Royal Cornwall Hospitals
NHS Trust

Induction of labour

What is it and what does it involve?

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What is induction of labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks, leading to the birth of your baby. Induction of labour is a process designed to start labour artificially.

Why would I be offered an induction of labour?

You would be offered an induction of labour when it is felt that you or your baby's health is likely to benefit.

There are a number of reasons why an induction may be offered and recommended, for example if you have diabetes, pre-eclampsia or a small for gestational age baby. All women will also be offered an induction of labour 12-14 days after their estimated due date because after 42 weeks the chance of stillbirth increases. The risk is relatively small, with 4 to 7 deaths per 1000 births. By comparison, the risk of stillbirth in pregnancies between 37 to 42 weeks is 2 to 3 deaths per 1000 births. The National Institution of Clinical Excellence (NICE) recommends offering induction of labour before 42 weeks.

What happens if I choose NOT to be induced?

If you choose not to be induced when a recommendation has been made, a personalised plan will be made between you and your doctor for ongoing monitoring.

How is labour induced?

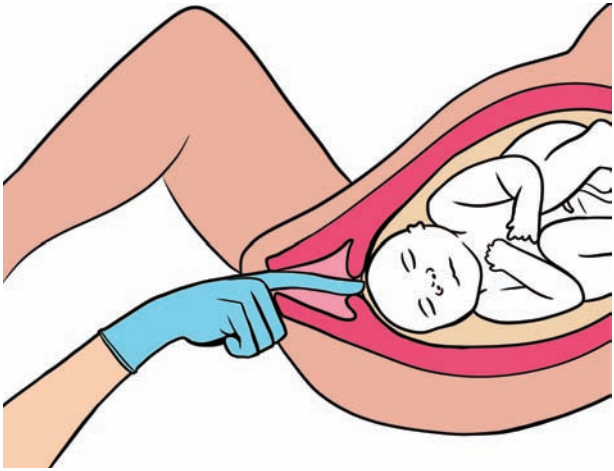
There are a variety of methods that can be used to induce your labour. Your doctor or midwife will discuss your options and any recommendations depending on your individual circumstances.

What is membrane sweeping (also known as 'Stretch and Sweep')?

Membrane sweeping has been shown to increase the chances of labour starting naturally within the 48 hours following and may reduce the likelihood of additional methods of inducing labour. There is a slight chance your membranes (waters surrounding your baby) may break during the membrane sweep or that you might experience regular contractions that do not lead to established labour. The risks and benefits will be discussed with you prior to performing the membrane sweep so that you can make an informed decision.

This can be carried out at home, at an antenatal clinic appointment or in the hospital and may be offered to you before attempting other methods of induction of labour. The best time to perform a membrane sweep is also very individual and can be discussed with your midwife.

If you choose to accept a membrane sweep, you midwife or doctor will ask you to remove your lower garments and lie on a bed or couch with a sheet over your lap. The membrane sweep then involves the health professional inserting one or two fingers into your cervix (neck of the womb), stretching your cervix and making a circular sweeping movement around your baby's head to separate the membranes from the lining of your womb. The aim of both of these actions is for your body to release some labour hormones called prostaglandins.



You may find the internal examination uncomfortable or painful, and following the procedure you may experience some bleeding similar to a 'show' because it involves stretching your cervix. If you are worried about any bleeding following the procedure, you should contact a midwife immediately on 01872 258000.

What does an induction of labour involve?

Having your labour induced can be a very long and slow process which for some women will take a number of days. There are many methods and stages of induction of labour. The most appropriate method and place for induction of labour will be personalised to you and your pregnancy. The following stages are the most common.

Stage 1 – ripening /softening your cervix

You will be invited to Wheal Rose, the antenatal ward, at a time specified on your date of induction. You should bring your pregnancy notes, your bags and if you wish your partner, friend or family member. The midwife allocated to you will welcome you to the ward and show you to your bed space in a 4 bedded bay with curtains separating the beds for privacy, if desired.

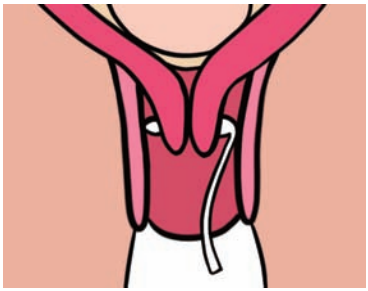
Your midwife will discuss the induction of labour process including the risks and benefits before asking you to sign a consent form. You should take this opportunity to ask any questions, although you can ask your midwife questions at any time.

Your blood pressure, temperature and pulse will be checked on your arrival and your baby's will be monitored electronically using a CTG monitor. The CTG will also pick up any contractions you may be having.

Before starting the induction of labour, your midwife will examine you internally. This examination is similar to a membrane sweep as your midwife will assess whether your cervix is open and has started to soften as well as how low your baby's head is. This informs the midwife as to whether you need a pessary.

If your midwife decides that you require a pessary called a 'propess', she will inform you of this and then insert it into your vagina behind your cervix.
The pessary contains hormones called prostaglandins, which are released at a steady rate. This may start to soften and open your cervix over the following 24 to 30 hours.

Approx size of pessary
(to scale, plus 20cm string)



Following insertion of the pessary, your baby will be monitored again on the CTG for a minimum of 30 minutes. During this time, you will be lying down to allow the pessary to absorb moisture from your vagina, which will allow the pessary to slightly swell and prevent the likelihood of it falling out.

If the CTG is normal, you will be offered to have your baby monitored again if you experience any of the following:

- vaginal bleeding
- rupture of membranes (waters breaking)
- any tightening or discomfort
- your baby is not moving normally for you
- any other symptoms which may indicate a concern.

You may feel that not much is happening during this stage of the induction if your body does not start having contractions, but it is slowly absorbing the prostaglandins and starting to soften your cervix.

You may start to feel your abdomen tightening, which may be accompanied by some discomfort or pain that comes and goes and radiates from your back or under your bump. Please tell your midwife if you experience this or any of the above as she may recommend monitoring your baby on a CTG and advise you on comfort measures.

What comfort measures can I use through this stage of induction?

- You may take a bath as warm water is very soothing and may also help you to relax.
- Use different positions to get comfortable such as pillows, blankets or a hot water bottle tucked into your back.
- Practice relaxation, breathing or hypnobirthing techniques. Ask your midwife about aromatherapy options.
- If you can settle back to sleep then try to rest. Try listening to music or relaxation/sleep meditation to help you rest deeply.

- If you cannot rest you may want to get up and move around, be upright or use a birthing ball, which your midwife can provide for you.
- Try using a TENS machine. Bring one with you or ask your midwife if one is available.
- If you have signs that labour has started, you may be offered an internal examination. However, too many vaginal examinations are avoided to protect your comfort and reduce the risk of infection.
- If you would like any analgesia, discuss this with your midwife for the options available to you.

You may go into labour during the 24-30 hours after the pessary has been inserted. If this happens, your baby's heartbeat will be monitored and the pessary will be removed. You will then be transferred for care in labour.

What are the possible risks or side effects of this stage of labour?

Thousands of women have been studied using this method of induction and it has been found to be safe for both mothers and their babies. Some women have very minor side effects. You may have some nausea or diarrhoea. There is a chance that the pessary will over-stimulate the uterus (womb) and you will contract more frequently than desired. If this happens, the pessary will be removed and a medicine may be administered to reduce the number of contractions you are having. Your ongoing care will then be reviewed and discussed with you.

If your labour has not established after 24 hours of having the propess inserted, you will be transferred to Delivery Suite. If, however, after 24 hours there is not a midwife or room available on Delivery Suite, you will be offered to have your baby monitored using a CTG. The pessary can stay in for up to 30 hours at which point if there is further delay in transferring you to Delivery Suite, you will be seen by a doctor to ensure your and your baby's safety during this delay. Women can experience significant delays in their transfer to Delivery Suite due to activity and ensuring your and your baby's safety for the next stage of your induction.

Can my birthing partner stay with me?

As the antenatal ward is a female only ward, birth partners cannot stay with you overnight to protect the privacy of the other women in the bay and on the ward. Birth partners can stay until 10pm and may return at 8am.
If there are any signs of labour overnight, we will contact your birth partner to return. It is also very beneficial for birth partners to go home overnight to ensure you are both rested and ready for the next stage of your induction.
Once you are transferred to Delivery Suite, your birth partner can stay with you at all times as you will be in your own room.

Stage 2 – Breaking your waters

On Delivery Suite, you will have your own room and stay there for your labour and birth. You will be allocated a midwife who will provide 1:1 care. Make the room your own with items such as your pillow and blanket, oils, music or anything that helps you feel relaxed.

Upon arrival, your midwife and doctor will discuss your options and plan your care with you. If you consent to having your waters broken, your midwife will carry this out. Releasing your waters encourages your baby's head to press firmly onto your cervix. It sometimes causes labour to start, particularly if you have had a baby before. This may bring on strong contractions more quickly than a naturally starting labour where your waters break by themselves.
Breaking your waters involves a vaginal examination and using a small instrument to make a hole in the bag of waters that surrounds your baby.
This will cause no harm to your baby, but the vaginal examination to perform this procedure may cause you some discomfort.

Stage 3 – Syntocinon hormone drip

Depending on how open your cervix is and whether you are already having contractions, you may be offered the syntocinon hormone drip to strengthen or start contractions. The aim of the drip is to create steady rhythmical contractions to help the descent of your baby and therefore open your cervix, leading to your baby being born. For this, you will need a cannula (small plastic tube) placed in your hand or arm, which stays in for your labour. The hormone drip can cause contractions to become intense and fairly painful quicker than if you went into labour naturally.

You and your baby will be monitored continuously throughout your labour to ensure the hormone drip is not causing too many contractions and that your baby is managing well with them. After the start of your contractions, your midwife will offer to monitor the progress of your labour such as a vaginal examination every four hours to monitor the dilation of your cervix, the position and the decent of your baby's head. If there are any concerns you may be examined earlier.

Some women are able to manage well through labour with natural methods of pain relief, but if this is the first time you have experienced labour, you may be more likely to request additional pain relief. Options for pain relief will be discussed with you such as an epidural or pethidine. Your midwife will discuss with you eating and drinking during this stage of the induction as it will be individualised to you and your induction.

What are the possible side effects or risks of the hormone drip?

Very occasionally, the hormone drip can cause your uterus to contract too much, which may affect the pattern of your baby's heartbeat. If this happens, you may be asked to lie on your left hand side and the drip may be turned down or off to lessen the contractions.

Does induction increase the chance of needing a caesarean section?

Induction does not guarantee that you will have a vaginal birth – this should be discussed with you prior to your induction.

Induction of labour does not increase the chance of you requiring a caesarean section compared with waiting for labour to start naturally. However, some clinical reasons for induction of labour may increase the risk of caesarean section, for example being induced because your baby is small for gestational age.

Research also suggests that for women whos pregnancy extends over 40 weeks, the risk of caesarean section is increased if you choose to wait for labour to start naturally, therefore having an induction of labour may increase your chance of having a vaginal birth.

A caesarean section will be offered if your labour does not establish after using the hormone drip – the time of this offer will be individual to you.

Will my induction definitely happen on the day booked?

The number of women who are admitted to the antenatal ward or are on Delivery Suite can change rapidly and vary greatly. In the interests of safety, we may need to delay your induction, either for a few hours or, occasionally until another day. **We may ring you the day before or on the day of your planned induction to change the date or time of your induction.**

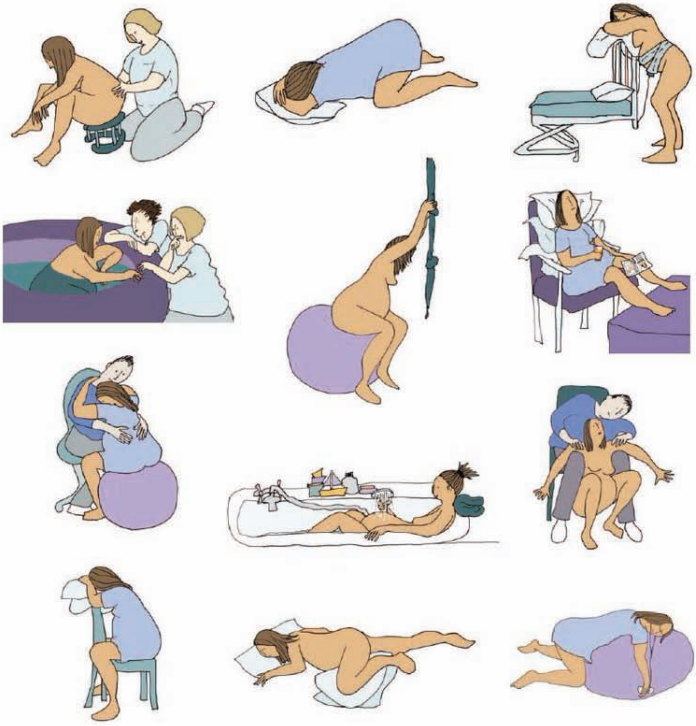
Some inductions can be safely delayed, although we appreciate that the delay may be a difficult time for you. We do try to avoid delays in admission or transfer to Delivery Suite to continue your induction but it is sometimes necessary for patient safety, so please be kind and courteous to staff, however great your frustration.

Further information

You can find more information and research regarding induction of labour on the Royal College of Obstetrics and Gynaecology (RCOG) and National Institute of Clinical Excellence (NICE) websites. Both have very reader friendly information and are updated in line with new research and evidence.

You can also speak to your midwife or obstetrician about the most recent research and evidence, which is personalised and relevant to your individual pregnancy.

Give it a go, it'll be worth it



The Royal College of Midwives recommends the use of active and upright positions to assist with labour and birth

To find out more about the RCM Better Births initiative, visit **betterbirths.rcm.org.uk**

Better Births

THE ROYAL COLLEGE OF MIDWIVES

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