

# Induction of Labour

## Women's Services Patient Information

This information is to help inform you and your family about the process of induction of labour, the available options to help you make a choice and to answer any questions you may have.

### What is induction of labour?

In most pregnancies labour starts naturally between 37 and 42 weeks leading to the birth of your baby.

When labour starts a number of changes take place in your body;

- The cervix (neck of the womb) softens and shortens
- The womb contracts to dilate (open) your cervix and help push your baby out when it is fully dilated
- The bag of water surrounding your baby breaks

Labour is said to be 'induced' when the doctors and midwives encourage a labour to start artificially.

### Before an induction of labour

#### Membrane sweep "stretch and sweep"

A membrane sweep is performed during a vaginal examination. A midwife or doctor will use their fingers to gently "stretch" your cervix (opening to the womb). They will then "sweep" around the inside of your cervix to separate the membranes (baby's water sac) away from the cervix. This encourages a natural hormone called prostaglandin to be released which can help labour to start and may reduce your need for an induction of labour.

You will be offered this **after 39 weeks** but it may be offered from **37 weeks** if there is a medical reason for you to have an earlier induction of labour. In some circumstances a stretch and sweep is not appropriate and the reasons for this will be discussed with you.

Following a membrane sweep it is normal to experience some discomfort and experience a blood-stained vaginal loss that should be sticky or mucousy. If you experience any "runny" fresh, red bleeding or are concerned please contact the Maternity Assessment Centre (MAC) for advice (contact number are at the end of this leaflet).

## When is an induction of labour recommended?

Approximately one fifth of women have an induction of labour. The most common reasons are:

- If you have a specific health concern (such as diabetes or high blood pressure)
- If your baby has a health problem
- Your pregnancy has gone beyond your due date. The option of an induction of labour between 41 and 42 weeks will be discussed with you. There is some risk associated with pregnancy going beyond 40 weeks plus 7 days, which may increase over time. These include:
  - A caesarean birth
  - Your baby needing admission to the neonatal care unit
  - Stillbirth or neonatal death
  - A higher risk of problems for your baby if you go over 42 weeks of pregnancy. With this in mind we usually recommend labour is induced around 12 days past your due date
- Induction of labour is advised when your waters break and labour does not start in the first 24 hours of your waters being broken. Midwives will follow guidance which ensures the timing for induction is offered within a 24 hour time frame
- An induction of labour is recommended when it is considered that yours or your baby's health will benefit

## Making your choice

Everyone has the right to make a fully informed choice and to share in the decision-making about their own health care. Before you make a decision about induction of labour your doctor or midwife will explain:

- Why an induction of labour has been recommended for you and the potential benefits and risks
- The potential benefits and risks of continuing your pregnancy until labour starts naturally
- The procedures and care that is involved during an induction of labour

Some women will choose to 'wait and see' whether natural labour will start. However, it is important that you are aware of the risks of both options so that you can decide what is best for you.

You should consider the benefits and risks of any care which is offered to you, including proposed induction of labour and what you feel is the right thing for you. You have time to discuss this and consider all the options. Let us know how you would like to proceed once you have all the information.

## **How does it all start?**

You will be given a provisional appointment for your induction of labour on the Induction Suite or Labour Ward.

A midwife will telephone you on the morning of your provisional appointment to update you on the arrangements for your induction.

If your induction is on Labour Ward could you please telephone them between 8.30am and 9.00am to arrange a time to come in.

## **How is labour induced?**

Before starting the induction a midwife or doctor will perform a vaginal examination to assess your cervix (neck of the womb).

This examination is only brief but some women may experience some discomfort.

**Based on this examination the midwife or doctor will recommend one of the following methods of induction:**

- Prostaglandin gel - contains synthetic prostaglandin which acts like the natural hormone to encourage labour
- A balloon catheter - a mechanical method of gently opening your cervix
- Artificial rupture of membranes (ARM) - breaking your baby's waters
- Oxytocin infusion – synthetic hormone which starts labour contractions via a drip in your hand or arm

Induction can be one or a combination of these methods.

## **Risks / things you should be aware of?**

- Induction may increase the chance of you having a caesarean section
- The process can take a number of days until your baby's birth
- You are more likely to experience above average blood loss after your baby's birth
- In the event that the Labour Ward is experiencing a high level of activity your induction of labour may be delayed
- Induction of labour is not recommended if your baby is not in a head down position or if there are concerns with your baby's growth and placental function

## **Prostaglandin gel (Prostin)**

The prostaglandin gel is inserted into the back of your cervix and helps to encourage changes to your cervix and for some women labour may start. Following the insertion of the gel you will be advised to lie down for 30 minutes. Your baby's heart will be monitored continuously for an hour. If indicated, a second dose will be given after 6 hours. Further doses may be needed and this will be discussed with you. If you are experiencing strong, regular contractions and / or your cervix has thinned and opened you will not be given any further prostaglandin.

The next steps will vary from person to person. Some may go into labour after having prostaglandin or your waters may break on their own. Some individuals require an ARM (breaking the waters) and may require an oxytocin infusion, to start stronger contractions (further information can be found later on in this leaflet). If breaking your waters and / or oxytocin is required, this will be undertaken on the Labour Ward and you, and your baby will be monitored. There may be some delay in transferring you to the Labour Ward for the next stage of your induction of labour. Your midwife will keep you updated during this time.

### **Risk / things you should be aware of:**

- Prostaglandin sometimes causes vaginal soreness. However, there is no evidence to suggest that labour induced with prostaglandin is any more painful than labour that has started naturally
- A minority of women may experience some reactions to the prostaglandin – such as nausea, vomiting, diarrhoea, but this is rare
- Very occasionally prostaglandin can cause your womb to contract too much which may affect the pattern of your baby's heart rate. If this happens you will be asked to lie on your left side and we may give you some medication to help settle the contractions

## **Balloon catheter**

If appropriate, this may be discussed and offered to you, there is a separate patient information leaflet that you can ask your midwife for.

## **Artificial rupture of membranes (ARM)**

If the waters in front of your baby's head do not break on their own, a procedure called an ARM will be advised. This is when a midwife or doctor makes a hole in the bag of water surrounding your baby to release the fluid inside.

This procedure involves a vaginal examination using an "amni-hook". An amni-hook resembles a crochet instrument with a small hook on the end. Sometimes breaking the waters is enough to encourage your labour to start. However, it is common that some individuals will also require an oxytocin infusion.

## **Risks / things you should be aware of**

- The vaginal examination needed to perform this procedure may cause you some discomfort. We can offer you Entonox (gas and air) to support you with this if needed
- Although an ARM is usually straightforward it can increase the risk of cord prolapse (baby's umbilical cord falls inside or outside the vagina) bleeding and/or infection

## **Oxytocin**

Oxytocin is the hormone that causes contractions. A synthetic version of oxytocin is offered if strong, regular contractions have not started or progressive changes to your cervix do not occur. Oxytocin is given through a drip via a vein in your hand or arm. Once contractions start the rate of the drip is adjusted so your contractions occur regularly, ideally every 3 minutes, until your baby is born. This process can take several hours and each person's length of labour will vary. Your baby's heart rate will be monitored continuously throughout labour using a CTG (cardiotocograph) machine.

## **Risks/things you should be aware of**

- Your ability to move around will be limited by the drip and the CTG monitor. Whilst it may be okay to stand up or sit down it will not be possible to have a bath or move from room to room
- Very occasionally oxytocin can cause the uterus to contract too frequently which may affect the pattern of your baby's heart rate. If this happens you may be asked to lie on your left side and the drip will be reduced or stopped to lessen the contractions
- If adjusting the oxytocin infusion does not work medication can be given to settle the contractions

## **Comfort measures**

Whatever your experience you will be offered support and the pain relief of your choice just the same as if labour started naturally. Labour in water is often still an option for those who have their labour induced. Please ask your midwife for further information and we can discuss an individualised plan of care with you.

## **If your induction of labour is delayed**

You will be given a provisional date for your induction of labour and we will make sure that this date is kept to the best of our ability. On some occasions, due to the activity in the Maternity Unit, there may be a delay in being able to start your induction.

We appreciate this can be worrying and frustrating. If you experience a delay an explanation will be given to you by a midwife. We will be keen to check you and your baby are well whilst you are waiting for your induction. Therefore you will be invited to come in for a wellbeing check and monitoring of your baby. We strongly recommend that you come in for this.

We appreciate attending the Maternity Unit can be inconvenient but your attendance for the wellbeing check will enable us to prioritise your induction, if this is needed. Please attend even if you feel your baby is moving normally.

If both you and your baby are well, you will be able to relax at home to await your induction. The service runs 24 hours a day, 7 days a week, therefore as soon as space becomes available you will be contacted anytime, day or night. The Maternity Assessment Centre is also open 24 hours, therefore if you experience a change in your baby's movements, pain, bleeding or any other concerns please contact us on the number at the end of the leaflet.

The Induction Suite and Labour Ward are open 24 hours a day, 7 days a week, and we continuously work hard to make sure your induction is started as soon as we can.

## **Frequently asked questions**

### **What if induction fails to start labour?**

Occasionally, labour does not start or progress after an induction. Your midwife or obstetrician will discuss your options with you. Yours and your baby's health and wellbeing will be monitored very closely if this occurs. You may be offered further prostaglandins or the option of having your baby born by caesarean section.

### **Can my partner stay with me during the induction process?**

Yes, we encourage you to have someone who can support you. Your partner or one named support person can stay with you 24 hours a day.

### **What comfort measures are available on the ward?**

Oral pain-relieving tablets, warm water, birthing balls and mobilisation are encouraged. For women who may require further analgesia we can offer Entonox (Gas and Air).

### **Do methods such as drinking herbal teas, eating spicy foods, taking laxatives and having sex work to induce labour?**

The available evidence does not support these methods for induction of labour and there is no substantial research that shows that they work.

## **Additional information for during your stay**

Antenatal Clinic: 01274 364509 (8.30am – 4.30pm)

M3: 01274 364536 (24hrs)

M4: 01274 364540 (24hrs)

Maternity Assessment Centre (MAC): 01274 364532 (24 hrs)

Labour Ward: 01274 364515 (24hrs)

Induction Suite 01274 383583 (24hrs)

## **People with hearing and speech difficulties**

You can contact us using the Relay UK app. Textphone users will need to dial 18001 ahead of the number to be contacted.

## **Wristbands**

When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

## **Smoking**

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.

## **Accessible Information**

If you need this information in another format or language, please ask a member of staff.

**Your provisional date for induction of labour is:**

**Date:** .....

**On ward:** .....

You will be contacted by a midwife on this date to make your induction of labour arrangements.