



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Patient information service
St Michael's Hospital
Maternity services

Induction of labour



This leaflet has been written to give you an overview about the procedure of induction of labour.

Most of your questions should be answered by this leaflet, but it is not a replacement for an individualised discussion between you and your midwife or doctor.

If after reading it you have any concerns or require further explanation, please discuss this with the midwife or doctor.

What is induction of labour?

For most, labour will start naturally between 37 to 42 weeks.

In order for a baby to be born, first the cervix (the neck or opening to the womb) has to shorten, soften and open, and then there must be contractions.

Your womb has a powerful muscular wall that tightens and then relaxes; these contractions gradually open your cervix. In some cases your doctor/midwife will recommend that labour is induced. Induction of labour is a process used to encourage labour to start artificially.

Why might induction be offered?

Prolonged pregnancy (that continues after 41 weeks)

There is an increased risk to babies where pregnancy goes beyond 42 weeks therefore, we will offer you an induction of labour at your 41 week appointment, to be induced between 41+3 and 41+5 weeks gestation.

Prolonged rupture of membranes

If your waters break but there is no signs of labour after 24 hours there is a slight increased risk of infection.

Medical reasons

High blood pressure, concerns over the baby's growth/movements or diabetes may mean we offer you an induction.

Membrane sweeps (stretch and sweep)

Membrane sweeps have been shown to increase the chances of going into labour naturally in the 48 hours following the sweep. They are offered one week prior to your planned delivery date. Further membrane sweeps can be offered after 48 hours if no sign of labour.

A midwife or doctor will perform a vaginal examination to try to separate the membranes from the inside of the cervix.

It may be uncomfortable or cause a small amount of bleeding but does not increase risk of infection to baby, and is not considered an induction of labour.

Can I decline induction of labour?

After considering all the facts around induction of labour, if you decide you do not want to be induced, you should discuss this decision further with your midwife or doctor.

You will be offered an individualised plan to attend hospital so we can check you and your baby's wellbeing and discuss your care with a midwife or doctor.

How is labour induced?

When your midwife/ doctor examine you, they will assess how 'favourable' the cervix is (how ready it is to go into labour). If it is not possible to 'break the waters' you will be offered methods to prepare the cervix.

Cervical ripening balloons (CRB) or prostaglandins are used to soften and open the cervix in order to be able to break the

waters around the baby. They may sometimes cause contractions to start as well. Occasionally if one method does not work, you may be offered the other.

Cervical ripening balloon (cook balloon)

This is the only method suitable for outpatient induction of labour. This is because it is drug-free and cannot cause your womb to over contract, therefore you do not need to be monitored as closely as when using medical prostaglandins.

Your midwife or doctor will advise if this is a safe option for you.

This method involves a soft silicone tube being inserted into the opening of your womb (cervix) through your vagina.

Two balloons near the tip are inflated with sterile fluid once it is in place.

The catheter stays in place for at least 12 hours, with the balloons putting gentle pressure on your cervix.

The pressure should soften and open your cervix enough to start labour or to be able to break the waters around your baby.

Sometimes the balloon catheter may fall out by itself. If this does not happen, the balloon will be deflated and removed by a midwife the following day.

Breaking waters (Artificial rupture of membranes 'A.R.M.')

If the cervix requires no preparation, labour can be induced by breaking your waters.

This is done on the Induction suite or delivery suite depending on your circumstances.

It is carried out by using a small plastic hook, which releases the fluid around your baby and allows the pressure of your baby's head to press on your cervix and stimulate contractions. It will not harm you or your baby.

You may find this uncomfortable. You may be given some time to see if contractions start or we may recommend starting an artificial hormone drip straight away.

Prostaglandin pessaries (Propess/Prostin)

Prostaglandin is a hormone that is naturally produced by the body. It is involved in starting labour. We use two methods to deliver an artificial version of prostaglandin.

1. A pessary known as Propess is inserted into your vagina, attached to a string. It releases the hormone slowly over 24 hours. It will be removed earlier if labour starts or there are any concerns about you or your baby's health. If more prostaglandin is needed after this, Prostin is used.
2. A gel called Prostin is inserted into the vagina. You will be re-examined six hours after the first dose; if the cervix is still not ready for the waters to be broken or you have not started in labour then a second Prostin gel can be inserted into your vagina.

You will have to stay in hospital if these methods are used, as your baby will need to be monitored every six to eight hours. Between monitoring, you will be encouraged to be upright and mobile, as being active can help to encourage labour to start.

These methods are usually used if your baby's head is not well engaged in the pelvis, or your waters have broken but you do not go into labour naturally within 24 hours.

Monitoring your baby during induction

Before starting the induction of labour process, a midwife from the induction of labour team will ask your permission to monitor both your wellbeing and that of your baby.

Monitoring after starting the induction of labour process will depend on whether you are an inpatient or outpatient and the method used to induce labour.

On the delivery suite

Oxytocin hormone drip

This is an artificial form of the hormone that causes your uterus (womb) to start having contractions.

It is given through a tiny tube into a vein in your hand (drip). It is usually given once your waters have broken.

The drug is increased very slowly until your uterus is stimulated to contract regularly and strongly.

During labour, it is recommended that your baby's heart rate is monitored continuously by cardiotocography (CTG).

Although your ability to walk around may be limited by the drip and monitor, we do have mobile CTG's for use on request. You do not have to lie on the bed, and you do not necessarily have to have an epidural (unless you would like to have one).

What if I have had a caesarean birth previously?

If you have chosen to have a VBAC (vaginal birth after caesarean) you will not be offered prostaglandins to induce labour, because this increases the chances of the scar on the womb coming apart from 1 in 100 to 2 in 100.

A cervical ripening balloon reduces this risk. We would recommend that you are an inpatient during the induction process rather than at home so we can monitor you and your baby more closely.

Monitoring your baby during labour

If you are on a low risk pathway, your midwife would typically listen into baby's heartbeat with a handheld Doppler.

If you require use of the hormone drip in labour then continuous CTG monitoring is recommended.

Are there any complications or risks?

Cervical ripening balloon catheter

The procedure can be uncomfortable but it should not be painful. There is a very small risk of infection which is minimised by careful infection control procedures. If an infection is suspected, your baby may need to be delivered by the quickest possible method.

Prostaglandin (Propess/Prostin)

Inserting the prostaglandin pessary can be uncomfortable. Prostaglandin may cause soreness in and around your vagina. It

can also cause strong contractions, which can be painful. Having these contractions does not always mean you are in labour. Your midwife will discuss ways to help you manage this.

On rare occasions prostaglandins can cause your uterus to contract too frequently and this may affect the pattern of your baby's heartbeat. This is usually treated by giving a drug that helps the uterus to relax.

Sometimes the uterus continues to contract too frequently, which may mean an emergency caesarean birth is necessary.

Oxytocin (Syntocinon)

As with prostaglandin, the main risk is that your uterus can contract too strongly/frequently and affect the baby's heartbeat.

Reducing the rate of the oxytocin can have an immediate effect on easing the contractions, which will improve the baby's heartbeat.

If the baby's heartbeat does not recover, your doctor will discuss what is required. This may mean an emergency caesarean birth is advised.

What happens if induction of labour is unsuccessful?

For a small number, induction of labour does not work. Your ongoing care will be discussed with you and an obstetrician and a plan for your birth can be agreed.

It may be that a caesarean birth is recommended, or, if you and the baby are well, you may be offered a rest day before trying again.

How do I prepare for induction of labour?

Please read this information leaflet and share the information it contains with your partner and family (if you wish) can be of help and support you. There may be information they need to know, especially if they are supporting you as your birth partner.

We recommend making family, especially children and those caring for them aware that the procedure can take a long time (up to 4 days) before your baby is born. Please nominate one person to give the rest of the family updates on how things are progressing.

It is advisable to wear looser clothing when coming in for your induction as it will be more comfortable when you are being examined.

It is not necessary to wear night clothes in the day as in most cases we actively encourage you to be mobile.

You may find the early stages of an induction uncomfortable. You will be offered a range of options for pain relief.

We would encourage you to eat and drink as normal unless specifically advised to do otherwise.

You may bring books, magazines and games to keep you occupied due to the length of time the procedure may take. However please be aware bed space is limited and you are responsible for your own personal belongings.

You are welcome to have one birth partner with you on the induction suite. They are welcome to stay 24 hours a day, however, no beds or meals are provided for partners.

What happens next?

When the induction of labour (IOL) team receive your referral they will contact you by mobile phone and you will be given the date we plan to commence your induction.

If possible, you will also be offered a date and time for a pre-induction assessment appointment before your induction.

What will happen at the pre-induction assessment appointment?

You will meet with an IOL midwife and they will answer any questions and ensure you are making an informed decision.

You will be offered a vaginal examination so we can give you an individualised induction plan and if possible also perform a membrane sweep to encourage spontaneous labour.

Your midwife on IOL suite will then explain the induction process and ensure you know what to expect when your induction begins.

When should I expect to receive a call?

A member of the maternity team should make contact with you within 1 to 2 days. The team has a dedicated mobile phone, expect a call from the mobile number **07825 960 440**.

What should I do if I have not received a call from the team?

If you have not received a phone call from the team after 2 days please contact them by phone to ensure they have received your referral. The team are based in St Michael's Hospital, Level E.

What will happen on the day of induction?

Inpatient induction

Your plan of induction is reviewed on your induction date by the obstetric team.

Expect a phone call at any time on the day of your induction to discuss your admission. Our call will be displayed as **07825 960 440**.

Please be aware that on some occasions in St Michael's inductions may have to be delayed due to emergencies.

We will advise you what time to arrive or if your induction is delayed and the next steps to take.

If your waters have already broken and you are being induced for prolonged rupture of membranes (PROM) please be aware that we may call at any time of day or night to invite you in to start your induction.

A midwife will ensure you and your baby are well, and offer a vaginal examination to assess your cervix.

Outpatient induction

If you are suitable for outpatient induction of labour, you will be invited to attend the induction suite at an appointed time to have a cervical ripening balloon inserted. After the balloon is inserted, you can go home.

We will give you an appointment to come back to have it removed within 12 to 24 hours and, following this, break the waters around the baby.

Going home after cervical ripening balloon catheter

During the time you are at home, you can continue your daily activities.

You may bathe as normal. It may be relaxing to have a warm (not hot) bath. Please do not have penetrative sex.

After going to the toilet please wash your hands, make sure the catheter is clean. Change your underwear regularly.

If you have any of the following, you are advised to call central delivery suite by phone to speak directly with a midwife so they can triage you.

- **Bleeding.**
- **Regular contractions and you think you are in labour.**
- **Concerns about your baby's movements.**
- **You feel unwell.**
- **The waters around your baby break.**
- **The balloon falls out.**

Occasionally the induction suite or central delivery suite are very busy and it is not possible to start your induction on the day we had arranged, or continue to the next stage of your induction once started.

Senior staff involved in your care will make a decision based on the safety of you and your baby. In these circumstances we will call to explain the delay and arrange to monitor you and your baby's wellbeing if it is indicated.

Contact numbers

Central delivery suite

0117 342 5214 or 0117 342 5213

IOL mobile

07825 960 440

Notes

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: www.uhbw.nhs.uk

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. **Drinkline on 0300 123 1110.**

To access all patient leaflets and information please go to the following address:
<http://foi.avon.nhs.uk/>

Bristol switchboard: 0117 923 0000

Weston switchboard: 01934 636 363

www.uhbw.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email patientleaflets@uhbw.nhs.uk.

