

Further information on induction of labour can be obtained from the following websites.

Midirs (Midwives Information and Resource Service, this is a central source of information relating to childbirth, which can be used by professionals and consumers).

[www.midirs.org](http://www.midirs.org)

National Childbirth Trust

[www.nctpregnancyandbabycare.com](http://www.nctpregnancyandbabycare.com)

Useful websites

[www.nhs.uk](http://www.nhs.uk)

[www.chsft.nhs.uk](http://www.chsft.nhs.uk)

For Trust information visit:



[www.stsft.nhs.uk](http://www.stsft.nhs.uk)



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[www.facebook.com/STSFTTrust](https://www.facebook.com/STSFTTrust)



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This information was correct at the time of publication. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the information and you should discuss this with the clinical staff at the time of your appointment.

Publication date:  
Review date:  
Ref:



South Tyneside and Sunderland  
NHS Foundation Trust

## Induction of Labour

PATIENT INFORMATION LEAFLET

The path to  
**excellence**

**What is this leaflet about and who is it for?**

This leaflet has been produced to give women information about the induction process and what is involved.

**What is Induction of Labour?**

Labour is a natural process that usually starts on its own. Induction of labour is the process of using drugs or other methods to encourage labour to start artificially rather than waiting for labour to start naturally.

**Why do I need to be induced?**

Most women have a normal pregnancy and a normal birth, but sometimes it can be best to induce labour

There are many reasons why induction of labour may be recommended by your obstetrician or midwife. If you have been advised that induction of labour would be beneficial for you or your baby, the obstetrician or midwife will explain the process in detail with you.

The most common reasons for induction of labour are:

- To avoid a pregnancy lasting longer than 41 weeks (known as a prolonged pregnancy), or if a woman's waters break but labour does not start.
- If your baby is felt to be smaller than it should be. A small baby can be nourished more effectively and monitored more closely once it is born.
- You have problems with your blood pressure.
- You have a medical condition e.g. diabetes. Any underlying medical problem you or your baby may have can be treated and managed better once your baby is born
- You are having twins.

Induction is not routinely offered if your baby is larger than expected, or if you have had a previous quick labour, to avoid giving birth without your midwife or obstetrician being present.

In order to encourage the natural onset of labour and reduce the need for you to be induced at 41 weeks gestation, you will be offered "membrane sweeps" at your 38 and 40 week antenatal clinic appointments with your midwife.

A membrane sweep is carried out during a vaginal examination. The examiner "sweeps" her/his fingers around the lower, internal edge of the cervix (neck of the womb). This might be slightly uncomfortable and you may experience some cramp like sensations, but should not be painful.

**Are there alternatives to being induced in labour?**

This depends on the reason for induction and can be discussed with your midwife or doctor.

If you are being induced for reasons which may adversely affect your health or that of your baby should your pregnancy continue, alternative treatments could be tried. These will be discussed with the consultant obstetrician and/or the neonatologist (baby doctor) managing your care. Any alternatives tried may result in your pregnancy continuing for a further short period of time and are at no increased risk.

Should you not wish to be induced due to post dates at 41 weeks you will need to discuss this with your midwife and/or consultant obstetrician who will give you an individualised plan of care. This may include an ultrasound scan to assess the amount of liquor (fluid) around your baby and twice weekly appointments for a CTG (cardiotocograph / monitoring) of baby to check their continued wellbeing.

**What happens once the decision is made that I need to be induced?**

You will have a vaginal examination to assess the cervix (neck of the womb) to see if it is "favourable" (ready) for induction of labour. This means that the cervix needs to be open enough for your midwife to

be able to break your waters (artificially rupture the membranes). The assessment will be done two or three days before your induction date and may be done by a midwife or an obstetrician. It may be done in your home, in your community antenatal clinic or hospital antenatal area.

#### What happens after the vaginal examination?

What happens next will depend on your cervix.

- If your cervix is "favourable" (soft and starting to dilate) and it is felt your waters can be broken easily, you can go home and come to Delivery Suite at 08.00 on the day of your induction. Please telephone Delivery Suite at 07.00 to make sure that a bed is available for you.
- If your cervix is "unfavourable" (Firm and closed) and your cervix needs medications to help it soften and open, it will be necessary to admit you to the Delivery Suite or the antenatal ward the day before your induction date, to start the process of induction.

#### What happens when I am admitted the day before my induction?

You will be admitted to the antenatal ward or the Delivery Suite at a time given to you when your induction was arranged. You will be seen by a midwife who will perform a full antenatal assessment.

The midwife will perform a vaginal examination to assess your cervix. If your cervix is still unfavourable for induction the midwife will insert a hormone pessary (a small tablet or gel) of "Prostaglandin" high into your vagina. The prostaglandin works on your cervix by beginning the softening and shortening process needed for labour to start.

You may need a second examination and hormone insertion approximately 6 hours after your first pessary. The vaginal examinations will be uncomfortable but should not be painful.

Before and after each examination your baby's heart rate will be monitored for up to one hour using a CTG (cardiotocograph) machine. This is painless to you and your baby. Two elasticated straps around your tummy hold the monitoring devices in place. The monitoring devices detect your baby's heart rate and any evidence of contractions.

You may be accompanied by one birth partner who may stay with you overnight should you wish. However please be aware that sleeping facilities are limited. We will endeavour to supply you with a recliner where possible.

#### What happens next?

There are three possible outcomes following the insertion of the prostaglandin.

- You may start to have contractions any time after the vaginal examinations. If this happens the midwife will examine you to see if you are in labour and transfer you to the Delivery Suite when labour has started. You will be able to contact your birthing partner when you are transferred to Delivery Suite.
- If you do not go into labour overnight you will be transferred to the Delivery Suite at about 08.00 the following day (if there is a bed available) for the process of induction of labour to be continued. If there is no bed available at this time you will be transferred as soon as a bed becomes available. Your birthing partner can accompany you while you wait.

If you have any questions or concerns relating to this leaflet please contact:

Obstetrics & Gynaecology Risk Manager  
(0191) 565 6256 ext. 42564

Delivery Suite 24 hours a day  
(0191) 565 6256 and ask for Delivery Suite

Monday-Friday 8.30 am – 8 pm  
Saturday-Sunday 8:30 am – 2pm  
Antenatal Day Care Unit  
(0191) 569 9181

Your Community Midwives

Visit NHS Direct at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Do you feel that you are at risk of verbal or physical violence at home? If so, you may find the following numbers helpful. Your call will be treated in total confidence.

24 hour Help lines	
Washington	(0191) 415 1506
Sunderland	(0191) 514 1972
Young Women Helpline	(0191) 514 1964