

Induction of Labour Patient Information leaflet.

The majority of women will go into labour on their own from 37 weeks to 42 weeks pregnant, but in some cases labour will 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 that 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 of labour process. This is to ensure that you receive a safe service and we will keep you informed of any delays.

Membrane sweeps

The cervix (neck of the womb) 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 ripen and offer you a membrane sweep if you wish to have one.

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:

1. Medical method using Propess pessary.
2. Cervical ripening balloon catheter.
3. If these options are not suitable, or unsuccessful in enabling us to break your waters, we may offer to use Prostin gel.
4. Artificial rupture of membranes.

The methods of induction of labour most appropriate for you will be discussed with you by your community midwife or obstetrician and a plan can be made 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 will have an internal examination to assess how ready the cervix (neck of the womb) is for labour.

Sometimes your cervix is open enabling us to break your waters; more commonly your cervix will not be ready for labour and we have to insert a prostaglandin pessary into your vagina, next to your cervix to help it soften and open enough to break your waters.

- **Proress 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. You will have your baby's heartbeat 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** It is placed at the top of your vagina every 6 hours with a maximum dose of 3 lots of gel in 24 hours. You will have your baby's heartbeat 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 (RCOG green top guideline 45).

The aim of all 4 methods is to make the cervix soft enough so that you can have your waters broken.

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 to have done though you may find the vaginal examination a little uncomfortable. Your baby's heartbeat will be monitored continuously for 30 minutes after this has been done. Sometimes following this active labour may then start so you will be given a few hours to see if this does happen.

Oxytocin is a hormone that causes the uterus to contract and is delivered in the form of an intravenous drip. It is increased until contractions are regular, and will usually remain in place until your baby is born. It will be necessary to continuously monitor your baby's heartbeat during this time.

It is important to remember that an induction may take several days and could be postponed.

If Induction is unsuccessful.

Occasionally the induction procedure fails to establish labour, if this happens the doctor will discuss your 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 this to start.

Labour following induction may be more painful requiring you to want an epidural. We know 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.