


Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone (City Hospital campus): 0800 052 1195

Freephone (QMC campus): 0800 183 0204

From a mobile or abroad: 0115 924 9924 ext 65412 or 62301

 Minicom: 0800 183 0204

E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614,
Nottingham NG7 1BR

If you wish to contact us formally please write to:

The Chief Executive

Nottingham University Hospitals NHS Trust

Derby Road, Nottingham, NG7 2UH

Telephone: 0115 924 9924

www.nuh.nhs.uk

Induction of labour (IOL)

Maternity Units



This information can be provided in different languages and formats. For more information please contact:

Labour Suite
Queen's Medical Centre campus
Direct line 0115 875 4672
or
Labour Suite
City Hospital campus
Direct line 0115 962 7710

Introduction

This leaflet is designed to give you information on what induction of labour (IOL) is and how and why it is performed. It will also explain some of the benefits and disadvantages and answer some of your questions.

Induction of labour

IOL is a process of artificially starting a labour.

Why is labour induced?

The length of a pregnancy is usually 40 weeks. Some women will go into labour naturally at 38 weeks, whilst others will not go into labour until 42 weeks. Research has shown that the placenta (also known as the 'afterbirth') will become less efficient in a number of pregnancies which have gone more than two weeks over the due date.

If labour has not started naturally by your due date then you may be offered a date for IOL. If IOL is offered, the midwife or doctor will explain the reasons why this is advisable for you, and they will make sure that you understand the reasons and answer any questions you might have.

IOL may also be offered if:

- You have a medical condition such as pregnancy-induced hypertension (high blood pressure) or diabetes
- There is concern over the well-being of your baby
- The membranes (waters) have broken. Often labour will start when this happens. Your midwife will advise you in this situation.

Further information

The information in this leaflet is from guidelines which midwives and doctors use all the time. They are local and national guidelines, and are produced from research. Your midwife or doctor can give you more information should you require it.

More information is also available from:

- Nottingham University Hospitals NHS Trust website at www.nuh.nhs.uk
- The National Institute for Clinical Excellence website at www.nice.org.uk
- Royal College of Obstetricians and Gynaecologists website at www.rcog.org.uk
- NUH leaflets: **Positive ways to manage pain in labour** and **Monitoring your baby's heartbeat during labour** (available on the NUH website or please ask a member of staff)

Your IOL is planned for:

Date:

Time:

Please ring at am/pm

Ask to speak to the labour ward co-ordinator, and please remember that your IOL may be delayed. Make sure you have something to eat and drink before you come into hospital.

What happens if I need to be induced?

If you have not given birth by your due date, you will be given an appointment to see your community midwife or a hospital appointment to see a doctor. At this appointment the midwife or doctor will assess your general wellbeing, and that of your baby. She or he will feel your abdomen to see how your baby is lying and will ask about foetal movements. She or he may then suggest you have an internal examination to assess the cervix (neck of the womb), and offer you a 'membrane sweep'.

What is a membrane sweep?

The cervix is the opening of the womb. A membrane sweep is a process whereby the midwife or doctor places a finger just inside the cervix and makes a circular movement. This is to separate the membranes from the cervix. Performing a membrane sweep increases the chances of labour starting naturally within the following 48 hours. A membrane sweep should be the first method used if IOL is advisable, unless your membranes have already broken. A membrane sweep may be uncomfortable, and you may have a 'show' later in the day. The 'show' is a plug of mucus, (sometimes brown or spotted with blood) which is released as the cervix begins to open. It should not cause heavy bleeding, and you should seek advice if heavy bleeding occurs.

The midwife or doctor will also make an appointment for you to come to the labour suite for IOL in case you still do not go into labour naturally. You will be asked to contact the labour suite at a given time on the day of your induction. Your midwife will write the time at the end of this leaflet, where the telephone numbers can also be found.

If you are being induced for reasons other than because you are 'overdue', a membrane sweep is less likely to be performed.

How is labour induced?

The following methods can be used to induce your labour:

1. Vaginal prostaglandin to 'ripen the cervix'
2. Artificial rupture of the membranes (breaking your waters)
3. Intravenous Oxytocin, known as 'Syntocinon', to start your contractions and to keep your uterus contracting.

1. Vaginal prostaglandin

Prostaglandin induces labour by encouraging the cervix to soften and shorten (known as 'ripening'). It can be given by a tablet placed high in the vagina, or in a slow-release pessary, rather like a tiny tampon – this is known as 'Propress®'.

If you have a prostaglandin tablet:

Your baby's heart beat will be monitored using a cardiotocograph (CTG) machine. A CTG machine consists of two discs which are held in place by elasticated belts. One disc is placed at the top of your tummy to monitor how often your womb contracts. The other is held in place where your baby's heartbeat can be heard clearly. The belts are not uncomfortable. The CTG machine produces a printed graph (often called a 'trace') to show the pattern of your baby's heart rate.

Why might my induction be postponed?

Midwives and doctors understand that when your labour is postponed it can make you feel quite upset. However, they will give you reassurance and arrange for your labour not to be too delayed, depending on your circumstances and those of the labour suite. The midwives and doctors have to prioritise mothers and babies for IOL. Your IOL may be postponed if another mother has a greater need at the time you have been given. Your IOL may also be postponed if the workload on the labour ward means there is no midwife available to care for you at the time you have been given.

Can I be induced and still have a home birth?

Unfortunately not. Because IOL usually means you need to have drugs (prostaglandin and/or Syntocinon) it is important that you and your baby can be monitored during the induction and labour process.

Is it painful?

Labour pains usually start slowly and build up to become closer together and more painful towards birth. Induced labours are likely to be more painful than a labour which has started by itself. Women describe labour pain in different ways (see the leaflet 'Positive ways to manage pain in labour'). The pain with prostaglandin is likely to be similar to the pain in early labour. As your labour establishes, the pain will become stronger. If you need to have a Syntocinon drip the midwife will make sure it is increased gradually to avoid too many contractions happening too quickly. You will always be cared for by a midwife, and she will support you in your choice of coping skills and pain management.

Benefits of IOL

- IOL may relieve a medical condition (such as pregnancy-induced hypertension) which may otherwise get worse
- Pregnancy is not prolonged beyond a date when the placenta may not function as well as it did earlier in the pregnancy
- Some women feel less anxious when they have a date for IOL
- IOL may be performed to prevent you getting an infection if your waters have broken and labour has not started

Risks or disadvantages of IOL

- The process of IOL may not work, in which case the midwife and doctor will discuss the options with you
- Over-contracting of the womb may occur with either prostaglandins or Syntocinon. Drugs can be given to reverse over-contracting in extreme cases, and if related to the Propess®, this will be removed
- IOL may take up to 48 hours to achieve and may involve more vaginal examinations
- You will not be able to have your baby at home

Can I choose not to be induced?

If you don't want to be induced at the time at which it is recommended, you should tell your midwife or doctor. However, it will be recommended to you that you attend the hospital for the team to check how you are and how your baby is. This may be done using the CTG, and may involve you having a scan to check the water around the baby. How often you come to the hospital depends on your situation, and the midwife and doctor will discuss this with you.

The tablet will be inserted by a midwife and then your baby's heartbeat will be monitored again for about half an hour. After that you can walk around and eat and drink as usual. You are not likely to need another internal examination for about six hours. Your midwife will check on both you and your baby during this time.

Sometimes one prostaglandin tablet is enough to start a labour, but if labour has not started and the waters cannot be broken you will be given another tablet. You might be advised to sleep overnight on the antenatal ward. If you go to the ward, you will return to the labour suite the following morning, and your cervix will be assessed again. Sometimes there is little change in the cervix and if you have not already had a second prostaglandin tablet, another may be required. For some women the cervix has become quite thin and short and is beginning to open. In this case the next stage of IOL is possible.

If you are given Propess®:

Your baby's heart beat will be monitored using the CTG machine before the Propess® is inserted by the midwife, and then for about half an hour afterwards. Once the Propess® is in place it will swell, which keeps it in place. You can walk around, shower, eat and drink normally. Your midwife will continue to check on both you and your baby over the next few hours. If the string from the Propess® moves to the outside of your vagina you must be careful not to pull or drag on it, as this may cause it to come out.

Please take special care:

- Wiping yourself after going to the toilet
- Washing yourself
- Getting on and off the bed

In the unlikely event that the pessary should come out, please tell the midwife **straight away** – she can then make sure it is safely repositioned.

The Propess® will continue its slow release for 24 hours, although it may not be in place for that long. Eventually, as your cervix ripens and opens, the Propess® will be dislodged, and as your labour becomes established it will be removed. You do not need to have another internal examination unless the Propess® needs to be removed – either because you are advancing in labour, or for one of the following reasons:

- Your waters break
- You have some vaginal bleeding
- You have diarrhoea, vomiting or nausea
- The midwife or doctor is concerned about your baby's heart rate
- Your contractions come very close together
- You have had the Propess® in for 24 hours, even if labour has not started

The use of either the tablet or the Propess® will cause the womb to contract, and you may experience some period type pains initially, which may then slow down and disappear, but usually they build up to more painful contractions. Sometimes vaginal prostaglandin is sufficient to start off your labour, and you carry on by yourself.

There is a chance, however, that even after 24 hours of Propess®, or two doses of prostaglandin tablet, it may not be possible to break the waters, and the midwife and doctor will discuss the options with you. These may include a third prostaglandin tablet, a period of waiting or delivery by Caesarean section.

Sometimes vaginal prostaglandin is not necessary, because the cervix is already thin enough and beginning to open.

2. Artificial rupture of the membranes (ARM)

This is also known as 'breaking the waters', and can be used if the cervix has started to ripen and dilate either by itself or by using vaginal prostaglandin. A midwife will carry out an internal examination and will make a small hole in the membranes using a slim plastic instrument. Having the membranes broken should encourage more effective contractions.

3. Intravenous Syntocinon

Sometimes prostaglandin and/or breaking the waters is enough to start a labour, but many women require Syntocinon. This drug is given using a drip into a vein in the arm. It causes the womb to contract, and is usually used after the membranes have broken either naturally or artificially. The dose can be adjusted according to how your labour is progressing. The aim is for the womb to contract regularly until you give birth. When using this method of induction, it is advisable to have your baby's heart rate monitored continuously using a CTG. The contractions can feel quite strong with this type of induction, but the midwife will be able to discuss with you how you are coping, and give you information about different methods of pain management.