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Induction of Labour

Information for patients, relatives and carers

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About this booklet

This booklet provides information about induction of labour to pregnant women and their families, to help make choices about induction of labour. It is based on a national, evidence-based clinical guideline about induction of labour.

The list of risks included below are not all-inclusive.

What is ‘induction of labour’?

Induction of labour is the process of artificially starting labour.

When is induction of labour recommended?

For most pregnancies, labour naturally starts between 37 and 42 weeks, and results in the birth of your baby.

Your midwife or doctor may recommend induction of labour to you, if it is felt that you or your baby’s health will benefit from your baby being born sooner than waiting for natural labour to occur. On average, one in every three labours are induced.

The most common reason for induction is that your pregnancy is 7 to14 days over your expected due date. We offer induction of labour at this time, as the risks for you and your baby start to rise at that stage. Other reasons for induction include gestation diabetes, concerns about the growth of your baby, if you baby is not moving as much, or if your blood pressure is raised. We will offer you an induction of labour if your waters break but labour does not start itself by a certain time.

Occasionally, we may delay the start of your induction if the activity on the maternity unit is high. If this occurs, you will be called the morning of your planned induction and we will discuss with you the reason for delaying your induction. We understand that this can be disappointing, we will only delay your induction if it is absolutely necessary, and will keep you updated with when we can start your induction, which for most cases is later in the same day.

On rare occasions, high activity on the Labour Ward can cause a delay in transferring you from the Antenatal Ward to the Labour Ward, and we have to prioritise which people are transferred to Labour Ward. This decision is based on clinical need, and if there is a delay in your transfer, your midwife will tell you why there is a delay, and support you.

How is labour induced (started)?

There are several different ways that can induce your labour. You may be offered one or more methods of induction described below, depending on your pregnancy.

Membrane sweeping

Membrane sweeping involves your midwife or doctor placing a finger just inside your cervix and making a circular, sweeping movement to separate the membranes from the cervix. It can be carried out at home, at an outpatient appointment or in hospital. This has been shown to increase the chances of labour starting naturally within the next 48 hours and can reduce the need for other methods of induction of labour. Your midwife will discuss a membrane sweep with you from 39 weeks or before your scheduled induction.

If you have agreed to induction of labour and you fit the criteria above you will be offered membrane sweeping. The procedure may cause some discomfort and /or slight bleeding, but will not cause any harm to your baby and will not increase the chance of you or your baby getting an infection. Membrane sweeping is not recommended if your membranes have ruptured (waters broken). You may be offered more than one membrane sweep.

Midwifery-led post dates clinics are available within Wexham Park and Frimley Park maternity services. If you have a low risk pregnancy and are overdue, your community midwife can signpost you to the available services. This appointment will include an antenatal check, a stretch and sweep and complimentary therapies.

Where will your induction of labour take place?

The midwife or doctor will let you know where to go and what time your induction of labour is booked for. You will get confirmation of this on the My Frimley Health App. The majority of women will start their induction on the Antenatal Ward, unless you have been instructed to go to the Labour Ward.

On the Antenatal Ward you can have one supporting birth partner remain with you between 06:00 and 23:00, all other visiting is 14:00 to 20:00 with no more than two visitors to a bed space. There are no sleeping facilities for birth partners/visitors overnight so they will need to return home to rest themselves prior to labour and caring for a newborn; unless there will be an imminent transfer to Labour Ward or you are contracting regularly and need support.

If you have special circumstances around our visiting times, please discuss this at your antenatal appointments, so arrangements can be put in place and agreed in advance with the midwife in charge.

We ask you respect all other patients on the ward who are all in with different circumstances and visitors use the toilets located by the main entrance.

When transferred to Labour Ward, you can have two birth partners to support you.

Using prostaglandins

Prostaglandins are drugs that help to induce labour by encouraging the cervix to soften, shorten and move forward (ripen). This allows the cervix to open and contractions to start. For most women, prostaglandins are the recommended method of induction.

Prostaglandins are normally given as a slow-release pessary (like a small

tampon) called Propess, or a Prostin gel that is inserted into the vagina behind the cervix. This is done in hospital, usually on the Antenatal Ward. The choice of whether to use a pessary or a gel depends on your individual situation, including whether your cervix has already started to soften, shorten and open.

If you have a pessary, it will be inserted into your vagina behind your cervix and will be taken out when you are in labour, or after 24 hours. If you are not in labour after 24 hours you will be examined to see if it is possible to break your waters.

If you are being induced for:

- Post maturity (41-42 weeks) without any other risk factors
- Maternal request at 39-41 weeks without any other risk factors
- Pelvic girdle pain/discomfort at 39-41 weeks without any other risk factors
- IVF pregnancy with no other risk factors

you may be able to go home following insertion of the pessary and monitoring of the fetal heart rate. You will be asked to return within 24 hours if labour has not started. We do not recommend going home if you live in an area not covered by the Frimley Health community midwives. If your labour starts before 24 hours, please refer to the ‘going home following insertion of Propess’ leaflet provided.

If your waters cannot be broken after the Propess pessary, or you come in and your cervix is already favourable, you are likely to be advised Prostin gel. If you have Prostin gel, up to three doses may be needed to induce labour and you will remain in hospital. The Prostin gel works over 6 hours and we would examine after each gel to see if it is possible to break your waters. Prior to having a third Prostin gel, a doctor would perform an examination and they would also perform the examination 6 hours later. If your waters break during this process or you go into established labour, we would arrange transfer to Labour Ward.

Before giving prostaglandins (either the pessary or the gel) your midwife will check your baby’s heartbeat. This is done using an electronic fetal heart rate monitor (also

known as a CTG) and usually takes around 20 minutes. After being given prostaglandins the baby's heartbeat will be monitored for approximately 30 minutes to one hour with the CTG.

While you are an inpatient, monitoring will be repeated every 6 to 8 hours following the insertion of the prostaglandin.

If you require pain relief, or your contractions become regular, your midwife will monitor your baby's heartbeat using a CTG. The CTG will be discontinued if there are no problems, and you will be able to move around. If continuous CTG monitoring is advised due to concerns with you or your baby, we would arrange transfer to Labour Ward.

Occasionally, prostaglandins can cause the uterus to contract too much. If you have a Propess pessary in, we may need to remove it to slow your contractions down. There is also a medication we can give to help relax the uterus, and this would be discussed with you if needed. Contracting too much can sometimes affect the pattern of your baby's heartbeat. If this occurs, you may also be advised to change position and lay on your side, a doctor would be asked to review you and you may be transferred to Labour Ward for continuous CTG monitoring.

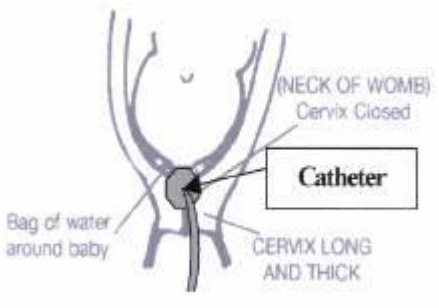
Using an intracervical catheter

A balloon catheter can be used to soften and open your cervix so your membranes can be broken. This has shown to be a very safe method of induction of labour with very minimal risk to you and your baby.

The procedure involves a catheter (a soft silicone tube) being inserted into your cervix with a balloon at the tip that sits inside. The balloon is filled with saline (sterile salt water) and rubs against and stretches the cervix, causing it to produce a hormone called prostaglandin. This balloon puts pressure on your cervix, just enough to start labour or trigger your waters to break naturally or allow a midwife to be able to break the waters around your baby.

Once the catheter is in place, you will need to stay in hospital but you will be able to move around normally. Your baby's heart rate will be monitored intermittently during this time. You will be examined 12 to 24 hours after the catheter has been inserted or if the catheter falls out.

A plan will be made for the next stage of your induction, and this varies from woman to woman.



What are the benefits?

- If the procedure is successful, you may be able to go into labour or have your waters broken which is the next stage of the induction process.
- Successful induction of labour gives you a chance to have a normal birth, with further benefits of avoiding the risks of a caesarean section and may enable you to leave the hospital earlier.

What are the risks from inserting the balloon?

The balloon is made out of a soft clear plastic called silicone. It will not cause any harm to your baby. Risks from its use are infrequent, overall, less than one in1000.

- Your membranes may be accidentally broken whilst the balloon is being inserted. This will not stop the balloon from working but your doctor may recommend that a Syntocinon drip is now a better option.
- Some women have reported that while the balloon is being filled they have felt faint. This usually eases off when the procedure is stopped. The procedure can be done a bit more slowly once it is better tolerated.
- There is a very small risk of infection as this is a catheter being put into a body cavity. If an infection is suspected in your womb, your baby will need to be delivered by the quickest possible method and this will not necessarily be by caesarean section (CS).
- The balloon may not achieve its purpose, the cervix may not dilate. In this case, further discussion with an obstetrician is required.

Artificial rupture of membranes (ARM)

When your cervix has opened enough to break your waters and your waters have not broken on their own, a procedure called ‘amniotomy’ would be recommended to continue your induction. This procedure is performed on Labour Ward, so when Labour Ward can accept you, you will be transferred to your birthing room. Please be aware that we aim to transfer you as soon as possible, however when we have high unit activity, we aim for this to be within 24 hours.

With an ARM, your midwife or doctor makes a hole in your membranes to release (break) the waters and stimulate contractions. It is done through your vagina and cervix, using a small plastic instrument. The vaginal examination needed to do this procedure may be uncomfortable for you but your midwife can support you. After your waters are broken your baby’s heartbeat will be monitored to ensure all is well. Following this, you will be encouraged to move around or go for a walk around the hospital. If your contractions haven’t started after 2 to 4 hours, your midwife or doctor will suggest using oxytocin.

Using oxytocin

Oxytocin is a drug that stimulates contractions. It is given through an infusion (drip) into a vein in your arm. Once the contractions have begun, the rate of the drip is adjusted so that your contractions come every 2-3 minutes until your baby is born. Oxytocin is given in hospital in the delivery room on the Labour ward.

Oxytocin is only given after your waters have broken. Being attached to the oxytocin infusion will limit your ability to move around. Whilst it may be possible to stand up, kneel or sit down, you will not be able to have a bath or move from room to room.

Whilst you are receiving the oxytocin your baby's heartbeat will be monitored continuously on a CTG. Very occasionally, oxytocin can cause the uterus to contract too much which may affect the pattern of your baby's heartbeat. If this happens, you will be asked to lie on your left hand side and the infusion will be turned down or off to lessen the contractions. Sometimes another medication will be given to counteract the oxytocin and lessen the contractions.

Is it more painful to be induced?

Prostaglandins can cause pre-labour pains, making you feel more tired and this can make labour seem more painful. This is similar to the latent (early labour) phase that many women experience when they go into spontaneous labour.

There are a range of choices for pain relief which can help. For further information on pain relief, please refer to 'options for pain relief' information on your My Frimley Health App.

How long will it take?

It is very difficult to judge how long any labour will take, and induction of labour is no different. It can take up to 3 days for your cervix to open enough for us to be able to break your waters or for labour to become established.

Everyone responds differently to the methods used and will come in for induction with different findings on their examination.

We would recommend preparing to be with us for a few days and you will be updated with your progress as the process goes on.

Induction usually takes longer if it occurs earlier in the pregnancy and if it is your first baby.

Will I be able to be mobile in labour?

During the initial stages of induction and early labour, there are no restrictions on your mobility. We encourage mobilisation to bring on contractions and encourage baby to move down. You can mobilise off the ward, around your bedspace or use the Poppy Room (at Frimley Park Hospital) or Bubble Room (at Wexham Park Hospital) which is set up with dim lighting and bean bags.

If we have concerns with your baby's heartbeat or if you have an oxytocin infusion, we advise having your baby's heartbeat continuously CTG monitored. This makes mobility more difficult, although you are still able to sit on a chair or a birthing ball rather than on the bed. We do also have telemetry on Labour Ward which is wireless CTG monitoring to enable mobilisation. Additionally, you can stand, kneel or rest on your hands and knees, and our Labour Ward beds can be adjusted into a seat/throne position.

What are the risks of induction?

Induction may cause strong contractions that stress the baby. Monitoring of your contractions and the baby's heartbeat during induction is an important part of the procedure. If your contractions are strong or very close together, you may be given medication to reduce them again.

If this is left untreated, it can cause distress in your baby or uterine rupture.

The aim is to enable you to have a normal birth, but there is an increased risk of an assisted birth (forceps of ventouse) or a caesarean section in labours that are induced.

Induction can fail to start labour for some women. If this happens your doctors and midwives will discuss your options depending on your circumstances. These include waiting longer for spontaneous labour, trying to induce a second time, try an alternative method of induction, or having a caesarean section.

What happens if I decide I do not want my labour induced?

If your midwife or doctor recommends induction of labour, but you do not wish to have your labour induced, you will be offered an appointment with a senior obstetrician. This appointment will be to discuss in more detail the risks and benefits of induction of labour for you and your baby. If you decide not to have your labour induced, you will be offered more frequent appointments to monitor you and your baby's health using an ultrasound and CTG.

It is important to understand that even extra monitoring can not always predict or prevent serious problems for you and your baby.

Further information

The choice of whether or not to have your labour induced is ultimately yours. The midwives and doctors are here to help you make an informed choice. We hope this leaflet will help answer your questions.

Alternatively, you can contact the hospital midwives on:

0300 613 4231 if you are having your baby at **Frimley Park Hospital**

0300 615 4516 if you are having your baby at **Wexham Park Hospital**

Suggested further reading

NICE Clinical Guidelines (2021) Inducing Labour: the care you should expect, available at www.nice.org.uk

Frimley Health and Care Maternity Hospital website: Maternity at Frimley Health and Care

National Childbirth Trust: www.nct.org.uk 0300 33 00 700

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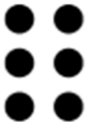
Large Print				
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Please contact the Patient Advice and Liaison Service (PALS) on:

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Telephone: 0300 613 6530
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Wexham Park and Heatherwood Hospitals

Telephone: 0300 615 3365
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