



Welcome to Airedale Induction Suite

We know that this is a new experience for most people and an exciting and uncertain time, so we have put together answers to the most **commonly asked questions**. As you commence your care with us please take some time to read the following information. If you have any further questions then **please don't hesitate to speak to a member of our team**.





1 What is 'Induction of Labour'?

In most pregnancies labour starts naturally between 37 and 42 weeks. Induction of Labour is an intervention that describes a **package of care** where labour is stimulated using synthetic versions of labour hormones.

2 Why might Induction of Labour be offered?

Generally it is preferable for labour to occur spontaneously. However if the health of you or your baby may benefit then Induction of Labour may be offered. There are a number of **reasons why Induction of Labour may be offered**; these can be broadly split into two categories:

1 **'Conditions' of pregnancy**
e.g. cholestasis or gestational diabetes

OR

2 **'Variations' of pregnancy**
e.g. pregnancy extends past your 'Due Date'



Please ask if you are unclear why Induction of Labour has been offered to you.

3 Do I have a choice?

YES! You have the right to accept or decline any care or treatment that we offer. However we encourage you to listen carefully to the reasons why your care-giver recommends Induction of Labour for you.



4 Where does it take place?

Induction of Labour starts in our Induction Suite. This is a four bedded bay next to the Labour Ward. Your care will be undertaken by a midwife and supervised by an Obstetrician. As and when your body begins to labour with regular, intense tightenings and your cervix begins to dilate we will transfer you to a birthing room.



INDUCTION SUITE
WARD

5 Will I have to stay in hospital?

YES. As we are using drugs to stimulate labour we need to observe how you and your baby respond to the treatment and this is best done if you stay with us. We encourage you to remain mobile though and you are free to use the hospital canteen/ shop for refreshments or to walk around the hospital grounds.



Just make the midwife who is responsible for your care aware if you are leaving the ward.



6 Can my birth partner stay with me?

We encourage your birth partner to stay from 08:00 to 22:00. Unfortunately due to the cosy nature of our Induction Suite we are not able to accommodate birth partners overnight. Once labour has started then of course your birth partner can stay with you.



If labour starts during the night we will inform your birth partner and invite them to attend.

INDUCTION SUITE

7 How long will it take?

There is no easy answer to this question as all women and all labours are different! Some women respond very quickly to treatment meaning labour and birth can happen on the same day that the Induction starts. **However** for the vast majority of women, especially first time Mums, Induction of Labour is a slower process that can take about **3 days**. This is because the initial hormones that we use are designed to slowly prepare your body for the changes it needs to undertake in order for labour to commence.



It is important to remember that Labour can be further aided by remaining mobile and ensuring that you are well hydrated and nourished.



8 What happens first and what is a CTG?

We will undertake standard observations of your temperature, pulse, blood pressure and ask for a urine sample, just like throughout your pregnancy. You may be asked for a blood sample as well. You will be provided with a pair of green socks to wear. These can help reduce the risk of blood clots forming in your leg. We will also commence a Cardiotocography (CTG) trace using a CTG monitor like this one. There are two pads that we place on your abdomen as below. These attach to the machine; one monitors your baby's heart rate and one is pressure sensitive and monitors any tightening in your uterus (womb). Together they can provide us with information about your baby's health before starting treatment. Once treatment has started we will use the CTG monitor approximately every **six hours**.



CTG MONITOR



TWO PADS PLACED ON THE ABDOMEN ARE ATTACHED TO THE CTG MONITOR



9 Will Induction of Labour

involve a vaginal examination?

YES. A vaginal examination enables your care givers to assess changes to your cervix in order to provide the correct plan of care. A vaginal examination involves a midwife who is wearing sterile gloves placing two fingers inside the vagina in order to reach your cervix (neck of your womb), this may be uncomfortable. A vaginal examination can **only** be undertaken with your consent, and you can ask for it to be stopped at any time.

If you have any concerns please talk to your midwife.

10 What is a pessary?

The aim of Induction of Labour is to stimulate labour; a pessary can aid this process. It is a medication inserted into the vagina. You may be offered a pessary called Propess to start Induction of Labour. Propess contains a hormone very similar to the hormone Prostaglandin that your body naturally produces during labour. The pessary is tucked next to your cervix and slowly releases the hormone over several hours. It has a long string similar to a tampon so that it is easy to remove. Prostaglandin softens your cervix in preparation for labour. The Propess can remain in place for about 24 hours, sometimes longer. It may cause lower abdominal aching as it acts on your cervix (neck of the womb).



PROPESS
PESSARY



The Propess can remain in place for about 24 hours, sometimes longer.



11 What happens next?

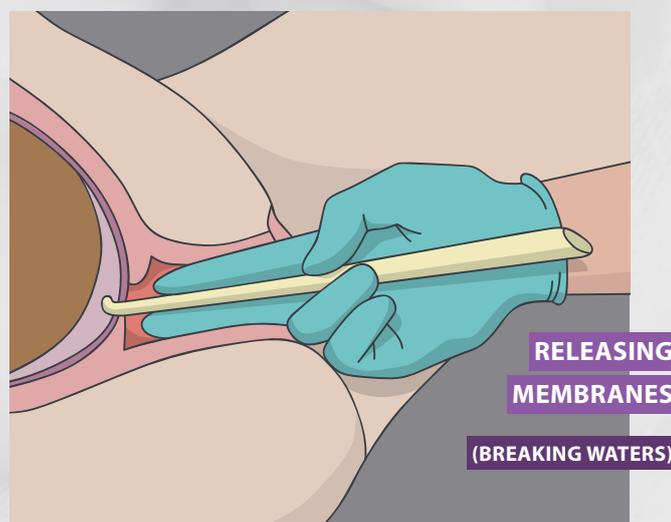
For some women labour may be stimulated by the pessary. If labour does not start within 24 hours then we will reassess your cervix for any changes. Our findings will determine what happens next. For the majority of women we will squirt a second dose of Prostaglandin, this time in a gel form called **Prostin** that is syringed into the vagina. This remains in place for approximately 6 hours, with a second dose given if needed.



If labour does not start within 24 hours then we will reassess your cervix for any changes.

12 Will you 'break' my waters?

If your cervix begins to dilate under the influence of Prostaglandin we may consider breaking/releasing your waters (this is sometimes called 'Rupturing of Membranes') as this can encourage labour to start. We use a blunt plastic rod to release the membranes. A CTG monitor will be used immediately afterwards to assess how baby is managing and we will then encourage you to mobilise, using gravity to encourage baby downwards.





13 Will I need a drip?

If labour has not been triggered 2 - 4 hours after rupturing your membranes then we will discuss if a drip will be needed. This is quite common. Putting a small plastic tube called a cannula in the back of your hand provides access to your veins. This will be connected to a bag of fluid that is mixed with a small amount of a synthetic version of a hormone called Oxytocin. We start with a very small dose, gradually increasing until regular contractions are stimulated.



Your baby's well-being will be constantly monitored using a CTG monitor if a synthetic hormone drip is used.



14 What pain relief is available during Induction?

Many women find Induction of Labour uncomfortable. There are many ways that you can ease this such as: mobilising, soaking in the bath (there is a bath available in the Induction Suite), massage and calm breathing techniques.

Pain relief options offered by the hospital the same as those for a spontaneous labour. You may choose to use: a **TENS machine** (you must source this yourself), **Entonox** (commonly known as Gas and Air), a **birthing pool** (not available if you proceed to needing a hormone drip). Stronger pain relief options such as **Opioids** (Pethidine or Diamorphine) or an **Epidural** are also available.



Please read the Pain Relief Options leaflet for more information about the benefits and risks of each option.



15 What if Induction doesn't work?

Sometimes/occasionally the Induction of Labour package does not stimulate labour. What happens next very much depends on the reasons why Induction of Labour was recommended to you. We will undertake a discussion with you to review your care. There are several options available. These include; **repeating** parts of the induction process, a **period of rest** (either in the unit or at home), or considering a **Caesarean Section**.



Any further intervention can only commence with your consent.

We are aware that we have provided a lot of information in this leaflet for you to absorb!

Please **speak to a midwife** should you require any clarification on any aspect of the process.



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Maternity
Voices

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