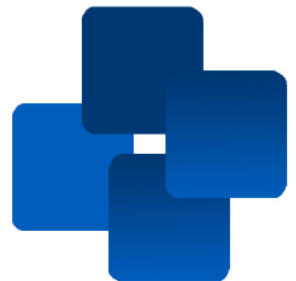


# **Patient Information**

## **Induction of labour**

Women's Services



## Contents

- 3 What, when and why labour is induced
- 5 Membrane sweep
- 5 Where will labour be induced?
- 6 What happens when you arrive at the maternity unit?
- 6 Why your induction may be delayed
- 7 Cervical balloon catheter
- 8 Do I have to have induction?
- 8 What induced labour feels like
- 9 If Induction of labour doesn't work
- 9 Side effects of induction of labour
- 9 Natural ways to start labour
- 9 Outpatient induction of labour
- 11 When to call the maternity unit
- 11 Information about visiting the Lister Hospital maternity unit
- Useful websites for more information and further reading

## What is an induced labour?

An induced labour is one that is started artificially. It's fairly common for labour to be 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 isn't 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.

Most women go into labour spontaneously (naturally) by the time they are 42 weeks pregnant.

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.

## 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**

Induction is offered to all women who don't go into labour naturally by 41 weeks and 5 days. The aim is for you to have your baby by 42 weeks as there is a higher risk of stillbirth or problems for the baby if you go over 42 weeks pregnant.

## **If your waters break early**

If your waters break more than 24 hours before delivery, 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.

## 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 at 40 weeks (first pregnancy) and 41 weeks (2nd or subsequent pregnancies). This can be repeated every 48 hours as required.

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.

If you choose to have a sweep during an internal 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.

## Where will labour be induced?

Where you are induced will depend on your reason for induction. The two areas where inductions are performed are the antenatal ward (called Dacre ward) and the Consultant Led Unit (CLU). If you have risk factors that are classed as a high risk induction then your induction will be commenced on CLU.

Some women will be offered outpatient inductions, but this is done on a case by case basis if you meet suitability criteria. Please read ‘Outpatient induction of labour’ on pages 9 and 10 for more information about this.

**At busy times, the process to start your induction may be delayed, but you will be contacted if this is a possibility.**

## 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 hand-held maternity notes to read. The midwife will check your understanding of the process and answer any questions you may have.

The midwife will 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 (ARM). If not, then we will use an appropriate method of induction which could include a vaginal pessary, a cervical balloon catheter or a vaginal gel/tablet. These are designed to soften and thin your cervix in preparation for labour.

## Why your induction may be delayed

Induction of labour may take a while, between 3-5 days, particularly if the cervix (the neck of the womb) needs to be softened.

If you have a controlled-release pessary or balloon catheter inserted into your vagina, it can take 24 hours to work. If you are not having contractions after 24 hours, you will be offered up to another 2 doses of the gel/tablet, a minimum of 6 hours apart.

If labour has still not started following 3 doses of medication, the next option would be to break your waters using a specially designed tool called an **amnihook**. In some circumstances, you may be offered a hormone drip called **oxytocin** prior to the breaking of the waters.

Following the breaking of the waters, it may be necessary to start a hormone drip to bring on and maintain contractions. Once labour starts, it should proceed normally but can sometimes take 24 to 48 hours to get you into labour.

**At busy times, there can be delays in transferring you to the appropriate birthing area to continue with the process of induction. You will be kept informed at all times if this is a possibility and receive extra monitoring of you and your baby as required.**

## **Cervical balloon catheter**

You may be offered induction of labour by cervical 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).

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 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 propress 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'll 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 is that as it's not a medicine it is very unlikely to cause 'hyperstimulation' (too many contractions).

You can decline having the balloon catheter and we can offer the propress pessary as the method of your induction instead.

**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 propress pessary instead.

## Do I have to have induction?

You can chose 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 4 births in the UK are induced according to data from Herts and West Essex Local Maternity and Neonatal System (LMNS). Induced births (when labour is started using drugs) increases the risk of further intervention, including instrumental (assisted) births, such as forceps or ventouse and emergency caesarean section.

## 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 as there is an increased risk of infection.

## 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:

- Reduces 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 promotes 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, for example, 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.

**Use this time at home to do things that would normally help you 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
- 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.**

## Important

### Visiting Lister Hospital's Maternity Unit

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

- **Only one** named birthing partner is allowed during labour at both the Consultant Led Unit (CLU) and the Midwife Led Unit (MLU). **This person cannot be swapped.**
- On Dacre and Gloucester wards there will be **no** visiting.
- If you are attending Triage, the Day Assessment Unit (DAU), Antenatal Clinic or scan department, please attend alone.

## 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](http://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>

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