

# Induction of labour (IOL): The care you should expect

It is important that you have options for where and how you have your baby; including waiting for labour to start spontaneously, having an induction, or choosing a planned caesarean. Your maternity team will talk to you about these choices throughout your maternity journey. Labour is a natural process that usually starts on its own, but sometimes it needs to be started artificially: this is called induction of labour (IOL). About a third of women in the UK have their labour induced. Inducing labour can also be the best option if there are health risks to the mother or baby by continuing the pregnancy without medical intervention/IOL. We generally recommend an IOL for medical indications as we believe that the benefits of having your baby earlier are beneficial to your health and/or that of your baby, compared to continuing the pregnancy and waiting for spontaneous labour to occur.



Women also have IOL if they are overdue - past the expected due date, or their waters have broken but labour has not started. Having an induction may affect other birth choices, so it is important that you have the right information to whether to have an induction.

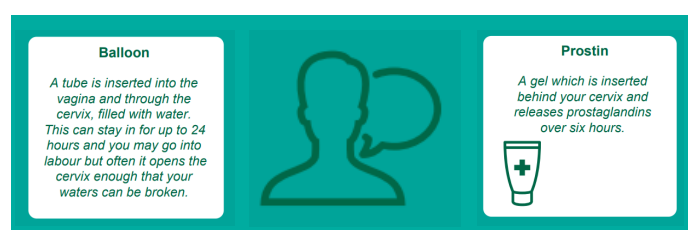
## This information aims to:

- Help women understand their options and when IOL might be offered
- Explain the benefits and risks of induction, including how it might affect personal choices about giving birth
- Ensure you can choose whether to have labour induced, and what this means for your care

## Making informed decisions

Your care team will give you clear information, reasons for induction being recommended and talk with you about your options, listening carefully to explore your preferences. This includes explaining how your labour will be induced if you choose IOL (this can be done either by giving medicines that can help start labour, or by using medical equipment), and telling you why some options may not be right for you.

For example, some medicines shouldn't be used if you've previously had a caesarean birth so you will be offered mechanical methods e.g., balloon inductions or Prostin gel.



## To help you make informed decisions, think about:

- How IOL will affect you and your baby?
- What happens if you decide not to have your labour induced early?

My preferences in pregnancy:

If you need time to think, or more support to understand the information you are given, please ask your care team.

## Important considerations of induction:

- IOL may impact your birth experience. This includes where you give birth, as some recommended interventions (such as continuous monitoring or oxytocin drip) are not available on midwife led units or from home
- The usual IOL process can routinely take several days to induce active labour and you may need to stay in hospital longer if you or your baby have any health concerns
- There is a need to undertake multiple vaginal examinations during the process to administer induction agents and monitor progress
- Having IOL and complexity in pregnancy puts you on a complex pathway including interventions such as breaking your waters
- There may be less opportunity to access a birthing pool
- More women choose epidural as induction may be more painful
- There is increased chance of increased bleeding after birth

- There is a risk, when using drugs to induce labour, that too many contractions or contractions lasting too long may occur, this can lead to changes in the baby's heart rate. This is usually reversed by giving a drug to slow down the contractions
- Physiological birth and spontaneous labour can be beneficial for mums and babies
- Occasionally the induction process may be unsuccessful after trying for a few days
- There may be delays in transferring your care to a labour ward, increasing your overall waiting time

- 91% of women and birthing people will go into labour within 48 hours

Once it is confirmed your waters have released you will be offered:

- The option to wait 24 hours before coming in for IOL (routinely offered)
- Immediate induction (this will be recommended if there are other complications that we are aware of. Such as the pregnant individual being GBS-positive (Group B Streptococcus), or if the baby has passed meconium.

### Medical indications for IOL

We may recommend an earlier induction date if there are complications in pregnancy. This is due to the risks of continuing the pregnancy outweighing the risks of starting the induction process.

### Examples of reasons for earlier IOL:

- If you have a pre-existing medical condition such as diabetes, high blood pressure or are aged over 40. Or if there is concern about your health because of a complication that may have developed during the pregnancy such as pre-eclampsia, gestational diabetes etc.
- If you have any concerns about your baby's movements or with the growth of your baby, multiple pregnancy etc.

The precise timing that you will be recommended induction will depend upon the risk factors and complications that have arisen during your pregnancy. You will be given an opportunity to discuss both the reason you are being recommended induction and the timing with the medical team/obstetrician.

If you do not feel that the recommended timing of induction is right for you, then a personalised plan can be made, and additional monitoring may be offered as a result.

If you feel a caesarean birth is something you would like to consider instead of an IOL, then the risks and benefits of these options can also be discussed with our midwifery team.

More information can be found by scanning the below QR codes using a mobile phone:

IOL Video infographic and C/S info



Our induction patient information leaflet



More in-depth NICE information



You can choose to proceed with, delay or stop an induction at any point during the process.

### Postdates induction in pregnancy without complications

Women with uncomplicated pregnancies should be given every opportunity to go into spontaneous labour. Routinely we offer you an induction between 41-42 weeks of pregnancy.

### Continuing pregnancy past 41+0 weeks may increase some risks over time, including:

- Increased likelihood of caesarean birth
- Increased likelihood of the baby needing admission to a neonatal intensive care unit (NICU)
- Increased likelihood of stillbirth and neonatal death.

These risks are small however, you should also be aware of the benefits of waiting up to 42 weeks and the fact that 99% of labours have started spontaneously by this point.

Waiting longer will give you more time to think about your decision, and you can change your mind at any time. It may also be possible to offer you further monitoring in order to support your decision (although it does not necessarily predict the outcome for your baby).

### I am being offered IOL as my waters have broken

If your membranes release (waters break) after 37 weeks then there is no longer a protective barrier with the outside world and the chance of infection to you and the baby increases - less than 1% of babies may become seriously unwell. This occurs between 8-10% of term pregnancies, once your water has released.

If your waters break, it is likely you will go into labour yourself, without medical intervention or IOL. Studies show:

- 60% of women and birthing people will go into labour naturally within 24 hours