

**Maternity
Information for Patients****Induction of Labour**

- Artificial rupture of membranes (ARM) is undertaken during a vaginal examination when the cervix has started to open. The membrane is broken using a small plastic hook to break the waters around your baby. ARM may be uncomfortable but does not harm the baby. This procedure takes place on the Delivery Suite.
- The hormone drip (syntocinon) is a man made version of the naturally occurring hormone of labour (oxytocin) . When your membrane has broken a hormone drip is started to bring on contractions. This is given on the Delivery Suite. Once started your baby will be monitored continuously with you using CTG until birth.

Do I have to stay in hospital for induction?

- If you are low risk you will be offered the option to go home following insertion of the first *Proress* and be asked to return when in labour or in 24 hours.
- On your return if in established labour a CTG will be performed; if this is normal you then you will be offered the option to birth your baby on the Birth Suite.
- If you are high risk you and your baby will be cared for on M2 before going to the Delivery Suite. You and your baby will be monitored continuously when transferred to the Delivery Suite

What happens if induction fails?

If your cervix does not open after the chosen method of induction you will be reviewed by a consultant obstetrician. A caesarean section will be offered as the most appropriate way to deliver your baby.

Are there any risks to induction?

There are no major risks to you or your baby; however induction may involve more vaginal examinations than spontaneous labour. The risk of caesarean section or other instrumental procedures may also increase. There is also a risk that if contractions occur more frequently, then closer monitoring will be needed.

A range of options to relieve pain are available on M2, the Birth Suite and the Delivery Suite for you to use if required. Please discuss this with your midwife for further information.

M4/M5 Visiting Times

1 named person 9am – 9pm
All other visitors 2pm – 8pm, max 3 per bed, inc Dad
(you will be asked to leave the ward at between 6:00pm – 6:30pm for protected meal time)

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages.

Please call 01204 390193 if we can help.

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Name.....

We will contact you on to confirm your arrival time onto the ward.

If you have any questions about your induction please contact

Ward M2 – 01204 390692

Community Midwife – 01204 390023

M2 Visiting Times

1 named person 8am—8pm
All other visitors 2pm—8pm, max 3 per bed
(protected meal time from 5:30pm-6:15pm)



Induction of Labour

What to do on the day of your induction

A member of staff from M2 ward will ring you to arrange your admission for induction between 8am and 8pm on the date shown on the front of the leaflet.

The number of women on the maternity unit can change rapidly and we prioritise inductions based on clinical need. In rare instances your induction may be delayed. The induction process can take between 1 – 3 days on average.

What to bring to hospital

- Handheld notes
- Any medication e.g. insulin, inhalers
- Your personal belongings & toiletries, (do avoid bringing valuables)
- Lucozade / high energy drinks
- Something to occupy your time
- TENS machine (there is a limited number for use on M2)

On arrival to M2 you will be shown around and allocated a bed. To maintain privacy for you and other women, our policy is to have one named visitor to accompany you during your stay.

What are visiting time?

Named visitor 8:00am – 8:00pm

Other visitors (maximum of 3)

2:30pm – 8:00pm

Can anything help to bring labour on naturally?

As part of your care you may have already had or been offered a membrane sweep. In your first pregnancy this is offered at 40 & 41 weeks. In following pregnancies a membrane sweep is offered at 41 weeks. You can discuss this with your midwife.

A membrane sweep may encourage spontaneous labour and reduce the need for induction. Following a membrane sweep you may notice a blood stained vaginal loss, called a “show”, which is normal.

Why am I being offered induction?

Induction is a process to artificially start labour. While in most pregnancies labour starts naturally there are a number of reasons why we recommend induction of labour.

- Small baby (concerns for growth)
- Reduced fetal movements
- High Blood Pressure
- Twins
- Prolonged rupture of waters (membranes)
- Diabetes
- Medical conditions
- IVF
- Excessive fluid around baby
- Cholestasis
- Mothers age
- Prolonged pregnancy

Please be aware there may be other reasons for induction.

Methods for induction of labour include:

- If the cervix is closed it is softened using a hormone prostaglandin i.e. *Proress* pessary or Prostin gel. We will monitor you and your baby before this process and when contractions occur. In some instances you may experience period like pains/ contractions within a few hours of the pessary or gel being given. This may not be established labour and the midwife will assess and advise you at this time. Keeping active, using a birthing ball & adopting different positions aids progress.
- *Proress* is a pessary which is inserted into the vagina to help soften & dilate the cervix. A maximum of two pessaries' can be given, each one inserted 24 hours apart.
- Occasionally Prostin gel is given into the vagina to help soften & dilate the cervix. Two doses can be given 6 hours apart.
- Balloon induction is mainly used for women who have had a previous caesarean section. A cervical balloon encourages gradual opening of the cervix by applying pressure through a water filled balloon, which will stay in place for 12 hours. We will monitor your baby before and after this process on ward M2.