

Information about Induction of Labour

On the day you are due to be admitted for Induction of Labour, please phone Ward 4b on 01422 222147 at 9am to check there is a bed available.

Induction of Labour

This leaflet has been produced to give you general information about the procedure of induction of labour. Most of your questions should be answered by this leaflet. It is not intended to replace the discussion between you and your midwife or doctor but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with the midwife or doctor.

What is Induction of Labour?

For a baby to be born, the cervix (the neck or opening to the womb) has to shorten, soften, and open and there must be womb contractions. Your womb has a powerful muscular wall that tightens and then relaxes; these contractions gradually open your cervix. In most pregnancies, this starts naturally between 37 - 42 weeks and is called 'spontaneous labour'. The induction of labour is a process used to encourage labour to start artificially.

When might I be offered induction of labour?

There are three main reasons why induction of labour (IOL) is offered:

Prolonged pregnancy: Pregnancy that continues after 41 weeks. After 41 weeks there is a slight increase in the risk of your baby developing health problems. Induction of labour is therefore recommended between 41 and 42 weeks. At Calderdale & Huddersfield NHS Foundation Trust we start IOL at 40 weeks and 7 days over your expected date of delivery (due date), which has been determined by your initial dating scan.

Pre-labour rupture of membranes: (the waters around the baby breaking) if spontaneous labour does not happen approximately 24 hours after the waters break there is a small risk of infection to the mother and/or the baby

Medical reasons: Sometimes problems develop during pregnancy which means there's a greater risk to you or your baby from the pregnancy continuing than if your baby is born, even if that means your baby is born early. You may have developed high blood pressure, gestational diabetes, or other medical conditions or your baby may not be growing as well as we would expect. If you have developed complications in pregnancy, you may be offered induction labour.

Although there will be good reasons why we are offering you induction, it is always important that you fully understand what these reasons are and what the whole process of induction involves. Please ask as many questions as you need.

Will induction be more painful?

Induction of labour may be perceived as more painful than spontaneous labour as the contractions do sometimes get quite strong quite quickly as opposed to a more gradual build up if you were to go into labour spontaneously. We have many options available to help you to best cope with this. You may be offered induction.

Can I choose not to be induced?

After considering all the facts about IOL, if you decide you do not want to be induced, you should tell your midwife. You can be offered an appointment to attend the hospital so we can check that you and your baby are well. There will be an opportunity to discuss with a midwife or doctor why you do not want to be induced and a plan will be put into place to support your decision.

It is usually recommended that we keep a closer eye on you and your baby in these circumstances. How often you come to the hospital for checks depends on your situation. The midwife or doctor will discuss this with you.

What is a membrane sweep (stretch and sweep)

Once you have reached your due date, you will be offered a membrane sweep at around 40 weeks. This procedure has been shown to increase the chances of labour starting naturally within 48 hours of the procedure and can reduce the need for other methods of induction of labour.

You will also be offered a membrane sweep if induction of labour is being done for medical reasons. The timing will be advised by the doctor responsible for your care.

A stretch and sweep is a vaginal examination that can be carried out by your community midwife or at an Antenatal Clinic visit by your doctor. The procedure involves the doctor or midwife putting one-two fingers inside your cervix and making a circular sweeping movement to separate the membranes from the cervix. This increases the production of hormones called prostaglandins which can encourage labour to start.

There may be some discomfort or bleeding, but it will not cause any harm to you or your baby. It will not increase the chance of you or your baby getting an infection.

Where will labour be induced?

All women come to Calderdale Royal Hospital, Ward 4b to have the procedure started.

You will have to stay in the hospital because of medical reasons or the method of induction being used.

If a mechanical method such as a cervical ripening balloon is used and there are no risks to you, or the baby identified on assessment then you may be allowed to go home following the insertion of the cervical balloon.

If your cervix is already favourable to have the waters around your baby broken when you come to Ward 4b, or if the waters have already broken you will be placed on the waiting list to be induced in the Labour Ward.

Please be aware that breaking the water around the baby can only be done in Labour Ward.

Admission to the Labour Ward will be managed according to individual needs and more likely you will be asked to wait at home until you are called to attend Labour Ward.

It is very important that we have the correct contact details for you, and you keep your phone switched on all the time as you can be called by Labour Ward at any time day or night.

While you are waiting at home you will be asked to come to Ward 4b to monitor you and your baby. The frequency of monitoring will depend upon the reason you are being induced.

Please pack a birth bag and either bring it with you or have it available in your car.

An outpatient induction of labour:

- Reduces the amount of time you will need to stay in the hospital before your labour begins.
- Allows you to stay at home which evidence has shown helps labour to progress as you are in a familiar place.
- Makes the process of induction as close as possible to going into labour naturally

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

Can I go home after the induction starts?

If your pregnancy has been completely straightforward, you and your baby are well, there are no concerns with your baby's movements and you are not being induced because of a medical condition, you may be able to go home after you have been given induced by a Cervical ripening Balloon.

To be suitable for this method of induction you must be:

- Low-risk pregnancy (No maternal or fetal risk factors)
- Post-dates (7 days after your due date)
- Singleton pregnancy
- Cephalic presentation (baby in a head down position)
- Has a home or mobile telephone
- Intact membranes
- Willing for out-patient induction
- Able to speak English- no language barrier
- Access to immediate transport

If you fit these criteria, you will have outpatient induction discussed.

At very busy times, the start of the induction process may be delayed. It may be delayed for a few days. If you are at home, you may be advised to come to Ward 4b to have an antenatal review and to monitor your baby with a cardiotocograph (CTG) machine. You will be able to go home afterwards if there are no concerns about you or your baby.

What will happen on the day of starting induction?

When you come to Ward 4b the midwife will introduce themselves and discuss everything with you to make sure you understand the procedure. Please feel free to ask any questions or voice any concerns or anxieties. We understand that Induction of Labour can make you feel anxious and scared and it is sometimes difficult to remember any questions or things you want to say so it might be useful to write down anything you want to discuss. We are here to listen to you and help if we can at all times.

When you arrive, the midwife will do a full antenatal check on you and your baby. Your baby's heartbeat will be monitored using a cardiotocograph (CTG) machine that gives a paper recording of the heartbeat.

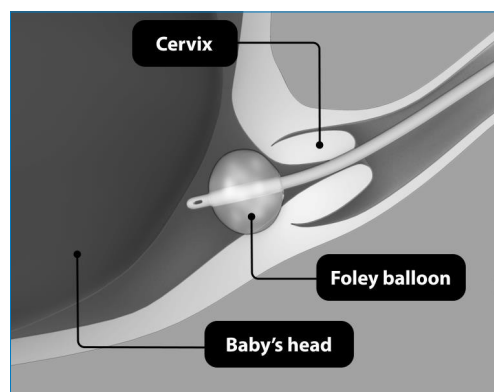
You will have a vaginal examination to determine if your cervix is ready to be able to break your waters (Artificial Rupture of Membranes). To break the waters your cervix needs to have changed from being long, closed and hard to be thin, soft and stretchy and starting to dilate (open up). This naturally happens at the end of the pregnancy when the body starts to produce the hormones that start labour, but it might not have started to happen if labour is induced before your due date. If your cervix is not ready, then one of these methods will be used to start the process. On admission to the hospital, you may need a cannula (drip) placed in your hand depending on the reason for induction.

What are the methods used to prepare the cervix?

These are used to soften and open the cervix to be able to 'break the waters' around the baby. They may sometimes cause contractions to start as well. You may need just one or all these methods. There are mechanical and chemical methods including hormones called prostaglandins to induce labour. You may need just one or all methods depending on the condition of your cervix.

Cervical Ripening Balloon Catheter

A catheter balloon is used as a mechanical method to soften and open the cervix to be able to 'break the waters' around the baby. This is suitable if your cervix is slightly open and can admit one finger. It may sometimes cause contractions to start as well.



The procedure involves a catheter (a soft silicone tube) being inserted into your cervix. It has a balloon near the tip and when it is in place the balloon is filled with a sterile saline (salt water) fluid. The catheter stays in place for 24 hours, with the balloon putting gentle pressure on your cervix. The pressure should soften and open your cervix enough to be able to break the waters around your baby or it may start labour.

The balloon catheter may fall out by itself or will be removed by a midwife the following day.

The balloon catheter is also the method used for outpatient induction of labour if both you and your baby have no risks and do not need monitoring. This is because it does not need you to be monitored as closely as when using a chemical/ hormone method for labour induction.

Going Home after Cervical Ripening Balloon Catheter

During the time you are at home, you can do things as you would normally, for example, showering, and walking. However, please avoid intercourse.

After going to the toilet please wash your hands, make sure the catheter is clean and change your underwear regularly.

You are advised to call Ward 4b on 01422 222147 if you have any of the following:

- Bleeding enough to soak through a sanitary towel (If the balloon catheter has been inserted, you may see some blood in the tube, this is normal).
- The waters around the baby break.
- Contractions
- Concerns about the baby's movements
- You feel unwell
- The balloon falls out

A midwife will speak to you and advise on the next step.

Prostaglandins

Prostaglandin is a hormone that is naturally produced by the body. It is involved in starting labour. We use two methods to deliver an artificial version of prostaglandin.

PROPESS: A pessary known as 'Propess®' is inserted into the vagina and placed behind the cervix. It has tape attached so it can be removed easily. It releases the hormone slowly over 24 hours but will be removed earlier if labour starts or there are any concerns about you or your baby's health.

Before you are given Propess, we will monitor your baby's heartbeat for 30 minutes to ensure that your baby is well. After the Propess is inserted, you will need to remain on the monitor for at least 30 minutes to ensure the baby remains well. We will monitor you regularly throughout the induction process, usually every eight hours, or more frequently if you start having contractions, your waters break or you report the baby isn't moving as well as it would usually. We will remove the Propess if you go into labour, or after 24 hours if no changes take place in that time. We will perform another vaginal examination to see if it is possible at this point to break your waters or not. If following the removal of the Propess it is not possible to break your waters, we will either insert another Propess or give you a Prostín tablet.



PROSTIN: A tablet called 'Prostin®' is inserted into the vagina and next to the cervix. You will be re-examined six hours after the first tablet; if the cervix is still not ready for the waters to be broken or you have not started labour then a second Prostin® tablet will be inserted into the vagina. You will be examined by a doctor at this point to assess whether it is possible to break your waters. If it is not, we will discuss your options with you – either a rest day and then further prostaglandins if required, or delivery by Caesarean section. We will monitor the baby after Prostin in the same way as with Propess.

- Prostin can also be given if your waters have already broken, and your cervix has not softened and opened.
- Sometimes Prostin and Propess can cause some vaginal soreness. Very occasionally, the prostaglandins can make your uterus contract too frequently, which can affect your baby's heartbeat. If this happens, we will take the Propess out and you may be given some drugs and fluids through a drip.

You will have to stay in the hospital if these methods are used, as your baby will need to be monitored every eight hours. Between monitoring, you will be encouraged to walk about or use the 'birthing balls', as being active can help to encourage labour to start.

The cervix may become favourable for breaking the water, your waters might break on their own, or you may go into labour at any time during this process.

Previous Caesarean Section

If you have had a previous Caesarean Section, we have to be very careful with prostaglandin as it increases the chance of the scar separating or tearing.

You will only be offered the balloon catheter and, if considered safe enough, the Propess pessary. You may be offered another balloon catheter if the first one is not successful.

How long the induction process takes?

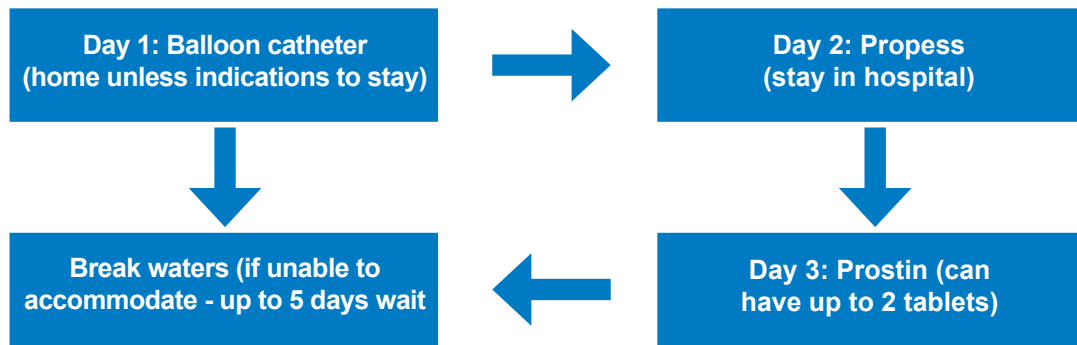
Induction of labour can sometimes take a few days, and it can become quite frustrating if nothing seems to be happening. It is very important that you remember that it is unlikely that your baby will be born on the same day that you come into the hospital to begin the induction process.

Induction of labour is easier when your cervix (the neck of the womb) has already started to soften and open. If this hasn't begun to happen when you are induced, the induction is likely to take longer and may potentially be unsuccessful. This can mean that sometimes we can't get you into labour and may have to consider either waiting a bit longer or delivering your baby by caesarean section instead.

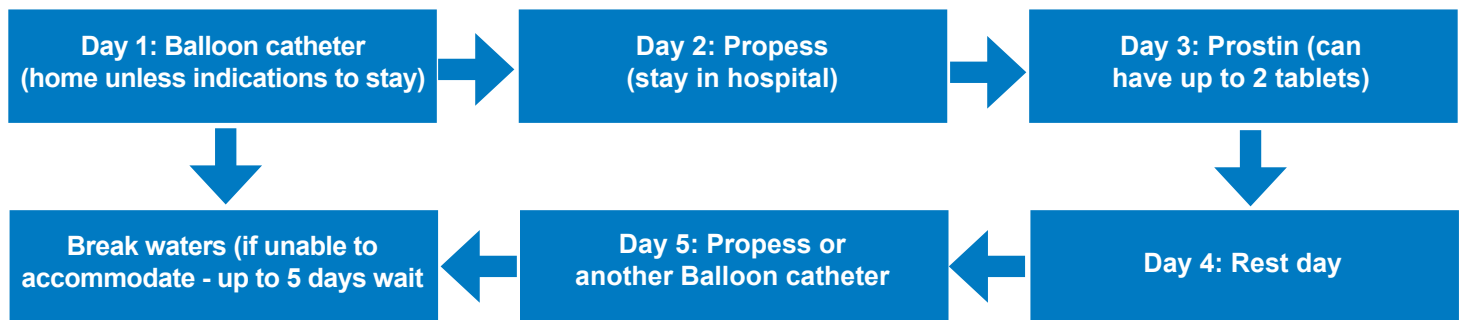
We can never predict how long the induction will take or when your baby will be born.

It is important to be aware that the process of softening and opening the cervix can take up to three to four days if you are over 41 weeks and up to five days or more if we are inducing you earlier than 41 weeks. It is also important to know that it may fail completely.

Process after 41 weeks may take the following course:



Process before 41 weeks may take the following course:



What happens if induction of labour fails?

In a small number of cases, induction of labour is not successful following repeated attempts. Your management will then be discussed with your consultant obstetrician and a plan for birth put into place. It may be that a caesarean section is recommended

Can I bring someone with me for induction?

You are welcome to bring your birth partner with you when you come to the hospital for induction, and they can stay with you during the day. If you are staying in the hospital and nothing is happening at bedtime, we will suggest that s/he goes home to bed – we will ring them immediately if something happens overnight. We appreciate that family members and friends will be anxious to hear that you are well, but due to patient confidentiality and our commitment to safety, we are unable to give out any information, so it is important that your birth partner keeps them informed.

What happened next after the initial induction process?

When the cervix is favourable to have the waters around the baby broken, known as an Artificial Rupture of Membranes (ARM), you may be able to go home and, unless you go into labour by yourself, you will be contacted by the Labour Ward with a time for admission.

You will be kept in Ward 4b if there are many risks to you or your baby while waiting for the Artificial Rupture of Membranes.

This may also take up to five days. The Labour ward coordinator and consultant in charge of the Labour Ward will decide when to admit you to the Labour Ward always based on medical needs and keeping in mind the safety of your baby and you.

If you are being induced as an outpatient, this will NOT affect the decision about when you will be admitted to the Labour Ward.

While you are waiting you may be offered extra assessment and monitoring of the baby. How often this happens will depend on the reason why you are being induced.

What happens in the Labour ward?

Artificial rupture of the membranes (ARM)

When the cervix is soft, open to around two to three centimetres and the baby's head has gone down into your pelvis, it should be possible to 'break the waters' around the baby.

This procedure is carried out by using a small plastic hook which releases the water and allows the pressure of the baby's head to press on the cervix and stimulate contractions. It will not harm you or your baby. The procedure may be uncomfortable, but it should not be painful.

You may be given a couple of hours to see if contractions start or we may require an artificial hormone called Syntocinon® straight away.

Oxytocin (Syntocinon®) Drip

This is a synthetic form of the hormone that causes your uterus (womb) to start having contractions. It is given through a tiny tube into a vein in your arm (drip). It can only be given when your waters have broken.

If you do need to start the Syntocinon drip, we will wait at least 30 minutes after removing the Propess, or at least 6 hours after you last had Prostin administered.

The drip is increased very slowly until your uterus is contracting regularly and strongly. Women respond differently to how well the drip works on contractions, and it also depends upon how ready your body is for the labour process.

During labour, your baby's heart rate will be monitored continuously by a cardiotocography (CTG). Your ability to walk around will be limited by the drip and monitor, although you may choose to stand up or sit on a chair or birthing ball. We will sometimes recommend monitoring your baby's heartbeat by attaching a clip to their head to ensure we have a good recording. This is not harmful to the baby and gives you more freedom in remaining active, as well as ensuring we can monitor your baby's wellbeing effectively.

The Syntocinon® drip is the main form of induction when your waters have broken naturally, and you do not go into labour if your cervix is short and soft otherwise will give Prostin.

We will endeavour to induce labour by 24 hours following the rupture of membranes, however, this may not always be possible. Please be assured that all decisions are made about the safety of your baby and you. If your induction is delayed, you will be asked to come to the hospital so that your baby and you can be assessed and monitored.

Are there any risks with induction of labour?

Cervical Ripening Balloon Catheter

The procedure can be uncomfortable, but it should not be very painful. You may get strong period cramps after the balloon is inserted, usually, these die off after a few hours. It is suggested that you have some pain relief ready at home for this. Paracetamol or Co-codamol is safe to take at this stage for short-term use.

There is a very small risk of infection. If an infection is suspected, your baby will need to be delivered by the quickest possible method.

Prostaglandin (Prostin®)

Inserting the prostaglandin pessary can be uncomfortable. Prostaglandin can cause dryness and soreness in and around the vagina. It can also cause strong contractions, which can be painful; having these contractions does not always mean you are in labour. Your midwife will discuss ways to help you manage this.

On rare occasions, prostaglandins can cause the uterus to contract too frequently, and this may affect the pattern of your baby's heartbeat. This is usually treated by giving a drug that helps the uterus to relax. Sometimes the uterus continues to contract too frequently, which may mean an emergency caesarean section is necessary.

Oxytocin (Syntocinon®)

As with prostaglandin, the main risk is that the uterus can contract too strongly/frequently and affect the baby's heartbeat. Reducing the rate of Oxytocin can have an immediate effect on easing contractions, which will improve the baby's heartbeat. If the baby's heartbeat does not recover, the senior doctors will decide what is required. This may mean an emergency caesarean section is necessary.

What options do I have for pain relief?

With Propess/Prostin you can sometimes have quite strong contractions but not yet be in established labour. At this early stage, you are unable to have an epidural. However, we have many options to help you cope, please discuss these options with your midwife. After your waters have been broken and/or you are on the syntocinon drip you have the option of an epidural along with all other forms of pain relief. Please see our information leaflet 'Pain Relief in Labour'.

How do I prepare for induction of labour?

Please read this information leaflet and share the information it contains with your partner and family (if you wish) so that they can be of help and support. There may be information they need to know, especially if they are supporting you as the birth partner/s.

We recommend making family, especially children and those caring for them aware that the procedure can take a long time (in some cases up to 10 days) before the baby is born.

It is also important that you are ready to come into the hospital when called, have someone on 'standby' to look after children or pets and have someone to bring you into the hospital.

You may want to nominate one person to give the rest of the family updates on how things are progressing.

It is advisable to wear looser clothing when coming to the Induction Ward 4b as it will be more comfortable when you are being examined.

If you are admitted to induction Ward 4b wear clothes you are comfortable in. It is not necessary to wear night clothes during the day as we actively encourage you to be mobile, depending on any medical condition you may have. You may bring a book, magazines, and games to keep you occupied due to the length of time the procedure may take.

Delays in commencing induction of labour process

Sometimes we can't go ahead with your induction on the date we had planned for you. Delays in starting your induction can happen when the situation in Labour Ward or Ward 4b means starting your induction would be unsafe, or there are no available beds to admit you into. When this happens, we may have to ask you to come into the hospital a bit later than planned.

If we are not able to admit you on your planned date, we will ask you to attend daily Ward 4b or MAC/ ANDU for us to monitor your baby's wellbeing.

We understand that it can be frustrating if your induction is delayed but please be reassured we will get you in as soon as we can. To reduce delays, we offer a 24-hour rolling programme for admission – please inform us if you want to opt out of being contacted at night to come in if a bed becomes available.

On the other hand, occasionally we have a bed available the day before your planned induction and we may contact you to see if you are able to come in sooner than originally planned.

We will keep you informed regularly by telephone about what is happening because of any delays to your admission.

Please feel free to ask your midwife or doctor any questions you have about induction of labour – we are here to help.

If you have any comments about this leaflet or the service you have received you can contact :

Consultant Obstetrician and Antenatal Lead
Calderdale Royal Hospital
Telephone No: 01422 224685

Induction of Labour Suite Ward 4b
Calderdale Royal Hospital
Telephone No: 01422 222147

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce,
obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych
informacji w innym formacie lub wersji językowej,
prosimy skontaktować się z nami, korzystając z ww.
danych kontaktowych

ਚ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
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اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"