once you start to have contractions. Early labour is uncomfortable and you can request pain relief at any time.

The pain relief offered to you on the antenatal ward will not be the same pain relief that you can expect during labour. This is because we can only offer things like epidurals when an anaesthetist is present and you are given one to one care and that happens once you're in active labour. This is when the cervix is dilating towards the point of birth. Even though all women's labours are unique to them, labour is seen as active once the cervix has thinned out and has usually dilated to than 4 cms. Your midwife will be able to tell you that from examining you internally.

Your midwife will be available to discuss how you are coping with the pain of induction and help you understand what is happening at every stage of the process. Staff are always available to help you cope with the discomfort of the medicine used during the induction process.

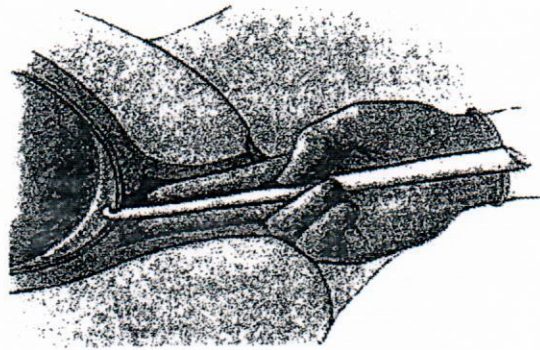
We encourage women and families to approach staff at any time to discuss how they are feeling so that you and your family members are fully informed throughout the process.



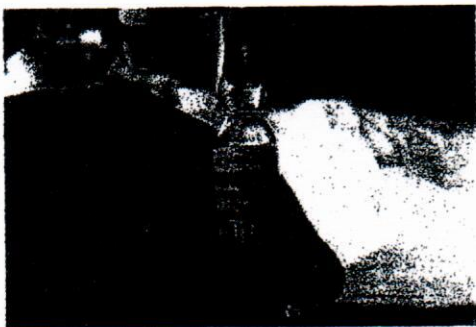
Occasionally a small balloon catheter is used. It is inserted into the vagina and positioned at the opening of your cervix and inflated with water to try and encourage the cervix to open enough for the midwife to break your waters. All these things may be required on the antenatal ward so as you can progress to the point of transfer to the labour ward. This may take some days to achieve, but your transfer to the labour ward will always be prioritised by clinical need.

Artificial rupture of the membranes : ARM

If your cervix has already opened and the baby's head is in the pelvis then your doctor or midwife may decide to break your waters for you. This is called artificial rupture of membranes or an amniotomy



Once your waters have gone, often it can mean labour will start thereafter. However for some women a drug called syntocinon will be required to make the womb contract effectively. This means having a drip inserted into your vein to administer the drug.



How long will it take?

It is important to remember that because induction is done when women are not fully ready for labour it takes time for the body to respond. Induction often takes considerably longer than a labour that starts spontaneously.

Some women may respond to the pessary or tablet or drip within hours, but many people will need to carry on with one pessary/tablet after for many days.

It may take time for your cervix to respond to the medicine we give to the point where your waters can be broken so it is difficult to give a time frame for how long this may take, however from that point we aim to transfer you to the labour ward promptly although this is always dependent upon the activity on the delivery suite as the safety of you and your baby is always a priority.

Please speak to the staff who will be looking after you on the antenatal ward with any questions you or your family may have, and please feed back to us so we can continue to work towards making the induction of labour process a positive one.