

Induction of Labour – Information for Pregnant Women and their Families

Date of induction

**NB:Please ring 01535 292402 at 9am to confirm
your time to attend the Labour Ward Induction
suite: Zone B, location B17**

About Clinical Guidelines

Clinical guidelines are recommendations for good practice and exist to help patients and their healthcare team make an informed decision about health care. The guidelines are developed by teams of healthcare professionals, patients and scientists who look at the best evidence about care for a particular condition.

The advice in this booklet is adapted from a guideline produced by the Royal College of Obstetricians and Gynaecologists (RCOG) on behalf of the National Institute for Clinical Excellence (NICE) for the NHS in England and Wales.

Everyone has the right to be fully informed and to share in decision-making about health care. Health care staff should respect and take into account the wishes of the people in their care. Guidelines are recommendations for good practice. There may be good reasons why your treatment differs from the recommendations in this booklet, depending on your individual circumstances and wishes.

For further information about NICE, the Clinical Guidelines Programme or other versions of this guideline (including the sources of evidence) you can visit the NICE website at www.nice.org.uk. Copies of the NICE guideline can be requested from 0870 1555 455, quoting the reference number 24010.

For the full version of the Clinical Guideline including sources of evidence for the recommendations made in this booklet, contact The Clinical Effectiveness Support Unit, The Royal College of Obstetricians and Gynaecologists (RCOG). You can visit the RCOG website at www.rcog.org.uk or e-mail iol@rcog.org.uk. For further information about induction of labour and all other aspects of pregnancy and childbirth, talk to your midwife or doctor.

If you have access to the internet and would like to find out more about childbirth, visit the NHS Choices website www.nhs.uk or for non-emergencies ring 111 for advice.

What is induction of labour

During pregnancy your baby is surrounded by a fluid filled membrane (sac) which offers protection whilst he or she is developing in the uterus (womb). The fluid inside the membrane is called amniotic fluid.

In preparation for labour the cervix softens and shortens. This is sometimes referred to as “ripening of the cervix”.

Before or during labour the membranes rupture (break) releasing the fluid. This is often referred to as “your waters breaking”.

During labour the cervix dilates (opens) and the uterus contracts to push your baby out.

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

When is induction recommended?

When it is felt that you or your baby’s health is likely to benefit, the midwife or doctor may offer and recommend induction of labour. On average about one in five labours are induced. There are a number of reasons why induction may be offered and recommended. For example, if you have diabetes or pre-eclampsia (high blood pressure) induction may be strongly recommended.

If you are healthy and have had a trouble free pregnancy and under midwife led care, induction of labour may be offered if:

- your pregnancy has reached 40 weeks+7-10 days
- your waters break before labour starts

When induction of labour is being considered, your doctor or midwife should fully discuss your individual options with you before any decision is reached. This should include explaining the procedures and care that will be involved and whether there are any risks to you or your baby. If you have had a previous caesarean

section or have had more than five babies this may affect whether induction is recommended.

Women of South East Asian Ethnicity or deemed to be in an increased risk group will be offered induction of labour at 40weeks for the wellbeing of the baby.

If your pregnancy has reached 41 weeks + 3 days.

Even if you have had a healthy trouble free pregnancy, you should be offered induction of labour at 41weeks +3 days because from this stage the risk of your baby developing health problems increases. An induction because you are overdue, does not increase the chance of you needing a caesarean section.

If you choose not to be induced at 41 weeks + 3 days you should be offered:

- Twice weekly checks of your baby's heartbeat using a piece of equipment called an electronic fetal heart rate monitor.
- A single ultrasound test to check the depth of amniotic fluid (or "waters") surrounding your baby.

An ultrasound scan in early pregnancy (before 14 weeks) can help to determine your baby's due date most accurately. This reduces your chances of unnecessary induction.

If your waters break before labour starts

Sometimes a woman's waters break before labour starts. This happens in about one in twenty pregnancies and is known as pre-labour rupture of the membranes (or PROM). When this happens, about nine out of ten women will go into labour naturally within twenty four hours. The longer the time between PROM and the birth of the baby the higher the risk of infection to you or your baby.

If you are more than 37 weeks pregnant and your waters have broken but you have not gone into labour you should be offered the choice of either:

Induction of labour

OR

A “wait and see approach” to see if labour will start naturally.

As a wait and see approach carries a slight risk of infection, you will need to:

- Check your temperature twice a day
- Check for changes in the colour or odour of your amniotic fluid (waters)
- Check for any other signs of fever (e.g. shivers, flushing)
- If you have not gone into labour after 24 hours, induction is strongly recommended.

If your waters break before you go into labour, your chances of having a caesarean section will not be increased by choosing either induction or “wait and see”.

Membrane sweeping (performed at 40 weeks)

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. Membrane sweeping involves your midwife or doctor placing a finger just inside your cervix and making a circular, sweeping movement to separate the membranes from the cervix. A membrane sweep will usually be done by your community midwife at clinic. If you have agreed to induction of labour, you should be offered membrane sweeping before other methods are used. The procedure may cause some discomfort and/ or slight bleeding but will not cause any harm to your baby and it will not increase the chance of you or your baby getting an infection. Membrane sweep is not suitable if your waters have broken.

Membrane sweeping can be repeated no less than 48 hours after the 1st sweep.

Using prostaglandins

Prostaglandins are drugs that help to induce labour by encouraging the cervix to soften and shorten (ripen). This allows the cervix the

open and contractions to start. Prostaglandins are given in hospital on the induction suite.

Prostaglandins are normally given as either:

- A pessary that is inserted into the vagina, and can stay in for up to 30 hours
- OR a gel which is inserted into the vagina and can be given up to 3 doses, 6 – 8 hours apart.

Before giving prostaglandins your midwife or doctor should check your baby's heart beat. After being given prostaglandins you should lie down for at least thirty minutes.

Once prostaglandins have been given, your midwife or doctor should monitor your baby's heartbeat using a Cardiotocograph(CTG) or electronic fetal heart rate monitor, for a minimum of 30 minutes. Once it is established that your baby's heartbeat/rate is within normal limits, the CTG should be discontinued and you will be able to move around. (For further information see the NICE information booklet "*Monitoring your baby's heartbeat during labour*" – 2001).

After the prostaglandins have been given the baby's heartbeat will be monitored every six hours with subsequent CTG monitoring to ensure the wellbeing of your baby.

The induction process will continue until the birth of your baby and it may take a few days for labour to be established.

There is no evidence to suggest that labour induced with prostaglandins is any more painful than labour that has started naturally. However prostaglandins sometimes causes vaginal soreness.

The aim of prostaglandins is to ripen the cervix enough for contractions to start regularly or to make other induction methods more suitable.

Please note that once the induction of labour process has begun, you will remain an inpatient on the Induction suite until you go in to established labour.

Please inform the midwife caring for you if you wish to leave the ward for a short time, for example to go for a walk around the hospital grounds, visit the canteen etc.

Whilst we recommend you remain active and mobile during the Induction process, we advise that you stay on the hospital premises in order for us to monitor your progress, and you and your baby's well being.

Amniotomy

If your waters have not broken, a procedure called an amniotomy may be recommended. Amniotomy can occur at different stages in the induction process. This is when your midwife or doctor makes a hole in your membrane to release (break) the waters. This procedure is done through your vagina and cervix using a small instrument. This will cause no harm to your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort.

Using Oxytocin

We use a drug called oxytocin, this is a drug that encourages contractions. If you have already had prostaglandins, oxytocin should not usually be given for 30 minutes after the pessary and 6 hours after the gel. Your doctor or midwife should fully discuss care with you before any decision is reached. They should explain the procedures and care that will be involved and whether there are any risks to you or your baby.

Oxytocin is given through a drip and enters the blood stream through a tiny tube into a vein in the arm. Once contractions have begun, the rate of the drip can be adjusted so that your contractions occur regularly until your baby is born. Oxytocin is given in hospital on the labour ward. Whilst being given the oxytocin the midwife or doctor should monitor your baby's heartbeat continuously using a CTG monitor.

Contractions induced by oxytocin may be more painful than contractions in a labour that has not been induced. All obstetric pain relief drugs are available to women and you are welcome to discuss these options with your doctor or midwife.

Possible problems/complications

Very occasionally prostaglandins or oxytocin can cause the uterus to contract too much which may affect the pattern of your baby's heartbeat. If this happens you would be asked to lie on your left hand side and either the prostaglandins will be removed or the drip will be turned down or off to lessen the contractions. Sometimes another drug will be given to counteract the oxytocin and therefore lessen the contractions.

Occasionally induction of labour does not work. If this were the case then the doctor or midwife would discuss a plan of care with you. It may be that a caesarean section is necessary to ensure the wellbeing of either yourself or your baby.

Induction of labour with a previous scar (for example previous caesarean) carries a slightly higher risk of scar rupture. Please refer to the VBAC(vaginal birth after caesarean) leaflet.

Prior to attending

Although you have been given the date for Induction, this maybe provisional depending on the capacity on the maternity unit.

On the day of your induction please ring Labour Ward at 0900am to arrange a suitable time to come in for your induction.

Please remember to bring your maternity notes and your hospital bag for yourself(including breast/sanitary pads,toiletries, lightweight comfortable clothing etc & any other personal items you may wish) and an overnight bag for your baby(including nappies,vests,Babygro/toiletries) with you.

Items to bring in to LW with you

- *Book*
- *Food*
- *Isotonic Drinks*
- *Ipad/phone*
- *Birthing clothes*
- *Hot water bottle*
- *Tens machine*
- *Pillow*
- *Baby clothes/nappies/infant formula+bottles(if your intention is to bottle feed your baby)*

The induction suite is accessed from the Labour Ward entrance.(Building1, Zone B 17) **Car Parking** Please do not park on the yellow box's –THIS IS FOR AMBULANCE ACCESS ONLY.It is a 'drop off 'only outside, then please park in the designated carparks around the hospital. Thank you for your co-operation.

The information provided in this leaflet will reiterate verbal information you may of already being given by your Health Professional.

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It has been explained and I understand that:

- If the unit is busy I may not be induced on the date specified.
- In such case I will be kept updated by staff.
- The process may take 2 – 3 days to go into labour.
- The induction process may not be successful if the cervix remains unfavourable.
- If the induction of labour fails, my case will be reviewed and I may be sent home or if medically appropriate offered a caesarean section.
- I have understood the visiting policies for induction suite, Labour Ward and for Ward 21.
- **If you have any medication please bring with you.**

Midwife discussion.....

Signed: Date:

Useful Telephone Numbers:

Citizens Advice Bureau (CAB): 03442 451282
Bradford Women's Aid/Keighley Refuge: 01535 210067/667352
NHS Pregnancy Smoking Helpline: 0800 169 9169
National Childbirth Trust (NCT): 03003 300700
La Leche League: 0845 1202918
Association for postnatal illness:1000-1400hrs02073 860868

Would you like to be involved in producing information leaflets for the Maternity Unit? If so, please contact Professional Development Lead Midwife, Airedale General Hospital. Tel: 01535 292387

If you require this leaflet in other languages or formats please telephone the Patient Advice and Liaison Service (PALS) on: 01535 294019 for advice.

Please raise any issue you may have about your care and treatment with a member of staff. Raising your concerns will not adversely affect the care you will receive.

Author: Anne Chafer
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www.airedale-trust.nhs.uk