

Information for patients, families and carers - Induction of labour

What is induction of labour?

Labour is a natural process that usually starts between 37 and 42 weeks of pregnancy. It is sometimes necessary to start the process of labour artificially. This is known as induction of labour. Every year, approximately a third of women in the UK have their labour induced. Induction of labour is only recommended when it is thought it will benefit the health of you or your baby.

It may be beneficial to induce your labour if:

- You are overdue
- Your waters break before your labour start
- There are concerns about the well-being of you or your baby

Reasons for induction

If you are seven or more days over your due date, national guidance recommends induction of labour to avoid the risks of a prolonged pregnancy (pregnancy lasting beyond 42 weeks).

These risks include:

- A small but significant increase in the likelihood of your baby needing help with their breathing at birth
- Your baby needing care in the neonatal unit
- Stillbirth
- Neonatal (baby) death

Induction of labour is recommended to all women between 41 and 42 weeks of pregnancy, usually when you are at least 7 days over your due date in order to reduce the above risks.

If you accept induction because you are overdue, this will not increase your chance of requiring an instrumental birth (forceps or ventouse).

It may reduce the likelihood of you needing a Caesarean section when compared to waiting for labour to start. It is also associated with a very small but significant decrease in the likelihood of stillbirth or neonatal death (baby death shortly after birth), 3 per 1000 compared to 1 per 1000 with induction of labour (Cochrane Review, 2018).

After induction of labour, fewer babies are cared for in the neonatal unit when compared to babies born after women wait for labour to start (83 per 1000 compared to 95 per 1000).

Declining induction when you are seven days past your due date

If you choose not to have your labour induced when you are 7 days over your due date this is called expectant management and your midwife and obstetrician will support you and discuss additional monitoring of your baby's wellbeing with you.

You will be offered:

- Assessment of your baby's heartbeat using an electronic fetal heart monitor (a cardiotocograph also known as a CTG). This will take place twice a week.
- An ultrasound scan to check the amount of amniotic fluid (the waters) surrounding your baby.

These tests do not fully monitor your baby, however they will help your obstetrician decide your plan of care and any concerns will be discussed with you.

If your waters break before labour starts (at or after 37+0 weeks)

If you think your waters may have broken, wear a maternity sanitary towel (not a tampon) and make a note of the colour and amount of fluid leaking from your vagina. Please phone maternity triage for advice from our team of midwives (open 24 hours a day) on **01204 390 612**.

If your waters have broken before the onset of labour, Induction of labour will be offered to you as there is a small risk of an infection developing in the amniotic fluid surrounding your baby. This may affect you and/or your baby. As the length of time between your waters breaking and your baby being born increases so does the likelihood of an infection developing.

Most women go into labour soon after their waters break:

- 60% of women go into labour naturally within 24 hours
- 91% of women go into labour naturally within 48 hours

Therefore, you will be given the choice of waiting for up to 24 hours for labour to start naturally or opt for induction of labour as soon as possible. A discussion for immediate induction of labour will take place for women who have known Group B Streptococcus.

Check your temperature every four hours and telephone maternity triage if your temperature is above 37.4°C. Also contact triage if there are any changes in the colour or smell of your waters, if your baby's movements are reduced or if you have any other concerns.

Membrane sweeping

A membrane sweep may be offered prior to induction of labour if clinically indicated. This has been shown to increase the chances of labour starting naturally and can reduce the need for other methods of induction of labour. It is not associated with an increase in infection for yourself or your baby.

Membrane sweeping involves a vaginal examination where your midwife or doctor will use a circular, sweeping motion to separate the membranes from the cervix. A membrane sweep can be undertaken at any of your antenatal visits from 39 weeks onwards and may be offered again if labour does not start spontaneously.

How is labour induced?

There are three steps to induction:

- 1) Ripening of the cervix
- 2) Artificial breaking of the waters
- 3) Hormone drip to start regular contractions

The first step is completed on the antenatal ward and steps two and three occur on delivery suite. Not all women will need all of these interventions and your midwife will assess what is required and discuss every step with you. This is an explanation of the process of induction but you are cared for as an individual and will only be offered what is appropriate for your labour.

Propress

Firstly your midwife will do a vaginal examination to assess your cervix to determine the best way to induce your labour. If required you will be offered Propress which is Prostaglandin medication inserted into the vagina that helps to soften and shorten the cervix. This in turn can help stimulate the muscles in your womb (uterus) causing painful tightenings.

Having these tightenings is normal and it is an effect of the hormone in the Propress. Unfortunately, it does not always mean you are in labour and these tightenings will gradually stop. The Propress will be in situ for 24 hours. No further doses or methods are given once your midwife says that your waters can be broken, you then wait to go to delivery suite where this will take place.

Cervical ripening balloon (CRB)

This is the method of induction for women who:

- 1) Have had a caesarean section before

2) Have given birth to four or more children

3) Have had Propess and are still unable to have their waters broken

The CRB is used to soften and open the cervix without the use of medication. It is a soft flexible plastic catheter that is inserted into the cervix. Two balloons are then inflated with water, one inside the cervix and the other on the outside, this creates a stretching pressure encouraging the cervix to soften and open. The CRB stays in place for 12 hours before being removed and vaginal assessment will take place to assess if the waters can now be broken.

Breaking the waters and hormone drip

The waters are artificially broken by performing a vaginal examination and putting a small hole in the membrane so the fluid around baby starts to drain out. This is followed (if needed) by the Syntocinon hormone drip, which is used to initiate regular contractions.

What if labour does not commence?

Induction of labour is not always successful. If this occurs then your midwife and doctor will discuss the following potential options with you:

- A rest day
- Use of cervical ripening balloon
- Caesarean section

IOL can be a lengthy process and the average waiting time for breaking the waters once that is deemed the next step, is 48 hours. The total stay in hospital may be up to 7 days.

Your induction of labour appointment

On the day of your induction of labour appointment, you will be contacted by a member of the antenatal ward team. A time will be given for you to attend the ward.

What should I bring with me?

The ward area is quite small so we recommend only bringing in what you need during your stay such as your hospital bag and toiletries. Things to keep your mind occupied such as books and magazines are helpful. Please do not bring any valuable items into hospital and only bring the car seat for baby once you are due to be discharged from the hospital.

On site at the hospital, there are two shops, a restaurant and coffee shop. We have the ability to store food and drinks for you in the fridge but no facilities to reheat food.

Please let the ward staff know of any food allergies or dietary requirements. Further information on this can be provided to you when you are admitted.

Please make sure you bring any medications you are taking, your hospital notes and your blood sugar monitoring kit if you are diabetic.

What are my pain relief options?

Your pain relief options whilst being induced can be discussed with your midwife on the ward and will be dependent on your clinical situation and progress.

We encourage you to keep mobile during your induction, use upright positioning and there are birthing balls available on the ward for you to use.

Please feel free to bring in a TENS machine from home and we will be happy to support you in using this.

What are the visiting times?

The Antenatal Ward allows visiting for two birth partners 9am – 9pm. Parents own children may visit from 2pm – 7pm but must be supervised by another adult at all times. When you are in established labour you will be transferred to the Delivery Unit where visiting is 24/7 for two birth partners.

Next steps and further information

If you have any questions about your induction of labour then please contact the Antenatal Ward on 01204 390 692 or contact your named midwife.

If you have any concerns about yourself or your baby then please contact Maternity Triage on 01204 390 612.

If you have concerns about your care, you can ask to speak to the Midwife in Charge, Ward Manager or Matron. Our Patient Advice & Liaison Service (PALS) are available via 01204 390 193 or pals@boltonft.nhs.uk if you have any concerns.

For further information relating to induction of labour, visit the NHS England or NICE websites.

If you require a copy of this leaflet in any other language or format, such as large print or audio, please contact **01204 390193**.

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