

What to expect if we need to start your labour (induced)

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Information for Patients	Leaflet number:	328 Version: 4

Introduction

This leaflet has important information about what will happen if your labour needs to be started, also known as induced. It is to help you to make choices that are right for you and your baby.

What is induction of labour?

Induction of labour involves trying to start labour (contractions). This can be with or without the use of drugs.

Why induce labour?

There are a number of reasons why you might have labour induced. These are different for each person. Some of the most common reasons are:

- the pregnancy has gone a long time past the 'due date'. Studies have shown that the chance of having a stillborn baby increases after 41 weeks of pregnancy
- to stop a medical condition that may get worse the longer pregnancy continues, such as pre-eclampsia or diabetes
- to reduce the risk of infection if your waters have broken but labour has not started yet
- your baby's movements have changed and this causes concern
- other major medical issues related to your pregnancy which could affect you or your baby's health and wellbeing.

The main advantage to having an induction of labour is to reduce or remove some of the risks to you or your baby.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk



What are the complications or risks?

Induced labours can be more complicated than those that start on their own. With an induced labour, some studies suggest that you may be more likely to need more treatments such as an epidural or a delivery where instruments are used (ventouse or forceps). It is unclear whether an induced labour might mean you are more likely to need a caesarean section.

If you still have questions about induction of labour please talk to your midwife or doctor.

Where and how will induction of labour take place?

- If you are booked for an induction of labour, you will be offered a membrane sweep to try and start your labour. Please discuss this with your community midwife
- A medical induction of labour will begin in hospital.
- It can be started at any time of day.
- Once your induction has been started at hospital, you may be able to spend some time at home until the next stage of the induction. But it may be more suitable for you to stay in hospital for monitoring. This will be discussed with you.
- The induction process may take a few days. On rare occasions it may not work at all. In some circumstances it works very quickly.
- Sometimes there can be delays either before starting the induction or during the process of induction. If this happens your midwife or doctor will discuss this with you and make a plan with you.
- Delays are usually for a few hours but can sometimes be up to a few days.
- Delays can happen for many reasons such as the delivery suite being very busy or because all the midwives are involved with caring for other women in labour.
- Please be assured that as soon as it is safe to go ahead with your induction we will do so.
- We will not delay your induction if there are any immediate concerns with your health or your baby's health.

If you have an induction booked and anything changes in your pregnancy, please contact your midwife or the hospital by Maternity Admissions Unit (MAU) as this may affect your induction date and plan.

MAU Leicester Royal Infirmary: Phone 0116 258 6312

MAU Leicester General Hospital : Phone 0116 258 4808

Preparing for induction of labour

- You and your baby will be checked regularly during the induction process, according to your personal pregnancy plan and your wishes.
- It is suggested that you bring an overnight bag with clothes for you and for your baby.
- You should have your hand-held hospital notes with you.

- The induction of labour process can be very quick, and you may have your baby the same day, but it can also take a few days.
- Please bring shampoo, shower gel and a towel.
- If you have other children, it is important that you organise child care for a few days in case you are in hospital for a while.

What are the different ways that labour can be induced?

Membrane sweep

- A membrane sweep is a drug free method that can help start labour within the next 48 hours.
- It involves an examination inside the vagina.
- The midwife inserts a finger into the neck of the womb (cervix) to separate the membranes from the cervix in a circular movement.
- A membrane sweep is usually offered at 39 to 40 weeks of pregnancy.
- Sometimes a membrane sweep is not recommended, for example if your waters have already broken.
- Membrane sweeping may start labour without the need for other methods of induction.
- Pain, discomfort and vaginal bleeding are possible after the membrane sweep.
- More membrane sweeps can be offered if labour does not start after the first sweep (3 sweeps in total).

Foley balloon catheter

The benefits of this method of induction are:

- Less side effects
- Less risk of the womb contracting too much
- Drugs are not needed, so more women are able to go home during the first part of the induction process.

Please see separate leaflet 327 'Foley balloon catheter induction of labour' for more information.

Vaginal prostaglandins

Prostaglandins are natural hormones that occur in labour. Man-made (artificial) prostaglandins are given as either a Propess [®] pessary or a prostin tablet. They are placed close to the neck of the womb (cervix) to begin the early changes needed for labour.

The Propess[®] pessary:

- slowly releases the prostaglandin hormone for 24 to 30 hours.
- It is a small piece of soft plastic on a long piece of string which allows for easy removal when needed.

- If it falls out then wrap it in some tissue and show it to a midwife.
- It may be possible for you to go home with the Propess[®] pessary in. Speak to your midwife if this is something you would like.

Prostin tablets

- are placed next to the cervix and dissolve.
- You may notice a creamy discharge after a short time but this is normal.
- The hormones in the prostin tablet often causes the womb (uterus) to contract without obvious changes to the cervix.
- You may have period type cramps and the mucus plug (show) might start to come away.
- The use of simple pain killers such as paracetamol, TENS or a deep bath can help.
- You can walk around, shower/bathe and eat and drink as normal.
- You can have up to 2 prostin tablets 6 hours apart.

Artificial rupture of membranes (ARM)

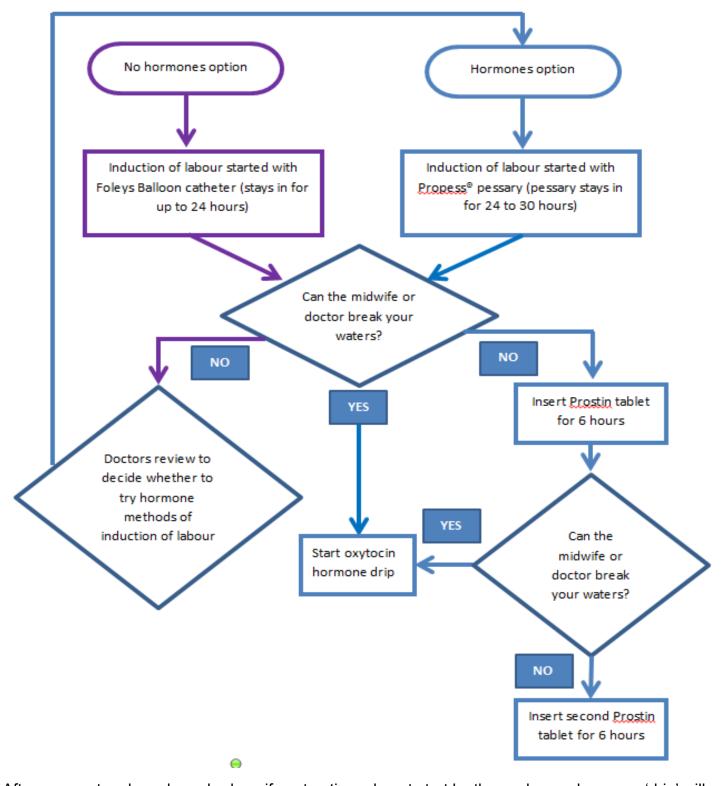
- This is also known as 'breaking the waters'.
- This is done when the cervix has dilated enough either by itself or with the use of prostaglandins/Foley balloon catheter.
- It involves making a small hole in the membranes using a plastic tool (like a crochet hook). This lets the fluid that surrounds you baby in the womb (amniotic) to drain.
- The fluid will then continue to drain until the baby is born.
- This may be enough to start labour.
- You will need a midwife to look after you who is not looking after anyone else to be able to break your waters.

Oxytocin (hormone drip)

- Some people also need the added hormone oxytocin.
- This is given after waters have broken.
- Oxytocin is used to try and start and/or make strong regular contractions of the uterus.
- It is given through a drip that is inserted into a vein in your hand/arm.
- The drip starts slowly and builds up over time.
- The flow of oxytocin through the drip is altered depending on how your labour is going.

Induction of labour journey

The flow chart below summarises the steps an induction of labour can follow. Please speak with your midwife when you attend hospital for your induction of labour. They will talk to you about which method of induction of labour is most suited to you and your personal situation.



After your waters have been broken, if contractions do not start by themselves, a hormone 'drip' will be used to start your labour. Labour can be a long process with or without an induction of labour. It is not unusual for labour to last up to 16 hours after the hormone drip has started

Place of birth

Most inductions of labour happen in hospital on the maternity delivery suites so that you and your baby can be closely monitored during labour and birth.

If your pregnancy is

- 'low risk' and
- you are being induced because your pregnancy is past the due date,

it may be possible to use the birth centre as long as you only need 1 method of induction (for example, only Propess[®] or only ARM).

Please talk to your midwife when you arrive for induction of labour.

Choices of pain relief

During the induction of labour process, you will have a choice of pain relief tablets such as

- paracetamol or dihydrocodeine,
- pethidine injection,
- gas and air (Entonox) or
- epidural.

Your midwife will discuss with you the best type of pain relief for the stage in the induction process you are.

If your pregnancy is 'low risk' and you are being induced because your pregnancy is past the due date, it may be possible to use the birthing pool as long as an oxytocin drip is not needed. The birthing pool cannot be used with the oxytocin drip.

Choosing not to have your labour induced

If you decide not to have your labour induced your wishes will be respected. Your midwife will refer you to the obstetric team to discuss and arrange other choices for your pregnancy.

It is important

- you check on your baby's movements closely. Contact the maternity assessment unit if you are concerned.
- that you spend time discussing your decisions with the team so that a plan can be agreed.
- that you go to all your appointments, so that we can respect your wishes whilst also looking after the wellbeing of you and your baby.

Visiting times in hospital

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When you come into hospital for induction, you can bring 1 birth partner with you. Once you are in labour, 2 birth partners will be able to be with you.

Visiting times sometimes change so please ask the midwife looking after you about visiting times.

Previous reference: WPS034-0118

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