

Information for Women Having Their Labour Induced

Maternity

Patient Information Leaflet

Introduction

The following information explains what induction of labour means and what it will involve. If all your questions are not answered, or you feel anxious about any aspect of this, please do talk to your midwife or Obstetrician (Doctor who specialises in pregnancy).

What is an induction of labour?

Labour is a natural process that usually starts on its own between 37 and 42 weeks of your pregnancy. Sometimes we recommend assisting the natural process of labour by inducing or starting labour off – referred to as induction of labour.

Induction of labour can take some time to actually get your labour started and therefore longer before you have your baby. However, some women can experience rapid progress, once labour is established.

Why may I be offered an Induction of Labour?

Induction of labour is considered necessary:

- To avoid a pregnancy lasting longer than 42 weeks
- If your waters break but labour does not start on its own
- If there are problems in pregnancy which can affect either you or your baby's wellbeing

This is a decision that a doctor or midwife will discuss with you.

Where will I be induced?

Induction of labour takes place in the Maternity Unit located on the 2nd floor on the East Wing of the hospital.

What happens on the day of my Induction?

As we are unable to predict the workload in Maternity, women who are booked for induction of labour must contact the Maternity Unit before travelling to the hospital. We understand that any delay may cause anxiety, therefore we would like to inform all women who are due to attend for an induction that there is a possibility that their induction may not start as soon as they arrive at the unit. It may have to be delayed until later in the day or occasionally be postponed to the following day.

**Please telephone the Maternity Unit on:
01384 456111 ext 3749 at 12.00p.m**

This telephone call should be made on the morning of the planned induction to check that admission is possible. If there is not a bed available at that time, you will be advised to come in for monitoring of your baby's heart rate either on Maternity Triage or on the Pregnancy Day Assessment Unit. If following this monitoring admission it is still not possible, you will be advised to return home and to call at a later confirmed time unless a midwife has contacted you before that time. We apologise in advance for any inconvenience this may cause.

What will happen before my induction begins?

Following discussion, the midwife will undertake a full examination. This will include; measuring your blood pressure and pulse rate, feeling your abdomen, monitoring your baby's heart rate and a vaginal examination. This will assist in deciding the appropriate method of induction for you and your baby.

On this day, bring your pregnancy green handheld records together with your personal items that you will need for your hospital stay.

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- feeling your abdomen
- monitoring your baby's heart rate and a vaginal examination

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What methods are used to induce labour?

There are a number of methods used, which are offered according to you and your baby's own situation these are outlined below:

Membrane Sweeping

This can only be performed if your pregnancy is 40 weeks or over and maybe offered by your community midwife or at an outpatient appointment before you attend the hospital for a planned induction of labour.

This has been shown to increase the chances of labour starting naturally within the next 48 hours and can reduce the need for other methods of induction of labour to be used.

Membrane sweeping involves your midwife or doctor placing a gloved finger just inside your cervix and making a circular, sweeping movement to separate the membranes from the cervix (neck of the womb).

Membrane sweeping may cause some discomfort or light bleeding, if after having a membrane sweep you have any questions please call Maternity Triage on **01384456111** extension: **3053**.

Propess (Prostaglandin) Pessary

Usually a Propess vaginal pessary will be used as an initial way to start your labour. This helps to soften your cervix; it can encourage labour to begin and enables your waters to be broken.

Following insertion of the pessary you will be advised to remain on the bed whilst your baby's heart rate is monitored for a minimum of 40 minutes. After this initial monitoring you will be able to move around normally.

If your contractions don't start about 24 hours after Propess, you will need to have another examination to assess your cervix to see if it is possible for us to break your waters. If not, we will leave the Propess to continue to work for another 8 hours.

After using Propess it is very common to experience tightening of the womb sometimes with or without discomfort and pain. Often this is not labour but effects of the cervix absorbing the Pessary and is very normal.

Prostin (Prostaglandin) 1mg Gel

Women having their fourth and subsequent pregnancies will be given a Prostin 1mg gel instead of the Propess. This will require more regular observations of baby's heart rate and more than one dose may need to be used.

Breaking Your Waters

If it is possible to do so, and after discussion with your midwife, your waters will be broken during a vaginal examination (technically known as ARM – Artificial Rupture of Membranes). In order to have this done, you will need a vaginal examination and a slim hook will be used to make a hole in the bag of waters. This will not harm your baby, but can be uncomfortable for you.

This may be during the first vaginal examination or following the use of prostaglandin. If you have your waters broken your baby's heart rate will be monitored for a minimum of 40 minutes.

Syntocinon (Hormone Drip)

If after having your waters broken, labour has not commenced after the planned time, the use of a Syntocinon drip (infusion) may be used.

Syntocinon is a hormone that is normally produced in labour; it will help to get contractions started. This is given via a vein in your arm. Once Syntocinon has been started your baby's heart rate will be monitored continuously until birth.

What happens during your Induction?

During your induction you will be cared for by a midwife who is there to answer any questions you may have. The following are common questions that midwives get asked.

Can I have pain relief during my induction?

We would not normally expect you to need pain relief until labour is established, but pain relief is available throughout induction, if needed. Your midwife will discuss this with you.

Can I eat and drink?

You will be offered a light diet during the induction. We advise you to drink fluids (mainly water) as this will help you avoid getting dehydrated.

Can my birth partner be with me?

Yes, your birth partner may stay with you during the induction period. Your second birth partner may attend once labour has become established, your midwife will advise when this has occurred.

Are there any risks with Induction of Labour?

Occasionally some women experience rapid onset of contractions in reaction to either Prostaglandin or Syntocinon and may require a drug given by injection to stop the contractions. If this happens with the pessary it would be removed or the Syntocinon drip would be stopped.

Following prostaglandin being given, some women do not go into labour and are not able to have their waters broken. In these cases women may need to have a Caesarean Section delivery of their baby. This will be fully discussed with you by a Senior Obstetrician.

Can I decide not to be induced?

Yes of course. This is your choice but we recommend you discuss this decision with an Obstetrician and Midwife.

Further Information and Useful Websites

- **National Institute for Health and Clinical Excellence (NICE)**
(2008) Induction of labour. Information for people who use NHS services. Clinical Guideline 70. London: NICE
<http://www.nice.org.uk/nicemedia/pdf/CG70publicinfo.pdf>
- **Labour – Active Management and Induction**
<http://www.patient.co.uk/doctor/Labour-Active-Management-and-Induction.htm>
- **WHO recommendations for Induction of labour (2011)**
http://whqlibdoc.who.int/publications/2011/9789241501156_eng.pdf

If after reading this leaflet you have any further questions or queries please do not hesitate to contact your Community Midwife or Maternity Triage on 01384 456111 extension number 3053

Please use this space for any notes you may wish to make

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

ਜੇਕਰ ਇਹ ਲੀਫਲੈਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ
ਕੇ ਪੇਸ਼ੇ ਇੱਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡਿਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

ਯਦਿ ਆਪਕੇ ਯਹ ਦਸਤਾਵੇਜ਼ ਆਪਨੀ ਭਾਸ਼ਾ ਮੈਂ ਚਾਹਿਏ ਤੋ ਪੇਸ਼ਾਨ ਇਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡਿਨੇਟਰ ਕੋ
ਟੈਲੀਫੋਨ ਨੰਬਰ **0800 0730510** ਪਰ ਫੋਨ ਕਰੋ।

ਜੇ ਤੁਸੀਂ ਆਪਨੀ ਭਾਸ਼ਾ (ਗੁਜਰਾਤੀ)ਮਾਂ ਜਾਇਤੀ ਹੋਏ, ਤੋ ਕ੍ਰਿਪਾ ਕੀਨੇ ਪੇਸ਼ਾਨ ਇਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡਿਨੇਟਰ ਨੂੰ
0800 0730510 ਪੜ੍ਹ ਸੰਪਰਕ ਕਰੋ।

ਆਪਨਿ ਯਦਿ ਇਹ ਪ੍ਰਚਾਰਪ੍ਰਤਿ ਆਪਨਾਰ ਨਿਜੇਰ ਭਾਖਾਂ ਪੇਤੇ ਚਾਨ, ਤਾਹਲੇ ਦਥਾ ਕਰੇ ਪੇਸ਼ੇਟ ਇਨਫਰਮੇਸ਼ਨ
ਕੋ-ਆਰਡਿਨੇਟਰ ਦੀ ਸਥਾਨੇ ਯੋਗਯੋਗ ਕਰੋ।

إذا كنت ترغب هذه الورقة مترجمة بلغتك الأصلية (اللغة العربية) ، فرجاء اتصل بمنسق المعلومات للمربي
0800 0730510 على التلفون **Information Co-ordinator**

اگر ضرورت اس لیفٹ کو پہلی زبان (اردو) میں مل کر نکال کر لے رہا / رہاں ٹیلفون نمبر **0800 0730510** پر
پوچھ افڑیش کرو۔ اور اپنے (مریض) کے لئے معلومات کی فرمی کے ساتھ
میں (اُن) کے ساتھ رہائی کریں۔

Originator	Maternity Documentation Group
Date originated	March 2013
Date for review	March 2016
Version	1
DGH ref:	DGH/PIL/00864