NHS
Royal Cornwall Hospitals
NHS Trust

Outpatient induction of labour

Information for patients



Contact: 01872 258 000

Call this number any time 24 hours a day, 7 days a week if you are having an outpatient induction and have any questions or concerns.

Outstanding Care for **One+All**

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Who is this leaflet for?

This leaflet is for people who have been offered outpatient induction of labour. This means you go home for part of the process. **Before reading this please read the main 'Induction of Labour' leaflet, which explains the whole process in more detail.**

This leaflet provides an overview about outpatient induction of labour, including when it is suitable and what is involved. It aims to answer common questions but is not a replacement for discussion between you and your healthcare team. If after reading it you have any questions or require further explanation, your midwife or doctor will be happy to help.

You may find it useful to re-read this leaflet if you have decided on outpatient induction of labour, to remind yourself of the process, when to call and when to return to Wheal Rose ward.

What is outpatient induction of labour?

Outpatient induction of labour is when Stage 1, the 'cervical ripening' stage of induction, is planned to happen at home. We use a balloon catheter to open and soften the cervix (neck of the womb) in outpatient inductions. Stage 2 (breaking your waters) and stage 3 (oxytocin hormone drip) still occur in hospital.

Please see the 'Induction of Labour' leaflet (RCHT1296) for more information on the different stages of induction.

What are the benefits of induction as an outpatient?

- Induction can take 2 to 3 days from start to birth of baby. Being at home can help the time pass easier.
- An outpatient induction will reduce the time you spend in hospital.
- Being at home can help you relax, rest and sleep better.

Who can have outpatient induction?

Many people are suitable for outpatient induction. Discuss with your midwife and doctor to see if it is an option for you. An outpatient induction of labour is likely possible where chances of complications are low and extra monitoring of you or your baby is not needed. It is only offered after personalised discussion and agreement by both you and your midwife or doctor.

Common reasons for outpatient induction are:

- uncomplicated prolonged pregnancy before 42 weeks (between 7 to 13 days overdue)
- diet-controlled gestational diabetes
- suspected big baby
- pelvic girdle pains
- obstetric cholestasis with highest bile acids under 40
- maternal requested induction of labour
- maternal medical conditions (if agreed by obstetric consultant)



Outpatient induction is not offered if:

- your waters have broken
- you've had vaginal bleeding after 20 weeks
- you've have raised blood pressure in this pregnancy (pre-eclampsia or gestational hypertension)
- you've had a previous caesarean birth
- you've had 4 or more babies before
- you have diabetes (except diet-controlled gestational diabetes)
- your BMI is over 40
- you've had previous precipitous labour (birth within 2 hours from contractions starting)
- fetal movements have reduced
- baby is small (estimated fetal weight under 10th centile)
- there are any scan concerns (such as appearance of slowing growth)
- you're at 42 weeks or more gestation (based on dating scan estimated due date)
- you're at 40 weeks and three days or more gestation and aged 40 or more
- you're having twins
- you need an induction using Propess.

These are just examples – please discuss with your midwife or doctor.

Is outpatient induction of labour right for me?

When deciding, you and your healthcare professional need to consider if you can meet all the following criteria.

You must:

- have a responsible adult with you at all times (24/7). They must have immediate access to a reliable vehicle and be able to drive you to hospital at short notice
- not have any childcare responsibilities during this time (you may need to return to hospital at short notice)
- have your hospital bag packed and in the car (with everything you need for labour, birth, for baby and overnight stay, including if you need to stay in hospital for the induction)
- have a phone that works at home
- speak fluent English
- confirm the above practicalities are in place, have understood this leaflet, and agree to call and return to hospital when needed (see below).

How do I prepare for it?

- Please ask as many questions as you want so you have all the information you need to help you have a plan for the day of your induction.
- Please share this information with your birth partner and your other support. It will prepare them and help them support and care for you.
- We recommend making family, especially children and those caring for them, aware that the process can take a long time (up to 3 days) before your baby is born.
- You may want to nominate one person to give the rest of the family updates on how things are progressing.

What happens on the day of induction?

You will be given a date and time to come to Wheal Rose ward. Sometimes, we may have to delay your induction due to how busy the maternity department is. If so, we will call you the day before or on the day of your planned induction to let you know. We will make an individualised monitoring plan in the meantime.

When you attend Wheal Rose ward you should come with your pregnancy notes, your bags (in case you need to stay in) and your birth partner. The midwife allocated to you will welcome you to the ward and show you to a bed space in a 4 bedded bay with curtains separating the beds for privacy.

When your induction was booked, you should have had a full informed discussion and been given the opportunity to ask any questions before taking the time to sign the consent form.



When you arrive on the ward, your midwife will re-cap the process with you, including the pros and cons, and give you time to ask any further questions. We encourage you to ask as many questions as possible to ensure you have all the information you need. You might want to write questions down in your personalised care plan before you come to hospital. After this discussion if you are happy to continue the midwife will confirm your consent.

Your blood pressure, temperature and pulse will be checked on your arrival and your baby's heart rate will be monitored using a cardiotocograph (CTG) monitor.

Before starting the induction, your midwife will examine you internally. This examination is like a membrane sweep. Your midwife will assess whether your cervix (neck of the womb) is open and has started to soften as well as how low baby's head is.

This helps the midwife to make an informed decision about the most suitable method of induction for you. Most inductions start with cervical ripening (softening and opening your cervix). If your cervix is already soft and open you would start at stage 2 – releasing your waters.

If you need cervical ripening then your midwife will recheck that you meet the criteria for outpatient induction. Outpatient induction is performed with a balloon catheter. Your midwife will discuss the process and answer any questions you have. **The process is described in the section 'Balloon Catheter' in the 'Induction of Labour' leaflet.**

In around 5% of women, it isn't possible to insert the balloon catheter (for example if the cervix is closed). Provided there is no other reason not to (such as previous caesarean birth) we would recommend Propess induction as an alternative. However, this would mean staying in hospital as you can't go home with the Propess pessary in place. If this is the case, we will discuss all your options with you and you can use the BRAIN page in your personalised care plan to support you in making the right decision for you.

What happens after the balloon catheter is in place?

- You can wear a second pair of underwear to comfortably tuck away the end of the catheter.
- We will listen to the baby's heart rate.
- We then ask you to go for a short walk around the ward to check that you feel comfortable.
- If needed, we can remove a small amount of fluid (around 20ml) from the balloon to make you more comfortable.
- Once you are comfortable you can then go home.

Most people report being comfortable with the balloon catheter in place. You may feel some pressure vaginally, and you may have irregular contractions or tightenings (Braxton Hicks). You can stay at home if the tightenings are occasional and not painful. It doesn't usually cause proper contractions.

If contractions start occurring regularly (every 5 minutes or more) then it's time to call 01872 258 000 and return to Wheal Rose ward. If you are unsure whether to return, please don't hesitate to call the number for advice.

Call us immediately (01872 258 000) if:

- you have any pain in your tummy area
- you have fresh red bleeding
- there is a change in baby's movements
- your waters break
- you have regular, painful contractions (more than two contractions in a ten minute period)
- you need pain relief stronger than paracetamol
- the balloon catheter falls out
- you have difficulty passing urine
- you feel unwell, shivery or hot
- you have any concerns
- you wish to return to hospital (for any reason, you are always welcome to return).

You'll be invited to return for assessment if you experience any of the above. If all is well then you may be offered to return home, but you can always choose to stay in hospital.

Remember

You can always change your mind and choose to stay in Wheal Rose ward for the induction. If you change your mind, have any questions or would like any reassurance please call us on 01872 258 000.

What can I do at home?

- Relax
- Eat and drink as usual
- Walk around as usual at home or in your garden (make sure you are always within a 5 minute walk of your vehicle)
- Rest and sleep
- Always have someone with you who can drive you to hospital if needed
- Have a bath – the warm water is very soothing and can help you relax
- Use a birthing ball or move around if it makes you more comfortable
- If you have irregular tightenings or contractions, you may find a TENS machine helpful or paracetamol (two tablets every four to six hours, maximum of eight tablets in 24 hours)

When do I return to hospital?

The balloon catheter softens and opens the cervix for 12 to 24 hours. The next stage is removing the balloon and releasing your waters. This needs a Delivery Suite midwife to be available to care for you and your baby from then on until birth.

The 12 to 24 hour window after insertion will likely involve night-time hours. As an outpatient, you have a choice if it becomes your turn on the priority list whether you wish to be called to come in during the night for the next stage.

If you prefer not to be contacted at night, before you go home, please tell us the specific times you prefer not to be contacted. You should be aware that other people who have started the induction process after you may then begin the next stage before you.

With most inductions the balloon will remain in place for 24 hours. At 24 hours you will be invited back to Wheal Rose where the balloon will be removed, and a vaginal examination and stretch and sweep will be offered. The stretch and sweep may help to release further prostaglandins and get labour started. Your midwife will keep you updated about the Delivery Suite midwife availability and monitor you and your baby.

What happens on Delivery Suite?

You'll meet the midwife who will be looking after you during labour. Your midwife will monitor you and your baby, talk through your birth preferences and answer any questions you have. They will release your waters (after removing the balloon if it is still in place). Please see Stage 2 of the Induction of Labour leaflet for more details.

We would encourage you to be upright and mobile after the waters have been released as this can help the contractions to build up. We will monitor you for two hours to see if contractions are building up regularly.

Can I labour and birth on the Birth Centre?

If contractions are coming regularly, you are on a midwife led pathway with no new risk factors, then you are suitable for labour and birth on the Birth Centre. On the Birth Centre the midwife listens to the baby's heartbeat intermittently with a handheld Doppler rather than a continuous CTG. Your midwife will offer you transfer to Birth Centre and you can choose to stay on Delivery Suite if you prefer.

Releasing the waters after the balloon usually doesn't start regular contractions in itself and therefore the oxytocin hormone drip is needed in the majority of induction of labours. The oxytocin hormone drip requires continuous baby heart rate monitoring with CTG. There may be other reasons for recommending continuous monitoring with CTG, or the choice of an epidural may be chosen. These reasons together means that birth on the Birth Centre after starting an induction is possible,

but it is uncommon (5% of inductions). If you are considering induction we would recommend to expect to require the oxytocin hormone drip and to birth on Delivery Suite. If oxytocin isn't needed and you have the choice of the Birth Centre then it's an extra positive bonus.

Please note:

We sometimes have to delay inductions. This is to make sure that we can look after all women and babies safely, and to minimise delays once the induction process has started. We may call you the day before or on the day of your planned induction to change the date or time of your induction. We will offer a stretch and sweep and if needed offer an additional appointment to monitor you or your baby.



Further information

You can find more information and research regarding induction of labour on the following websites. Both have very reader friendly information and are updated in line with new research.

Royal College of Obstetrics and Gynaecology (RCOG)

- Website: www.rcog.org.uk

National Institute of Clinical Excellence (NICE)

- Website: www.nice.org.uk/guidance/ng207









To get this information in a different format call 01872 252690

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Switchboard: 01872 250000

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