

# Induction of labour

## Introduction

This leaflet will give you and your partner information about induction of labour and provides you with the reasons and the methods used.

## What is induction of labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks of pregnancy. Induction of labour is a process used to start labour artificially. On average 1 in 3 labours in the United Kingdom are induced. There are a number of reasons why induction of labour may be offered or recommended, such as:

- Concerns about your health, for example if you are diabetic or develop pre-eclampsia
- If your waters break and labour does not begin naturally within 24 hours
- Concerns about your baby. For example, if your baby's movements change, if there are concerns about your baby's growth and how well your placenta is working

One of the most common reasons for induction (about 1 in 10) is to avoid the risks associated with a prolonged pregnancy (pregnancy lasting longer than 42 weeks). Clinical evidence suggests that your placenta may not work so well after 42 weeks. This can increase the likelihood of caesarean section or stillbirth.

## When is induction of labour recommended?

Towards the end of your pregnancy, your doctor or midwife will discuss the induction of labour process with you. They will talk about the risks and benefits of induction and explain the alternatives. This will give you plenty of time to discuss induction with those close to you and ask any questions you may have.

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**Maternity**

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## Patient Information

If you have a healthy uncomplicated pregnancy, induction of labour will be recommended at 40 weeks plus 14 days. This is in order to give time for your labour to start naturally. There may be some circumstances, in which we suggest or offer induction of labour before that time. If you are offered earlier induction, the reason will be discussed with you by your doctor.

### **What happens if I choose not to be induced?**

If after discussion with your midwife or an obstetrician you choose to decline or delay induction of labour, particularly after 42 weeks, an individualised plan of care will be made with you. This is likely to involve:

- an arrangement to meet an obstetrician who will help to develop your plan of care
- an explanation of the risks
- a request that you should continually monitor your baby's movement pattern
- monitoring twice a week of your baby's heart rate (CTG)
- ultrasound scanning to measure the amount of fluid surrounding your baby and the blood flow in the baby's cord

### **What happens before the induction?**

Before you are offered an induction, your doctor or midwife will offer a membrane sweep (sometimes called 'stretch and sweep'). This may help to stimulate changes in your cervix that encourage the start of natural labour. A membrane sweep involves an internal vaginal examination to assess your cervix; the sweep itself may not always be possible. Your midwife will place a finger inside your cervix if it is soft enough and make circular sweeping movements to separate the membranes that surround your baby from the cervix. This can help your body to release hormones called prostaglandins. This may increase the chance of labour starting naturally within 48 hours. It can also reduce the need for other methods of induction of labour.

## Patient Information

You will be offered a membrane sweep from 40 weeks if you are in your first pregnancy and from 41 weeks if you have had babies before. However it can be offered from as early as 37 weeks if a plan for early induction is in place and the cervix is favourable (soft and stretchy).

Membrane sweeps can be offered in your home or in an antenatal clinic. The examination may cause some discomfort and a slight vaginal blood loss. This will not harm the baby or increase the chance of infection.

### How is labour induced?

There are a variety of methods that can be used to induce labour. You may be offered one or all of the methods described, depending on your individual circumstances. Once started, the induction of labour process continues until your baby is born.

#### Prostaglandins

Prostaglandins are natural hormones that help the cervix to soften and shorten in preparation for labour. Synthetic versions of these hormones are given in the form of a small tampon, called Propess®, or as a tablet known as prostin, both of which are inserted into the vagina.

Prostaglandins can start uterine contractions and aim to dilate (expand) your cervix enough that your baby's waters can be artificially broken if you are not already in labour.

Sometimes the vaginal examinations needed to give prostaglandins can cause vaginal soreness.

#### Balloon dilatation of the cervix

In some circumstances, we use a small balloon inserted into the cervix, to gently dilate it instead of using prostaglandins. This balloon is inserted by a doctor during a vaginal examination. Sometimes a speculum (plastic tube) is inserted into the vagina which will allow the cervix to be seen. This can be uncomfortable but not painful. Once the balloon is in place you will not be aware of it within the cervix.

## Patient Information

### **Artificial Rupture of the Membranes (ARM)/ amniotomy (breaking your waters)**

If your waters have not broken naturally, an amniotomy will be carried out. This is when your doctor or midwife makes a small hole in your baby's membranes. The procedure is performed during an internal examination using a small plastic instrument. It may cause some discomfort, however it will not harm you or your baby.

### **Oxytocin**

If you are not contracting regularly after the rupture of your membranes, you will be given medication called Syntocinon® (synthetic oxytocin). This will be given through a drip (cannula) which is a small tube inserted into a vein in your hand or arm. Syntocinon® mimics the natural hormone oxytocin, which is produced by your body to cause contractions and start labour.

The rate of the infusion is gradually increased until you are having regular contractions (about 3 to 4 contractions every 10 minutes). If you are contracting more than what is recommended the infusion rate can be reduced.

While you are having Syntocinon®, your baby's heart rate will be monitored continuously using an electronic cardiotocography machine (CTG). We have wireless CTG monitoring in the delivery suite so you will be able to choose to stand up, bounce on a ball or sit in a chair while you are receiving Syntocinon®.

### **What are the risks of induction to me and my baby?**

Induced labours are often reported as more painful than natural labour but there may be many factors influencing this. Your midwife will support you to use your own coping strategies. You can use the birthing pool if you go into labour with the prostaglandins and your pregnancy is otherwise low risk.

Women whose labour is induced are more likely to choose an epidural but all options for pain relief will be discussed with you by your midwife or doctor.

## Patient Information

Very occasionally the prostaglandins or oxytocin can make the uterus contract too often. This will be uncomfortable for you and can affect the baby's heart rate. If this happens, the oxytocin drip can be stopped and it may be necessary to give you an injection to help relax your uterus (womb).

Induction of labour after 39 weeks of gestation does not increase your chance of having a caesarean section compared with spontaneous (natural) labour. However it slightly increases the likelihood of instrumental delivery such as forceps or ventouse. This is thought to relate to the higher rate of epidural with induced labours.

The process of induction can take anywhere between a few hours and a few days, depending on your circumstances. Occasionally induction of labour might not work after the first cycle in this case your doctor will discuss the options with you.

These may include repeating the cycle of medication, trying a mechanical method such as the balloon to dilate your cervix or performing a caesarean section (this will not necessarily be performed straight away).

### **Where will induction of labour take place?**

Induction of labour can take place in the hospital or at home (outpatient induction). If we feel that you, or your baby, need additional monitoring during the process, you will be advised to stay at the hospital throughout the induction. However, if your pregnancy has been straightforward, you will be able to go home for the first stage of the process (the pessary to prepare the cervix).

You will need to come to the hospital for the pessary to be given but if there are no concerns at this stage, you can then go home. Outpatient induction has been shown to be safe and associated with a better overall experience of the early stages of labour. This can be discussed with your own midwife or the team you meet when you come in to the hospital to start the process.

**Patient  
Information**

## Outpatient induction

### Benefits

- Reduces the time that you will need to stay in hospital
- Allows you to stay at home in your own comfortable environment until labour starts
- Has been shown to make an induced labour less medicalised

### Who can have outpatient induction?

You may be offered outpatient induction if you have:

- a low risk pregnancy and are being induced because you are overdue or for reasons such as pelvic girdle pain or maternal age
- no relevant medical or obstetric history that would require increased monitoring
- not had any uterine surgery
- had no bleeding after 24 weeks of pregnancy
- a good understanding of English
- another adult who will be with you at all times
- a functioning telephone
- transport to bring you back to the hospital

### What happens when you go home?

- You may not feel anything at all or you may start to be aware of early labour pains, for which you can take simple pain relief such as paracetamol. A warm bath is often helpful
- You can carry out day to day activity as normal, be mobile at home or go for a walk
- You can eat and drink as normal
- You should continue to monitor your baby's movement and contact us if you have any concerns

### When should I contact the hospital?

Please contact Maternity triage on telephone number 0300 422 5541 if there is anything you are concerned about. Come to the hospital **immediately** if you have any of the following:

- Regular painful contractions or constant pain
- Fresh bleeding from the vagina
- Concerns about your baby's movement

## Patient Information

- Your waters have broken
- Your Propess® pessary has fallen out or become low in the vagina

### What will happen on the day?

**Step 1:** If you are having an inpatient induction, on that day please contact the Maternity Ward on 0300 422 5519/5520 at 10:00am. The Maternity Ward staff will tell you when to come in. Occasionally, there may not be a bed available and your induction might be delayed.

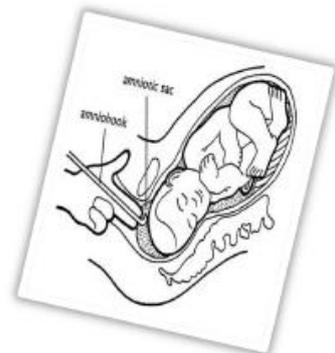


If you are having an outpatient induction, please arrive at the allocated time slot you have been given.

**Step 2:** On arrival at the Maternity Ward, you will be seen by your midwife who will welcome you to the ward, explain the induction process, and give you and your partner time to ask questions. The midwife will assess you and your baby's wellbeing using an electronic fetal monitor called a Cardiotocograph (CTG) for a minimum of 30 minutes. This is to make sure that your baby's heart rate pattern is within normal limits before starting your induction of labour.



**Step 3:** With your consent, your midwife will perform a vaginal examination to decide which method of induction is more suitable for you. If your cervix is open and your membrane (waters) can be broken, go to **Step 4**.



If your cervix is closed, an induction medicine called Propess® will be inserted into your vagina for up to 24 hours. It will slowly release hormones to soften the neck of your womb. After the Propess® has been given, your baby's heartbeat will be monitored for 30 minutes.

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You may or may not experience some pelvic pain and contractions over the next 24 hours. You will have a repeat vaginal examination after 24 hours to assess whether the cervix is favourable for breaking the waters.

If your cervix is still not ready, then your midwife will insert a tablet called prostin into your vagina which can be repeated after 6 hours.

After the first pessary, if you are suitable for outpatient induction of labour you will be able to go home. You will be invited back in 24 hours or sooner, if you are in labour or have any concerns.

**Step 4:** When your cervix is open enough that we can reach your baby's membrane, you will then be transferred to the Delivery Suite (or Gloucester Birth Unit if suitable), when there is a room available. On occasions if the Delivery Suite is busy there may be a delay in your transfer. You will be kept informed and updated.

After your waters are broken it is advisable to mobilise as this can help your uterus to contract and encourage your labour to start.

**Step 5:** If you do not go into labour after breaking the waters, your midwife will insert a cannula into your hand or arm and start an oxytocin drip. While you are having the oxytocin, your baby's heart rate will be continuously monitored with an electronic CTG machine. You will be able to choose to stand up, bounce on a ball, or sit in a chair while you are on the drip as the monitors used in the Delivery Suite are wireless.



Once your contractions are coming regularly, your midwife will offer you vaginal examinations every 4 hours to assess your progress. The midwife will discuss the findings with you.

**Patient  
Information****General information**

Please remember to bring any medication that you take regularly, your hospital notes and everything that you will need for yourself and your baby. This is in case you need to stay in hospital even if you are booked for outpatient induction.

If you wish, your birth partner is welcome to stay with you during the induction process including night time. If your partner stays overnight they will be asked to sign a declaration that they will help to promote a safe environment for the women on the ward. Please be aware that induction of labour can take up to few days before labour starts.

During the course of your induction of labour, you will have a midwife allocated to your care who will be happy to answer any questions you have. Please do not hesitate to ask if there is any part of the procedure you do not understand.

In some circumstances, it may be necessary to delay your induction. This is only done if absolutely necessary and would be discussed with you when you telephone the Maternity Ward.

Please ask your friends and relatives to wait until they hear news from you or your partner.

Induction of labour will not necessarily prolong your stay in hospital after the baby is born. You may still be able to go home 6 hours after the birth of your baby, providing you and your baby are well.

The midwife caring for you will advise you if an early discharge from the hospital is appropriate for you.

Your induction of labour has been arranged for:

\_\_\_\_\_

On that day please call/arrive at the Maternity Ward at:

\_\_\_\_\_ am/pm

**Patient  
Information**

## **Contact information**

### **Maternity Ward**

Gloucestershire Royal Hospital

Tel: 0300 422 5519

Tel: 0300 422 5520

Open 24 hours

### **Antenatal clinics**

Cheltenham General Hospital

Tel: 0300 422 2346

Gloucestershire Royal Hospital

Tel: 0300 422 6103

Stroud Maternity Hospital

Tel: 0300 421 8018

Clinics are open Monday to Friday, 9:00am to 4:30pm.

Alternatively, please contact your Community Midwife.

## **Further information**

### **National Institute for Health and Care Excellence (NICE)**

Website: [www.nice.org.uk/guidance/cg70/ifp/chapter/About-this-information](http://www.nice.org.uk/guidance/cg70/ifp/chapter/About-this-information)

### **NHS**

Website: [www.nhs.uk/conditions/pregnancy-and-baby/induction-labour/](http://www.nhs.uk/conditions/pregnancy-and-baby/induction-labour/)

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