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The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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## **Induction of Labour** (page 1 of 3)

Please call labour ward on 01722 425183 on \_\_\_\_\_ at \_\_\_\_\_ to confirm availability and to arrange what time to come in.

Most women go into labour without any intervention from 37 weeks to 42 weeks pregnant, but in some cases labour will need to be started artificially. This is called induction of labour.

Every woman's labour is different and together we plan your induction of labour according to your individual needs. You and your partner will be involved in all decisions concerning your labour and birth.

It is important you make an informed choice about all aspects of your care; this leaflet is designed to help you do that.

There is a possibility that if the maternity unit is very busy we will need to delay your induction. This ensures you receive a safe service and we will keep you informed of any delays.

### **Membrane sweeps**

The neck of the womb (cervix) must soften, shorten and open for labour to start. When you reach 40 weeks of pregnancy your midwife will offer you a vaginal examination to assess if your cervix is starting to soften and offer you a membrane sweep if you wish to have one (see our leaflet on membrane sweeps for more information).

### **How will my labour be induced?**

There are four methods of inducing labour. You may have one or a combination of the following depending on your individual pregnancy:

- Artificial rupture of membranes
- Medical method using Propess pessary
- Cervical ripening balloon catheter
- Prostin gel.

The methods of induction of labour most appropriate for you will be discussed with you by your community midwife or obstetrician and a plan will be agreed with you.

Once admitted you will be assessed by a midwife who will check that you and your baby are well. Your baby's heartbeat will be monitored and you

**Labour Ward**  
**01722 425183 or 01722 425188**

will have an internal examination to assess how ready your cervix is for labour.

Sometimes the cervix is open enabling us to break your waters; more commonly the cervix will not be ready for labour and we have to use another method to induce labour. The aim of all is to make the cervix soft enough so that you can have your waters broken.

- **Propess pessary** - is placed at the top of your vagina where it slowly releases a dose of prostaglandin. It stays in place approximately 24 hours and you can shower and bathe as normal whilst it is in place. Your baby's heartbeat will be monitored for 30 minutes after insertion. You will need to stay in hospital throughout.
- **Cooks balloon** - The cervical ripening balloon catheter is inserted through the cervix; sometimes we will need to put your legs in stirrups to insert the balloon catheter. A speculum is inserted into the vagina and the cervix is cleaned. The catheter is inserted through the cervix and the balloons are inflated with fluid carefully so pressure is applied to the cervix. The speculum is removed and the catheter is loosely taped to the thigh or supported in a second pair of underwear. The balloon is left in place for around 12 -24 hours.
- **Prostin gel** - (prostaglandin) is placed at the top of your vagina every 6 hours with a maximum dose of 3 lots of gel in 24 hours. Your baby's heartbeat is monitored for an hour after insertion. You will need to stay in hospital throughout.

Both of the prostaglandin options can cause you to have period pains and can cause the uterus to become over-stimulated in 7 out of a 100 cases. For this reason they will be used with caution if you have had a previous Caesarean section. The Cooks balloon does not use any drugs, but may feel uncomfortable to some women. The balloon is associated with a lower risk of scar breakdown following a Caesarean section than the prostaglandin methods

Many women need more than one cycle (that is 1 Propess, 3 Prostin or 1 balloon) to start labour off. If your labour does not start after one cycle you will be reviewed and an individual plan made.

Breaking your waters is done with a small plastic hook during a vaginal examination. It is not painful though you may find the vaginal examination a little uncomfortable. Your baby's heartbeat will be monitored continuously for 30 minutes after this. Sometimes following this, active labour may start so you will be given a few hours to see if this happens.

If active labour does not start, we will use a hormone, Oxytocin, that causes the uterus to contract. The hormone is delivered in the form of an intravenous drip. The amount is increased until contractions are regular, and the drip will usually remain in place until your baby is born. It will be necessary to continuously monitor your baby's heartbeat during this time.

The date of your induction will be agreed with the doctor and /or midwife.

You will be asked to telephone the labour ward on the morning of your induction date to confirm a time for you to come into the Labour Ward.

Labour Ward

01722 425183 or 01722 425188

It is important to remember that an induction may take several days and the timing of your induction may change depending on the capacity of the Labour Ward. You will be kept informed at all times.

## **If induction is unsuccessful**

Occasionally the induction procedure fails to establish labour, if this happens the doctor will discuss other options with you. It may be suggested that you go home for a time or until labour starts naturally. For high risk cases it may be recommended that Caesarean section is performed.

## **What are the risks of induction of labour?**

The process of induction of labour can be long; as this is an artificial process, it can take time for labour to start.

Labour following induction may be more painful requiring you to want an epidural. We know that more women who have epidurals go on to need an assisted delivery (forceps or vacuum).

You will probably need more vaginal examinations to assess the progress of your induction.

Sometimes the induction fails to start labour. If this happens, the next step will be discussed with you depending on your reason for induction of labour in the first place.

You have the right to decline any recommendations that are made by a healthcare professional. If you do not wish to be induced, an appointment will be made for you to discuss this and an individual plan will be made.