

Patient information

Induction of labour

Introduction

In most pregnancies, labour starts naturally between 37 and 42 weeks. Induction of labour is a process which aims to start your labour artificially and is offered when we believe that it will benefit the health of you and/or your baby, instead of leaving the pregnancy to continue.

Induction of labour is a relatively common process, occurring in approximately 35 - 40 out of every 100 pregnancies at West Suffolk Hospital.

In the United Kingdom, the most common reason for induction of labour is prolonged pregnancy however there are several other reasons why women might be advised to have their labour induced.

Being induced because your pregnancy is overdue

Most women will go into labour spontaneously by 42 weeks of pregnancy. However, evidence has shown that to avoid the risks associated with prolonged pregnancy, induction of labour should be offered between 41 and 42 weeks of pregnancy.

Consultant led care and being induced for other reasons

Induction of labour is also carried out for a variety of other reasons, if there are concerns about the health of you and/or your baby this may mean having labour induced before you reach your due date.

If you are being cared for under consultant led care your doctor will have discussed with you the reason for suggesting an induction of labour and where this will take place.

Pre-induction membrane sweeping

You may be offered a membrane sweep before induction of labour. Membrane sweeping may be effective in achieving a spontaneous onset of labour, but the evidence for this is of low certainty. In some cases, your doctor may offer this choice and will discuss the advantages and disadvantages with you.

A membrane sweep involves your midwife or doctor carrying out a vaginal examination whereby a finger is placed inside the cervix and a circular, sweeping movement is made to separate the membranes (the sac of waters) from the cervix with the aim of stimulating hormones to start labour. This process may cause some discomfort and a blood-stained show, this is because a membrane sweep involves stretching your cervix. This is normal and will not cause any harm to you or your baby and will not increase the chance of you or your baby getting an infection.

If you are overdue with your first baby a membrane sweep may be offered between 40 and 41 weeks. If you have had a baby before, this is usually offered from 41 weeks.

Membrane sweeping is not carried out if your membranes have already ruptured.

What to do on the day of your induction

Induction of labour is carried out on Ward F11 at West Suffolk Hospital. The time of your induction will be decided on the day. On the morning of your induction date a Midwife will phone you before 12:00 noon to arrange a time to come in.

You are welcome to have one single birthing partner stay with you throughout the induction process, this includes overnight. We are sorry but we only have limited facilities for partners due to a lack of space, and cannot offer shower facilities. Your partner will have a chair by your bedside to sleep in overnight. Please note that we are only able to facilitate partners staying overnight during your induction of labour, and not after you have had your baby. There are limited catering facilities for birthing partners too, so some snacks may be useful. Induction of labour can sometimes take a few days so make sure you bring your hospital bag in with you, and perhaps some things to keep you occupied!

Due to Covid 19 restrictions, unfortunately birth partners will not be able to stay with you during the induction of labour process.

Please bring your maternity notes with you and any regular, prescribed medications that you take. If you have diabetes, bring your blood sugar testing kit in with you as you will need to continue to monitor your blood sugars throughout the induction and during labour.

Induction of labour with prostaglandins

Induction of labour is carried out using artificial hormones called prostaglandins. These prostaglandins come in the form of a pessary (Propess) and a vaginal tablet or gel (Prostin). These are placed behind the cervix. The cervix is the lower section of the uterus (neck of the womb) which is about 2 - 3cm long, firm and usually closed. The hormone drugs given during induction to encourage the cervix to shorten, soften and open (dilate) and help contractions to start.

The method of induction will depend on a variety of factors including: how many babies you have had before, how dilated / soft / thin your cervix is and if your waters have already broken.

Propess

At the West Suffolk Hospital, we use a pessary containing prostaglandin, called Propess. This is the method of induction most women will start with. This looks like a small tampon with a string attached. This is inserted into the vagina, behind the cervix and remains in place for 24 hours.

Before you are given Propess the Midwife will welcome you in, explain the process and answer any questions you may have. Your blood pressure, pulse and temperature will be taken and your baby's heartbeat will be monitored on an electronic fetal heart rate monitor (CTG) for 20 - 30 minutes. A vaginal examination will then be performed to assess the position, length and dilatation of your cervix and Propess will be inserted. Your baby's heartbeat will be monitored for a further 20-30 minutes after the insertion of Propess.

The Propess stays in for 24 hours and during this time we will assess both you and your baby's well-being every 4 hours by listening in to the baby's heartbeat and performing a full set of observations. We will encourage you to be mobile during this time period. Unless clinically indicated we will not perform a vaginal examination during this 24-hour period in order not to interfere with the Propess and the absorption of prostaglandins

After 24 hours the Propess will be removed and your baby will be monitored again for 20 - 30 minutes before assessing the progress of the induction. The midwife looking after you will then perform a vaginal examination to assess any changes to the cervix. If the cervix has not shortened, softened and opened enough to enable your waters to be broken the next stage of induction is to insert another form of prostaglandin called Prostin.

Prostin comes in either a tablet or gel form and will be inserted behind your cervix and your baby's heartbeat will be monitored for a further 20 - 30 minutes. You will then be reviewed after 6 hours with another vaginal examination to assess cervical change. If necessary, a further dose of Prostin will be given. Following the second Prostin we will assess progress 6 - 12 hours later, with the aim to break your waters. If breaking your waters may be difficult a third dose of prostin may be given after you have been reviewed by an Obstetrician.

Breaking the waters

Once the cervix is open sufficiently, the next part of the induction is to break your waters. You will be transferred to the Labour Suite at the soonest opportunity whereby you will be in your own private room and a midwife or doctor will break your waters. This only takes a few minutes and is usually no more uncomfortable than any previous vaginal examinations.

When the waters have broken you will generally be encouraged to walk around for 2 hours as gravity will help to stimulate your contractions.

Helping the contractions

If you are not having effective contractions after your waters have been broken, it may be necessary to help the contractions become more effective.

You will be advised to commence on a drip with a drug called Oxytocin which is a synthetic form of the hormone oxytocin, you may have heard this referred to as the 'hormone drip'. Oxytocin is a hormone that causes uterine contractions. The rate of the drip is slowly increased until you are experiencing regular, strong contractions. You and your baby will be closely monitored whilst the Oxytocin drip is in progress which involves having continuous monitoring of your baby's heartbeat via a CTG until they are born. After birth, the drip is decreased and is usually discontinued after an hour.

Pain relief for induction of labour

Prostin can sometimes cause vaginal soreness which will subside after time. You may experience some tightening or backache which some women find painful. It does not necessarily mean that you have gone into labour. The midwife will advise you about various methods of dealing with discomfort. These will include having a warm bath, taking paracetamol and using a TENS machine. Further pain relief options are available which your midwife will discuss with you at the time.

Once you are in labour (or commenced on the Oxytocin drip) you can have pain relief that is appropriate for you in the same way as if your labour had not been induced. However, once your labour is induced, the use of the birthing pool is usually contraindicated.

Risks of induction of labour

Hyperstimulation: Very occasionally the hormones used in induction of labour can cause excessive contractions, which is called hyperstimulation. For every 100 inductions of labour, 1 to 5 women will experience hyperstimulation.

This may affect the pattern of your baby's heartbeat. If this happens you will be asked to lie on your left side and you may be given medication to help reduce the contractions. Hyperstimulation is usually rapidly reversed without complications to mother or baby. An emergency caesarean section would be needed if the contractions cannot be reduced and your baby was showing signs of distress, but the event of this happening is very rare.

What happens if it doesn't work?

Occasionally induction of labour is not successful. If labour does not start after 2 doses of Prostin, a doctor will discuss the options with you. This may include another attempt to induce labour by having a further dose of Prostin. Alternatively, it may be possible to break your waters and, if necessary, start an Oxytocin drip. The doctor may also discuss the option of performing a caesarean section to deliver the baby. Depending on the reason for your induction you may also be offered a break with the view of restarting the induction process on another day.

Declining induction of labour

Induction of labour is a choice that will be discussed with you in full. Current evidence-based guidelines mean that it is usually recommended that induction of labour is before 42 weeks. This is because babies born over 42 weeks gestation are slightly more likely to have a difficult birth. The risk of severe complications, including stillbirth, is very slightly increased.

If you choose not to be induced then increased monitoring of your baby is recommended. This includes electronic fetal heart rate monitoring and ultrasound scans to check the volume of fluid surrounding the baby at least twice a week. An individual care plan would be made upon discussion with a doctor.

References

National Institute for Health and Clinical Excellence (NICE). (2008). *Induction of Labour*. London: NICE. Available at: www.nice.org.uk

Cochrane (2020) Membrane sweeping for induction of labour. Available at https://www.cochrane.org/CD000451/PREG_membrane-sweeping-induction-labour. Accessed on 11th June 2020

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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