

A bed has been reserved for you:

Location

Telephone no:

Ward 1

0121 627 2751
please ring at 10.00 am

Delivery Suite

0121 627 3032
please ring at 08.00 am

Further information

Talk to your midwife or doctor. You might also find the following helpful:

Birmingham Women's NHS Foundation Trust

website and on line access to leaflets and information for women www.bwhct.nhs.uk

NICE

www.NICE.org Induction of Labour

NHS Choices Pregnancy Care Planner

www.nhs.uk/Planners/Pregnancycareplanner/Pages/PregnancyHome.aspx

Association for Improvements in Maternity Services, (AIMS)

www.aims.org.uk/ AIMS Helpline: 0870 765 1433

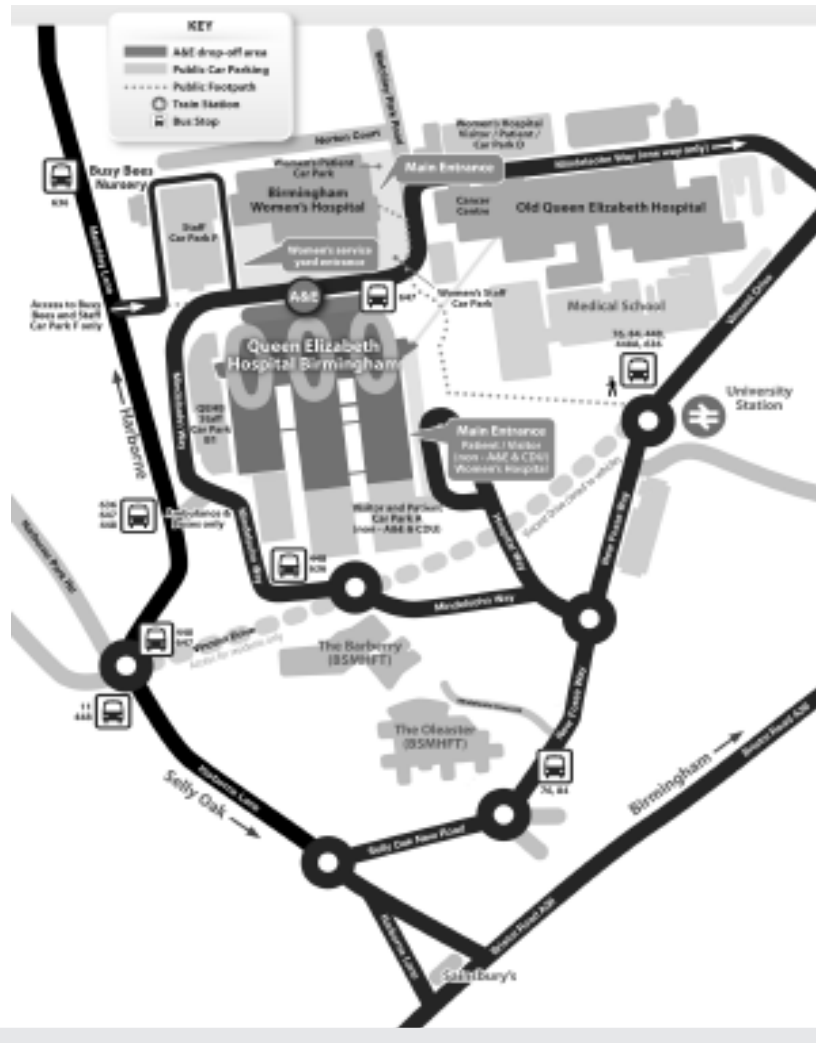
National Childbirth Trust (NCT)

www.nct.org.uk
0870 444 8709

Information about Induction of Labour

This information is important if you are 38 weeks pregnant or more.

- It tells you how we can assist you to encourage labour in an attempt to avoid induction.
- The reasons we recommend trying to start labour off.
- Some information about the best ways to induce or start labour.
- Information to assist you to make choices.



Ref 78/07/2011 Review 07/2014

Leaflet reviewed and updated by:
 Paula Clarke - Consultant Midwife, Women who have used our service,
 Supervisors of Midwives, obstetricians and clinical midwives.

What is induction of labour?

Labour is a natural process that usually starts on its own between 37 and 42 weeks.

Sometimes we recommend assisting the natural process of labour by inducing or starting labour off - referred to as induction of labour.

Why might I be offered induction of labour?

Induction is recommended and offered for the following reasons:

- to avoid a pregnancy lasting longer than 42 weeks. We know that the placenta is not always as efficient as it is earlier in pregnancy, leading to a slightly increased risk of stillbirth after 42 weeks.
- if your waters break but labour does not start on its own
- if there are problems in pregnancy which can affect either your or your baby's wellbeing

Can labour be helped to start naturally?

Yes. We strongly recommend that you ask your midwife or doctor for a 'membrane sweep' - it is the first step to starting labour.

A membrane sweep is recommended prior to induction. Usually done in clinic or at home, we know it reduces the need for other methods we offer. It can assist labour to start, usually within 48 hours of having it done. If this is your first baby, a membrane sweep is advised at 40 and 41 weeks.

If you have had a baby before then a sweep at 41 weeks is recommended. You can also choose to have a membrane sweep from 37 weeks. After the sweep, we recommend that you remain upright and active.

What is a membrane sweep?

It requires you to have an internal vaginal examination. A finger will be inserted into the cervix or opening of the neck of your womb. By rotating the finger in the cervix, it stimulates the hormone prostaglandin.

Are there any side effects from a membrane sweep?

A sweep is a bit uncomfortable and can cause slight bleeding and contractions afterwards. Should you continue to lose blood, or your baby's movements reduce, then please ring us in triage: 0121 472 3032.

A sweep will not cause any harm to your baby and will not cause infection.

Will I be offered an 'induction of labour' date?

Yes. Unless it is recommended earlier, we will offer you a date at between 10 and 12 days after your due date.

Having a drip and being monitored continuously can restrict movement. We encourage you to be as upright and as mobile as possible because we know that standing up helps labour to progress, as well as helping to relieve discomfort and pain.

What are the possible side effects of syntocinon?

Occasionally, it causes the uterus to contract too frequently, which can affect your baby's heartbeat. If this happens, you may be asked to lie on your side and the drip will be reduced or turned off. We might also offer a small injection to reduce contractions. Very occasionally a Caesarean section might be needed.

What about my partner during induction of labour?

Your partner may remain with you during your induction, but he/she does not need to be with you all of the time. At the beginning of the induction process or during the night, if labour hasn't become established, your partner is better being at home because there is no family accommodation available on the ward. He/she can sleep in readiness for supporting you in labour.

What are the possible side effects of having Propess?

We know Propess is safe for both women and babies. However, as with any drug, some people have a reaction. Usually a reaction is very minor, such as nausea or diarrhoea. Occasionally, women can experience contractions that are too frequent. If this happens, we will remove the Propess and monitor your baby closely. We might also offer a small injection to reduce the contractions. Very occasionally babies may need to be delivered by Caesarean section.

2. Breaking your waters (Artificial Rupture of Membranes)

Once your cervix is opened enough, we can break the membranes surrounding your baby. This might be with or without needing Propess first. 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. Once your waters have been broken, we will check your baby's heart beat. The method chosen to monitor your baby will depend upon your own needs.

3. Hormone drip - Syntocinon

Syntocinon is a hormone drug which makes the uterus contract during labour. The hormone is given through a drip and carefully regulated to ensure that you have regular contractions until the birth. The hormone is usually used only after your membranes have broken, particularly if contractions don't start on their own. It is only available when you are in a delivery room and we recommend that your baby is continuously monitored whilst receiving it.

Can I decide not to be induced?

Yes of course as this is your choice. If declining is against our advice, we will offer additional checks for you and your baby, depending upon your personal situation. Usually this will include monitoring of your baby's heart using a monitor for about 30 minutes a day until labour starts naturally. An ultrasound scan to check on the baby's wellbeing may also be offered.

What preparations do I need to make before coming in for induction?

Inducing labour is unpredictable and also depends upon how your body and your baby respond to the treatment we offer you. Lots of factors can affect how quickly you can return home and everyone is different.

We urge you to plan for your induction to take many hours and potentially up to several days before you will go home with your baby. We suggest that you bring a book, magazines and light snacks or similar with you. We will need to prioritise women according to their clinical need which means you may have to wait longer than some women.

What happens on the day of my induction appointment?

You will be offered a date for your induction. Before arriving on that day, we ask that you ring the place where your induction has been booked, because we might need to advise you to arrive later than planned if the hospital is busy. Very occasionally, we need to postpone your induction. If this happens, please be reassured that we will ensure that you will be seen in the hospital on this day if required, and you will be fully informed regarding any changes to your care. We are equally keen to start your labour off and will be doing all that we can to do so.

On arrival at hospital:

- You will be shown to your bed and any questions answered
- Your wellbeing and your baby's position will be checked
- We will monitor your baby
- You will need to have an internal vaginal examination to check the cervix or neck of the womb

What methods are used to induce labour?

There are a number of methods used, which are offered according to your own situation. Your midwife or doctor will discuss these options with you.

1. Propess - a prostaglandin vaginal pessary

Propess (which looks like a flat tampon with a string attached) is inserted close to the opening to the neck of the womb (cervix). The hormone prostaglandin is then released slowly to make the cervix soften and shorten (ripen). You will need to remain in hospital once you have received Propess.

What happens next?

- For many women, the womb (uterus) contracts regularly and labour progresses without the need for anything else.
- For other women, Propess will just ripen the cervix enough for us to break your waters (membranes) artificially. To have this done you will be transferred to delivery suite once a room is available. Some women will then progress in labour without the need for anything else. Others will need a hormone drip to start contractions.
- When on delivery suite and the next stage of your induction starts, you will receive 1:1 care from a midwife.
- Occasionally, Propess does not work and a doctor will need to offer you additional choices

Additional Information regarding Propess

- Please be careful not to pull on the string because the pessary may fall out. Tell a midwife if this happens.
- Let a midwife know when your contractions become regular or your waters break so that we can monitor your baby's heartbeat.
- We encourage you to move around. Try using the stairs or ask for a birth ball. Movement will help your baby to get into a good position.
- 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.
- Tell us if you have any concerns.