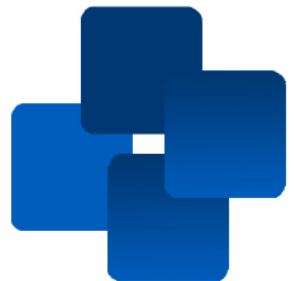


Patient Information

Induction of labour

Women's Services



Contents

- 3 What, when and why labour is induced
- 5 Membrane sweep
- 5 Natural ways to start labour
- 6 Where will labour be induced?
- 6 What happens when you arrive at the Maternity Unit
- 7 The induction of labour process
- 8 Induction of labour with vaginal pessary (Propess)
- 9 Induction of labour with balloon catheter
- 10 Cervical balloon catheter
- 12 Do I have to have induction?
- 12 What induced labour feels like
- 12 If Induction of labour doesn't work
- 13 Side effects of induction of labour
- 13 Outpatient induction of labour
- 15 When to call the Maternity Unit
- 15 Visiting the Lister Hospital's Maternity Unit

What is an induced labour?

An induced labour is one that is started artificially. It's fairly common for labour to be induced, 1 in 3 pregnancies are induced.

When is labour induced?

Sometimes labour can be induced if your baby is overdue or if there is any sort of risk to you or your baby's health. This risk could be if you have a health condition such as high blood pressure, or if your baby is not growing as expected.

Induction will usually be planned in advance. You'll be able to discuss the advantages and disadvantages with your doctor and midwife, and find out why they think your labour should be induced. It's your choice whether to have your labour induced or not.

Why you might be induced:

1. If you are overdue
2. If your waters have broken
3. If you or your baby have a health problem

If you are overdue

Women with uncomplicated pregnancies should be given every opportunity to go into labour naturally. Normally, inductions are offered when you are 41 – 42 weeks pregnant as continuing with your pregnancy past 41 weeks may increase some risks over time. This includes a very slight increased likelihood of caesarean birth, the baby needing admission to the neonatal intensive care unit, and still birth and neonatal death. These risks are small and 99% of labours have usually started by 42 weeks. More in-depth information can be found on the Trust's website.

If your pregnancy lasts longer than 42 weeks and you decide not to have your labour induced, you should be offered a discussion with the obstetrician and/or midwife and have increased monitoring to check your condition and your baby's wellbeing.

If your waters break early

If your waters break more than 24 hours before labour, there is an increased risk of infection to you and your baby.

If your waters break prematurely (before 37 weeks), your baby may be vulnerable to problems associated with being premature. You may be offered induction after a discussion with the obstetrician and your midwife if there are other factors that suggest it's the best thing for you and your baby. They should also discuss the newborn (neonatal) special care hospital facilities in your area with you.

If your waters break at term before labour starts

If your waters break at 37 weeks or over, you should be given the choice of induction or expectant management.

Expectant management is when your obstetrician and midwife monitor your condition and your baby's wellbeing, and aim to induce your labour around 24 hours after your waters have broken unless you have already started labour - 60% of women will labour spontaneously within 24 hours.

If you choose to decline induction at 24 hours after your waters have broken, we will arrange for you to make a plan with the obstetric team going forward. This plan will include regular monitoring and taking some bloods from you to check there is no infection developing. The obstetric team would recommend induction if infection was suspected.

If you have a health condition or your baby isn't thriving

You may be offered an induction if you or your baby have a condition that means it will be safer to have your baby sooner, for example, maternal conditions such as diabetes, high blood pressure or obstetric cholestasis, or a suspected small baby. If this is the case, your doctor and midwife will explain your options to you so you can decide whether or not to have your labour induced or if any additional monitoring should be put in place.

Membrane sweep

Before inducing labour you may be offered a **membrane sweep** (also known as a **cervical sweep**) to bring on labour. This is usually offered to women from 39 weeks. This can be repeated every 48 hours as required. You can ask your midwife about organising a membrane sweep.

A sweep is an internal vaginal examination, your midwife or doctor sweeps their finger around your cervix. This action should separate the membranes of the amniotic sac surrounding your baby from your cervix. This separation releases hormones (prostaglandins) which may start your labour. After a membrane sweep you may have discomfort or slight bleeding afterwards.

There is evidence to show that “sweeps” can increase the onset of spontaneous labour and lower the chance of induction in post dates pregnancies.

Some women find sweeps uncomfortable and painful, and there is a chance that it may not be possible to perform a sweep if the cervix is closed. There is also a small chance it could cause your waters to break leading to longer labour/induction.

Natural ways to start labour

You may have heard that certain things can trigger labour, such as herbal supplements and having sex, but there is no evidence that these work.

Other methods that are not supported by scientific evidence include acupuncture, homeopathy, nipple stimulation, castor oil, and enemas. You should also abstain from sex if you have already commenced your induction or if your waters have broken, as there is an increased risk of infection.

If you are considering using any of these methods, please discuss this with your midwife or doctor so that we can support you to make decisions based on any risk factors you may have.

Where will labour be induced?

Most inductions are carried out on the antenatal ward (called Dacre ward). There are some occasions when an induction will commence on the Consultant Led Unit (CLU), such as multiple pregnancies.

You will be given a date for your induction and the team on the ward will call you with a time to attend. You can expect a phone call anytime between 8am and 10pm. This timeframe allows the team managing the inductions on the ward to ensure you are given the time you need at the start of your induction process.

Some women will be offered **outpatient induction**, where you will be able to go home for the first 24 hours of the induction process. This is assessed on a case by case basis, according to the suitability criteria - please read 'Outpatient induction of labour' on page 13 for more information about this.

At busy times, the process to start your induction may be delayed. You will be contacted if this is a possibility. There may be occasions when you attend the hospital but we're unable to commence your induction immediately due to high activity in the unit. If either of these situations occur the midwife will make a full assessment of the wellbeing of you and your baby.

What happens when you arrive at the Maternity Unit

You will be shown to the ward and your midwife will introduce themselves to you and take your handheld maternity notes to read. The midwife will check your understanding of the process and answer any questions you may have.

The midwife will then perform a full set of observations, check your urine, feel which way your baby is laying and then perform a continuous monitoring of the baby's heartbeat.

After 30 minutes, as long as all is well, the midwife will perform a vaginal examination (VE) to assess your cervix and see if it's possible to have your waters broken.

The induction of labour process

If we're unable to break your waters then we'll use an appropriate method of induction which could include a vaginal pessary, a cervical balloon catheter or a vaginal gel. These are designed to soften and thin your cervix in preparation for labour and allow us to break your waters.

A pessary or balloon catheter is inserted into your vagina and stays in place for up to 24 hours. After it is removed a further assessment of the cervix will take place. There is more information and diagrams about cervical balloon catheters on pages 10 and 11.

If you are not having contractions or if the cervix has not fully softened, you will be offered up to another 2 doses of vaginal gel, with a minimum of 6 hours in-between.

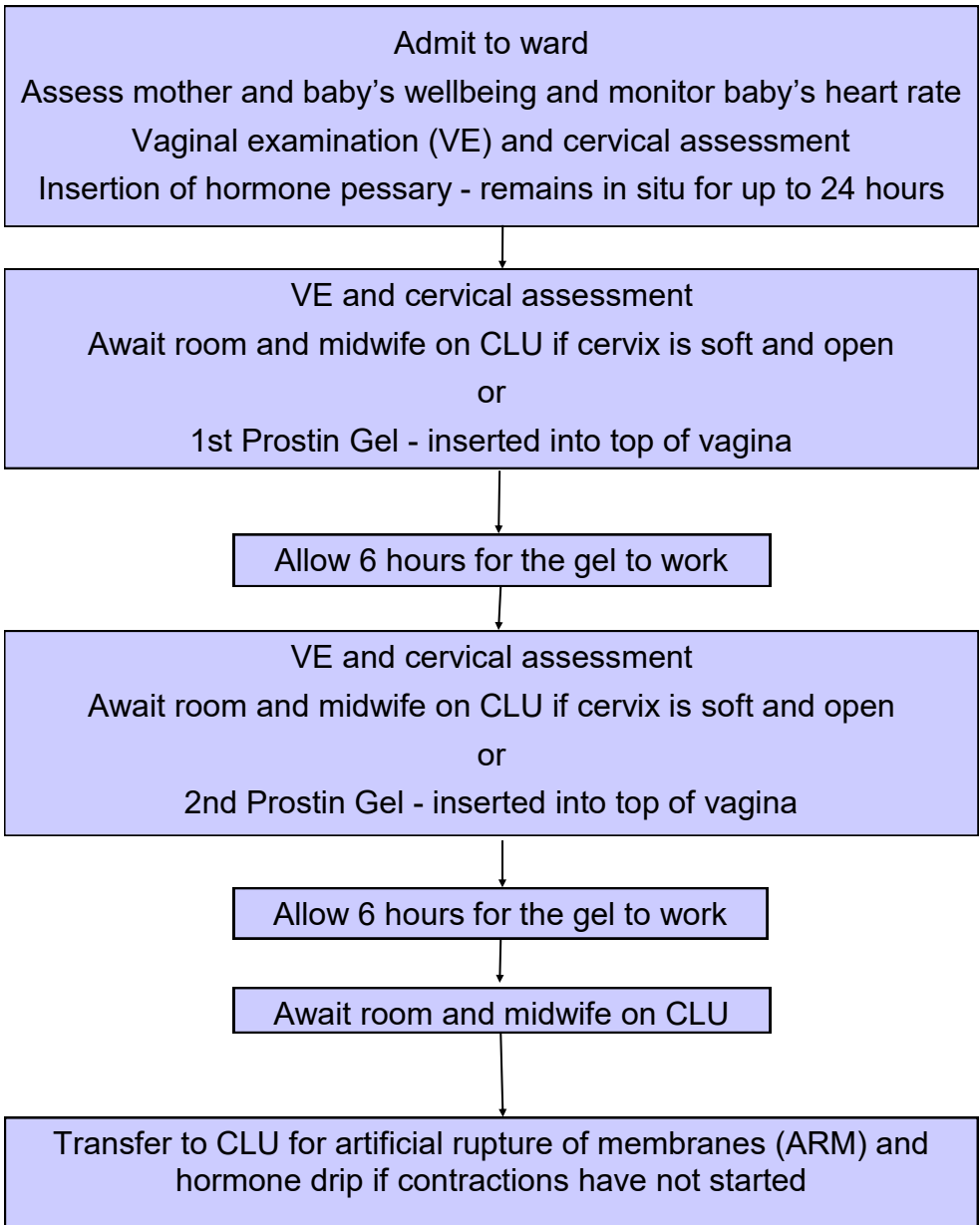
Induction of labour can take several days, particularly if the cervix is long and closed at the start of the process. It can take up to 3 days to complete the full course of induction medications to soften and thin the cervix.

If the labour has not started following these induction agents, the next step is to break your waters using a specially designed tool called an **amnihook**. There is often a wait for this stage in the induction as it requires a single room and a midwife who can provide you with one to one care on the CLU.

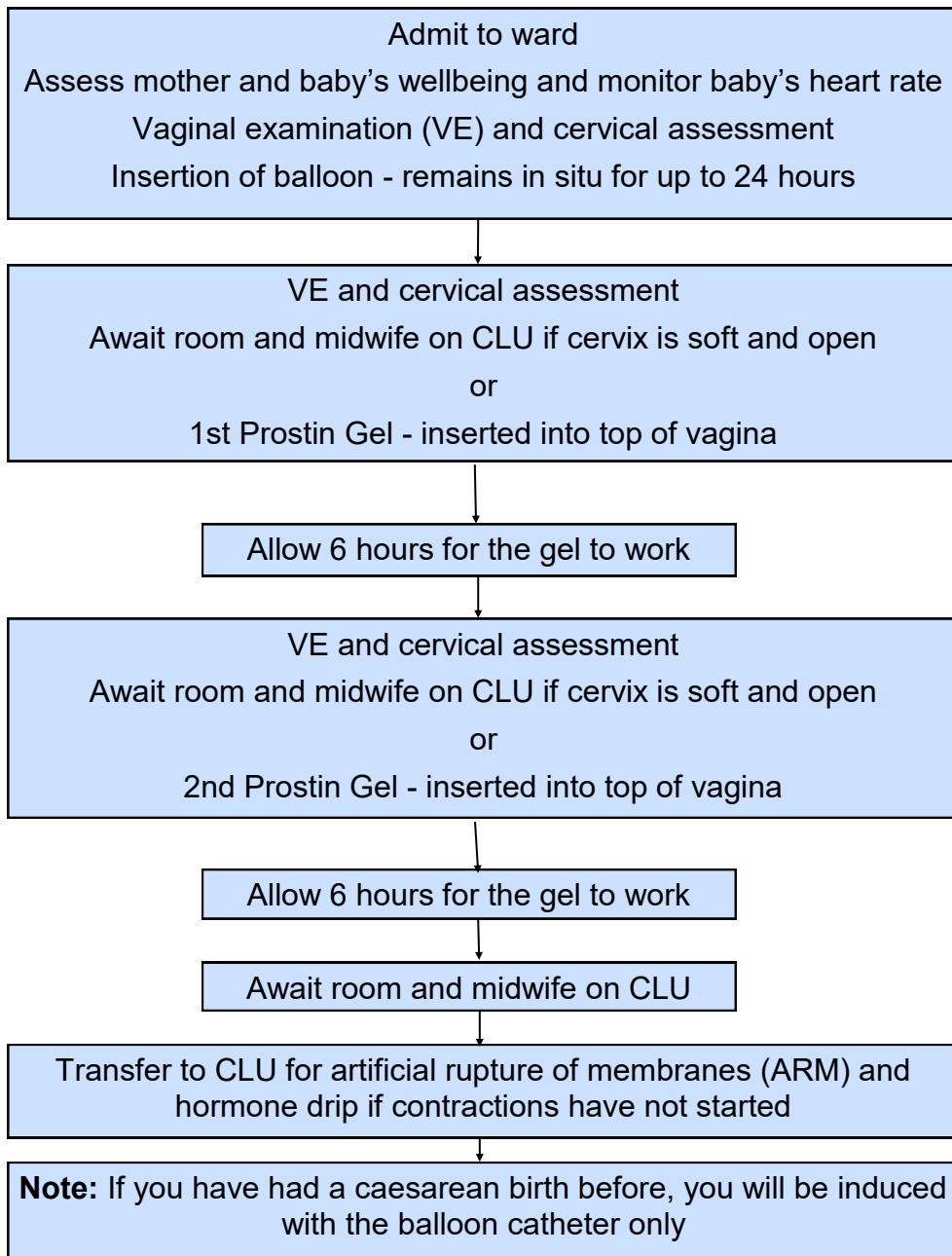
All women who are awaiting an artificial rupture of membranes (ARM) are reviewed on a daily basis by a midwife or an obstetrician to ensure the wellbeing of them and their baby.

Following the breaking of the waters it may be necessary to start a hormone drip, **oxytocin**, to induce contractions. The dose of the drip is increased slowly until you are contracting every 2-3 minutes. Your progress in labour will be assessed every 4 hours once regular contractions have established.

Induction of labour with vaginal pessary (Propress)



Induction of labour with balloon catheter



Cervical balloon catheter

You may be offered induction of labour by cervical balloon catheter (also known as a Foley balloon/catheter). We are currently offering balloon catheter induction to those who have had a baby before (including those who have previously given birth by a caesarean). If you have not had a baby before but would prefer the balloon catheter, then please discuss this option with the midwife carrying out your induction.

To place a balloon catheter, a speculum may be inserted into your vagina (like you would have for a smear test) and the catheter, which is a soft tube, will be guided into the opening of your cervix. Sometimes this can be done digitally (using fingers) without the need for a speculum. Once placed, the balloon part of the catheter, which is near the tip, will be inflated with sterile water. The bottom of the catheter will be secured to your thigh.

The catheter will stay in place for up to 24 hours and works by slowly putting pressure on your cervix to allow it to soften and open enough to either start labour or to allow us to break your waters. If your cervix is not open or difficult to access, and the balloon catheter cannot be placed, a Propess pessary will be inserted instead.

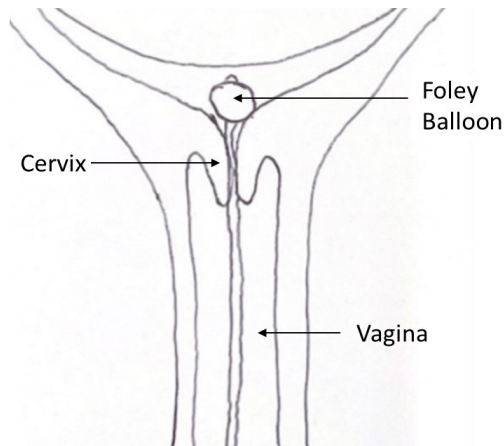
If your cervix does start opening or you go into labour, the balloon catheter may fall out by itself. If this doesn't happen, it will be removed by the midwife 24 hours after its insertion by deflating the balloon.

Due to the nature of the procedure it can be uncomfortable but should not be painful. There is a very small risk of infection. Please feel free to discuss this with your midwife further.

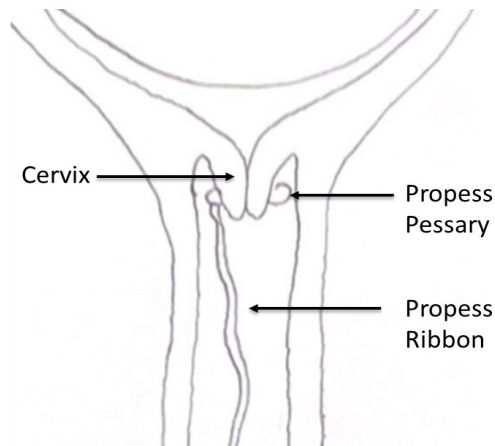
The benefit of a balloon catheter, being that it's not a medicine, is that it's very unlikely to cause hyperstimulation (too many contractions).

Please note: The balloon catheter is not licensed for this use, so you need to be aware that although balloon catheters are widely used all around the world to induce labour, the company have not sought a license for this indication. There have been many research trials that have shown that this is a safe, effective method of induction. **If you would prefer not to have this treatment, you have the option of using a Propess pessary instead.**

Balloon induction with Foley Balloon



Induction with Propess pessary



Do I have to have induction?

You can choose to decline or delay your induction of labour (IOL). If you wish to do this, a personalised plan can be made for you with the consultant midwives or with the obstetric consultants.

If this is something you would wish to consider you can talk to your midwife about it; please let your community midwife or the ward midwife know at the earliest opportunity.

What induced labour feels like

Induced labour is often more intense than labour that starts on its own and women who are induced are more likely to ask for pain relief. Pain relief, such as paracetamol, codeine, entonox and morphine injection are available on the ward, however, an epidural can **only** be given on the Consultant Led Unit.

Your pain relief options are not restricted by being induced. You should have access to all the pain relief options usually available in the Maternity Unit.

If induction of labour doesn't work

Induction isn't always successful and labour may not start. Your obstetrician and midwife will assess your condition and your baby's wellbeing, and you may be offered another induction or a caesarean section. Your midwife and doctor will discuss all your options with you.

Side effects of induction of labour

1 in every 3 births are induced locally. Induced births increase the risk of further intervention, including instrumental (assisted) births, such as forceps or ventouse and emergency caesarean section.

Outpatient induction of labour

Your midwife will assess if you are suitable for outpatient induction of labour and discuss this with you.

Benefits of an outpatient induction of labour include:

- Reducing the amount of time you will need to stay in hospital before your labour begins
- Allows you to stay at home which evidence has shown helps labour to progress as you are surrounded by your own home comforts and this helps your natural oxytocin to be produced
- Makes the process of induction as close as possible to going into labour naturally
- Means you are likely to remain more active in the day and get better rest in the night

During the time you are at home, you can do things as you would normally, such as showering, bathing or walking. However, please avoid having sex (intercourse) as there is an increased risk of infection.

Before and after going to the toilet please wash your hands, make sure the pessary string or catheter is clean and change underwear regularly.

Whilst being induced you can do many of the things that will normally help you to relax such as :

- Going for a walk
- Having a nap
- Having a warm bath or shower
- Listening to a playlist of your favourite music
- Watching some TV
- Ask your birth partner to give you a massage
- Eat and drink as normal
- Go for a walk
- Remain up and mobile where possible to allow gravity to work with you
- Being upright and sitting forward/leaning forward rather than leaning back can help encourage baby into the best position, this is called “**optimal fetal positioning**”. For example, try lying/resting on left side, sitting on a chair backwards, or sitting on an exercise ball.

When to call the Maternity Unit

Call the midwife of the area where you were induced (Dacre ward or CLU) if you experience any of the following:

- Bleeding
- Contractions
- Constant abdominal pain
- Any changes in the normal pattern of movement or concerns about the baby's movements
- You feel unwell
- Leaking or you think the waters around the baby have broken
- The pessary or balloon falls out
- Any other concerns

All telephone numbers are on the back cover of this leaflet.

The ward can become busy and noisy at times. You may like to bring in an eye mask and ear plugs to help you sleep.

Visiting Lister Hospital's Maternity Unit

To keep patients and staff safe, we are restricting visitors to our Diamond Jubilee Maternity Unit:

- **Two birth partners are allowed during labour on the Consultant Led Unit (CLU) and the Midwife Led Unit (MLU).**
- On Dacre and Gloucester wards there is visiting for one birth partner 9am - 9pm, and a maximum of two additional visitors are allowed between 2pm and 6pm.

Useful contact telephone numbers

Consultant Led Unit, Lister Hospital ☎ 01438 284124

Dacre Ward ☎ 01438 284072 or 285925

Maternity Triage, Lister Hospital ☎ 01438 286168

Useful websites for more information

The organisations below can provide more information and support if you are having or considering having your labour induced:

NHS website

<https://www.nhs.uk/conditions/pregnancy-and-baby/induction-labour/>

Hertfordshire Private Healthcare

www.hertfordshireprivatehealthcare.co.uk/treatment-and-services/enhanced-maternity-services/post-date-complementary-therapy-clinic

Tommy's

<https://www.tommys.org/pregnancy-information/labour-birth/inducing-labour>

National Institute for Health and Care Excellence (NICE)

<https://www.nice.org.uk/guidance/cg70/ifp/chapter/What-is-induction-of-labour>

**You and your baby are important to us -
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www.enherts-tr.nhs.uk

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