

Induction of labour in the community

What is it and what does it involve?



Contact numbers

Wheal Rose	01872 252149
Day Assessment Unit	01872 252916
Emergency Midwife	01872 258000

Who is this leaflet for?

This leaflet is for women who are having or being offered induction of labour. It explains about induction of labour in the community, and includes information about what to expect, when to contact the unit and advice on managing at home. The aim is to enable you to make an informed decision about your care and treatment in partnership with healthcare professionals.

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. Before and during labour, several changes to your body occur:

- the neck of your womb (cervix) becomes ripe (softens and shortens)
- your waters break (the membranes surrounding your baby rupture and the fluid that surrounds your baby leaks out)
- the neck of your womb widens (your cervix dilates) with contractions
- your womb (uterus) contracts to push your baby out.

Labour can be induced in a number of ways but all methods aim to cause the above changes to your body, leading to the birth of your baby.

Having labour induced by artificial means can be a much slower, difficult process. Some women respond quickly to the methods of induction – probably because they were nearly ready to go into labour anyway. But for most first time mums it can be a long s-l-o-w process.

When is induction recommended?

If you are healthy and have had a trouble free pregnancy, induction of labour will usually be arranged for 12-14 days after your expected date of delivery (EDD) because after 42 weeks the risk of stillbirth increases. The ultrasound scan performed earlier in your pregnancy helps us to determine your baby's due date accurately and reduces your chances of unnecessary induction due to incorrect dates.

What is induction of labour in the community?

If the reason for induction of labour is being overdue and there are no other complications you might be offered an outpatient induction of labour. It means that you could go home after the induction process is started.

What are the benefits?

Inducing labour can take time. Sometimes it can be a couple of days.

An outpatient induction of labour will:

- reduce the amount of time you spend in hospital before your labour begins
- allow you to return home to a familiar and comfortable environment while you wait for labour to start
- make the process of induction as normal as possible.

Who can be offered an outpatient induction of labour?

You may be offered an outpatient induction of labour if:

- your pregnancy is 'low risk'
- you are between 18 and 40 years of age at due date
- your BMI is <35 and >18 at booking
- you have not had more than two babies or three pregnancies
- induction is to prevent a prolonged pregnancy (between 41 and 41+5 weeks) or for social reasons and is not due to you or your baby being compromised
- you have no medical or obstetric problems
- you have not had any gynaecological surgery
- you are expecting a single baby

- you speak fluent English
- you have a responsible adult who will stay with you at home
- you have transport
- you live within 45 minutes from the hospital
- you have a functional telephone
- you have not had a previous labour lasting less than 2 hours
- your waters have not broken
- you are confident to go home.

Your midwife will have a discussion with you about the outpatient induction of labour process and if you meet all the criteria you will be offered this method of induction.

What happens on the day of induction?

You will need to come to Day Assessment / Wheal Rose ward on the morning that your induction of labour is booked. A time will be arranged with your community midwife.

Please remember to bring your handheld notes with you and an overnight bag just in case you are asked to stay in the hospital.

Step 1

The midwife allocated to look after you will show you to your bed space and welcome you to the ward. It is likely that you will be in a room with other women, separated by curtains.

Your pulse, blood pressure, temperature and urine will be checked. An assessment will be carried out to ensure you are still suitable for a community induction of labour and that there are no clinical reasons which would prevent you from going home. This is to ensure the safety of you and your baby. If you are no longer suitable, your induction of labour will proceed, but you will need to stay at the hospital.

The midwife will also examine and measure your abdomen to check your baby's size and the way your baby is lying. The midwife will also check that your baby is OK by monitoring the baby's heart beat on a fetal monitoring machine (CTG) for around 30 minutes. The CTG also monitors contractions.

The midwife will discuss the process of induction of labour with you and answer any questions you may have. You will be asked to sign a consent form confirming you understand all of the risks and benefits and that you have read and understood this leaflet.

Step 2

When the midwife is happy with the observations and fetal monitoring she will ask your permission to perform an internal examination (vaginal examination) to check the neck of your womb (cervix). This examination will inform the midwife if a pessary is required. The medication called 'propress' will be inserted into your vagina to soften the cervix and start labour. Propress is a vaginal pessary containing prostaglandin, a naturally occurring hormone which aids cervical ripening (the softening, shortening and beginning to open) of the neck of the womb, before labour starts.

Propress looks like a miniature tampon and has a long tape attached to it, which enables the midwife to remove the pessary easily. The tape will be tucked into your vagina or taped to your leg, so be careful not to pull on it for example when you go to the toilet or wash etc. The propress absorbs some of the moisture from the vagina which makes it swell and settle into place. It slowly releases prostaglandin over a period of 24 hours.

Propress for outpatient induction is used by many trusts. Propress is not licensed for use in the outpatient setting but studies have shown that the outpatient experience is preferable and acceptable to women.

Step 3

When the propress has been given, you and your baby will be monitored for an hour, after which you should be able to return home. Before leaving the hospital, the midwife will go through the checklist in this leaflet to advise you on what to look out for whilst at home.

What happens when I go home?

The process you have been given works by 'ripening' your cervix. You will commonly feel a period-like ache while this happens, but sometimes tightening of the womb can occur and labour can even start. It is OK to stay at home during this time, but please ensure you understand from this leaflet and discussions with your midwife, when you should call Wheal Rose and come in for assessment.

A telephone call will be made to you usually early in the evening to see how you are. It is important to ensure that we have all up to date contact numbers for you.

You will be advised to return after 24 hours for reassessment, however if labour contractions begin before this you will be advised to telephone Wheal Rose and return to the hospital. If you labour within this 24 hours, it is possible you may be able to go to the Birth Centre following an examination and CTG (monitoring your baby's heart beat) on Wheal Rose.

What can I do at home?

- Try to carry out normal activities.
- Eat and drink as usual.
- Rest when you can as it can be a slow process and you will need your energy for when labour starts.
- Arrange to have someone with you at all times.
- Try listening to a relaxation/sleep meditation to help you rest deeply.
- Try aromatherapy oils – at Royal Cornwall Hospital we have developed a small group of oils which may help you during your induction. Please ask your Midwife for further information.

How do I cope with pain or discomfort?

- Warm baths – warm water is very soothing when you are in discomfort and may also help you to relax.
- Use different positions to get comfortable, and use pillows or blankets tucked into your back.

- If you have been practising relaxation, breathing or hypnobirthing techniques, these will help you to relax and manage any discomfort.
- Walk short distances.
- If you cannot rest then you may wish to get up and move around, be upright or use a birthing ball.
- You may find using a TENS machine helpful at this stage.
- Paracetamol (two tablets every four to six hours, maximum of eight tablet in 24 hours).

Are there any side-effects or risks from the pessary?

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. If the uterus is contracting too much there is less oxygen reaching the baby.

Propess can occasionally cause some side-effects which are usually mild. Side-effects include nausea, diarrhoea, vomiting, dizziness, palpitations and fever. If any of these side-effects occur and are distressing to you, contact Wheal Rose for advice.

There is a small risk that the pessary will over-stimulate your uterus and you will contract too frequently (we would expect the contractions to be no more frequent than 4-5 contractions in 10 minutes). If the uterus is contracting too much there is less oxygen reaching the baby. If this happens the pessary needs to be removed. You may be given a drug to slow them down even further.

When to contact Wheal Rose

When should I return to hospital?

If you experience any of the following, remove the Propess by gently pulling on the tape, contact Wheal Rose and make your way immediately to the hospital:

- **you have more than five contractions in ten minutes**, ie contractions are more than once every two minutes, or
- **run of contractions each lasting more than two minutes**
- **severe (constant) abdominal pain.**

When should I call the hospital?

Call Wheal Rose if any of the following occurs:

- **The Propess falls out** – if the Propess falls out you will need to return to the hospital. It may need to be reinserted. Please do not try to do this yourself.
- **Sensitivity to the drug** – when the contractions are more frequent than 4-5 contractions in 10 minutes. Remove the pessary by gently drawing on the tape, (like removing a tampon) and then phone and attend the hospital immediately.
- **Onset of labour** – if your contractions are becoming very regular, frequent (ie every five minutes) and/or very painful.
- **Fresh red bleeding from the vagina** – different from a 'show' (which is a blood-streaked mucous discharge common after a vaginal examination when the cervix is 'ripening'; this is normal). If you are uncertain then please phone to discuss.
- **'Waters break'** – this is the membranes rupturing. The colour may be clear, tinged with pink if you have also had a show, or stained green/black indicating that the baby has passed the first stool (meconium). You should phone and then attend the hospital immediately if the water is green/black.
- **Severe side-effects** – if any of the side-effects mentioned earlier become unpleasant, eg severe nausea and/or vomiting.
- **You are concerned about your baby's movements.**
- **You require pain relief (more than paracetamol).**
- **You become anxious or you wish to return.**
- **You have any concerns.**

If you are nervous about staying at home and would like some reassurance, you may call Wheal Rose and attend the hospital for monitoring. If all is well and you are happy to return home you may do so and return either after the 24 hours or sooner if you experience any of the above.

24 hours have passed – what should I do now?

You will need to return to the hospital 24 hours after the insertion of Propress – a time will be given to you before you leave.

On admission you will be transferred to Delivery Suite at the earliest possible time to continue with the induction of labour process. If there is not a room or midwife available for you on Delivery Suite, your transfer might be delayed. This is to ensure your and baby's safety. You will be kept updated and your baby monitored as required. In this situation the pessary will be left in place for up to 30 hours. After 30 hours the pessary will be removed.

Day 2 - breaking your waters and using Oxytocin

You will be taken to Delivery Suite for the next stage of induction of labour. You will have your own room and stay there for labour and birth. Make the room your own, with your pillow and blanket, oils, music or anything that helps you feel relaxed.

The midwife allocated to you will be with you as long as her shift lasts (7.5-12 hours). A student midwife may also help to care for you.

How are my waters broken?

If your cervix is open, we can induce labour by breaking the waters around your baby and using a hormone drip (Oxytocin) to start contractions.

Breaking your waters involves the midwife or doctor performing a vaginal examination; they will use a small instrument to make a hole in the bag of waters around your baby. This will cause no harm to your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort.

Releasing the waters encourages your baby's head to press firmly onto your cervix. It sometimes causes labour to start, especially if you've had a baby before. This may bring on strong contractions more quickly than a naturally starting labour where the waters break by themselves. Once the waters are broken you will probably continue to leak fluid so will need to wear a pad.

What do I need to know about an Oxytocin (hormone) drip?

Depending on how open your cervix is and whether you are already having contractions, it is likely that you will need help from the Oxytocin hormone drip to establish effective contractions.

The aim of the drip is to create steady, rhythmical contractions that will open the cervix, enabling your baby to be born. For this you will need a cannula (small plastic tube in a vein) placed in your hand which stays in for the whole labour.

The hormone drip can cause contractions to be more intense than your natural oxytocin so can feel stronger and painful fairly quickly.

You will require continuous monitoring throughout the labour to ensure the Oxytocin is not causing too many contractions and that your baby is coping well with them.

Some women are able to cope well through labour with natural methods of pain relief but many, especially first time mums, will use additional pain relief such as Entonox (gas & air), Pethidine or an epidural.

After the start of the Oxytocin drip or regular contractions the midwife will monitor the progress of your labour. You will be offered a vaginal examination every four hours to enable everyone involved to know if the drip is working and your cervix dilating. If at any point your baby appears not to be coping well with the induction you might be examined earlier.

What are the possible risks or side effects of Oxytocin?

- Women who have Oxytocin are more likely to want an epidural to help with pain.
- As Oxytocin is given by a drip, being attached to this will limit your ability to move around. 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 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 will be turned down or off to lessen the contractions.

Does induction increase the chance of needing a caesarean section?

Induction doesn't guarantee that you will have a normal birth, and the possibility of it not working should always be explained to you.

Induction of labour does not increase the chances 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.

Caesarean section may be required if the baby's umbilical cord slips into your vagina when your membranes are broken by the doctor or midwife. It may also be necessary if the induction methods fail to trigger labour.

What should I bring with me?

- Please bring your overnight bag and your baby's clothes, nappies etc, and some loose change for vending machines.
- We do provide food and refreshments for mums, but we cannot feed hungry partners. Vending machines within the unit contain sandwiches, snacks and cold drinks.
- It's a good idea to bring some snacks in with you. Choose some healthy snacks like fruit, nuts, seeds or some couscous or pasta but also bring some of your favourite snacks (like chocolate) to keep your energy levels as well as spirits up.
- You are more than welcome to bring with you things that will give you a sense of home from home – such as a pillow or blanket.
- A good book / tablet / mp3 player to keep yourself occupied and entertained.

Who can stay with me?

Whilst on Delivery Suite, your partner or one other adult may stay with you. If your transfer to delivery suite is delayed or you were not able to go home following the insertion of your Propess, we cannot allow partners to stay overnight. This is to protect the privacy of other women and it is also beneficial for your partner to have as much rest as possible before labour starts to ensure they are able to support you throughout labour and after the birth of your baby.

However if you are transferred overnight or if your labour establishes, we will contact your birthing partner immediately to come back and support you.

Visiting and phone calls

For your own privacy, and that of other women in labour, we ask that other relatives and friends do not come to the Delivery Suite to see how you are getting on.

Visiting and phone calls (continued)

Please ask friends and relatives not to phone for progress reports. Our staff cannot disclose confidential information on the telephone. Your birthing partner may of course make calls from payphones or a mobile phone.

Any questions?

For further information about induction of labour, and all other aspects of pregnancy and childbirth, please talk to your midwife.

Please feel free to ask any questions before you go home.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

