

Obstetric and Gynaecology

Women's and Children's Services

Induction of Labour

This Information is for pregnant women, their partners and their families and aims to:

- Give information to help you make choices about induction of labour.
- Provide information on the main reasons for induction of labour.
- Provide information on the best methods of induction of labour.

The information is based on a current, national evidence based clinical guideline on the induction of labour.

What is labour and the induction of labour?

In most pregnancies labour starts naturally between 37 and 42 weeks leading to the birth of the baby.

During pregnancy your baby is surrounded by a fluid filled membrane which offers protection whilst he or she is developing in the uterus (womb). The fluid inside is called amniotic fluid.

In preparation for labour the cervix (neck of the womb) softens and shortens. This is sometimes referred to as the “ripening of the cervix” or effacement.

Before or during labour, the membranes rupture (break) releasing the fluid. This is often referred to as “your waters breaking”.

During the labour the cervix dilates (widens) and the uterus contracts to push your baby out.



Patient Information

Induction of Labour is a process designed to start labour artificially.

When is induction recommended?

When it is felt that you or your baby's health is likely to benefit, the midwife or doctor at post mature clinic may offer you induction of labour. On average about one in six labours are induced.

There are a number of reasons why induction may be offered, for example if you have diabetes, or high blood pressure. The most common reason is because you have gone 12 days past your due date.

When induction of labour is being considered, your doctor or midwife will fully discuss your options with you before any decision is reached. This should include explaining the procedures and care that will be involved and whether there are any risks to you or your baby.

If you are healthy and had a trouble free pregnancy, induction of labour may be offered if:

- Your pregnancy is more than 40 weeks + 12 days
- Your waters break before labour starts

Some common reasons for the induction of labour:

If your pregnancy is more than 40 weeks + 12 days

Even if you have had a healthy trouble free pregnancy, you may be offered induction of labour after 40 weeks +12 days in accordance with national guidance.

If you choose not to be induced at this stage then you will be offered:

- Twice weekly checks of your baby's heartbeat using a piece of equipment called an electronic fetal heart monitor.
- Twice weekly ultrasound scans to check the depth of the amniotic fluid (or waters) surrounding your baby.

An ultrasound scan in early pregnancy (before 20 weeks) can help to determine your baby's due date more accurately. This reduces your chances of unnecessary induction.

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If your waters break before labour starts

Sometimes a woman's waters break before labour starts. This happens in about one in twenty pregnancies and is known as pre labour rupture of the membranes (or PROM). When this happens, about eight out of ten women will go into labour naturally within twenty-four hours.

If you are more than 37 weeks pregnant and your waters have broken but you have not gone into labour we suggest a wait and see approach to see if labour will start naturally. If you have not gone into spontaneous labour within a 24 hour time period, induction will be recommended.

How labour is induced (started)

There are a variety of methods that can be used to induce labour. You may be offered one or all of the methods described below depending on your individual circumstances.

Membrane sweeping

This has been shown to increase the chances of labour starting naturally within the next 48 hours and can reduce the need for other methods of induction of labour.

Membrane sweeping involves your midwife or doctor placing a finger just inside your cervix and making a circular sweeping movement to separate the membranes from the cervix. It can be carried out at home, or at an outpatient appointment or in the hospital. It works better if the cervix is slightly favourable (opening and softening).

If you have agreed to induction of labour, you should be offered membrane sweeping, before other methods are used. The procedure may cause some discomfort or slight bleeding, but will not cause any harm to your baby and it will not increase the chance of you or your baby getting an infection. Membrane sweeping is not recommended if your membranes have ruptured (waters broken).

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Using prostaglandins

Prostaglandins are drugs that help to induce labour by encouraging the cervix to soften and shorten (ripen). This allows the cervix to open and contractions to start.

Prostaglandins are administered in hospital and are given as a pessary.

Propess is a single pessary that is inserted into the vagina and lasts for 24 hours, if after this time it is still not possible to break your waters the pessary will remain inside for a further 8 hours. After this time the pessary will be removed and you may be 'rested' for 12 hours. A second propess will then be administered.

Before giving prostaglandins your midwife or doctor will check your baby's heartbeat. After being given prostaglandins you should lie down for approximately 30 minutes to ensure the absorption of the pessary. Once contractions start your midwife will monitor your baby's heartbeat using a CTG (Cardiotocograph) monitor. Once it is established that everything is normal, in a low risk pregnancy the CTG (Cardiotocograph) should be disconnected and you will be able to move around. In a high risk pregnancy there will be more frequent monitoring. If you are unsure, a midwife can explain which group you fall into.

If we cannot induce your labour, the doctor will discuss the options with you.

Artificial rupture of membranes

As part of the induction process, a procedure called amniotomy may be recommended. This is when your midwife or doctor makes a hole in your membranes to release (break) the waters. This procedure will be done through your vagina and cervix. This will cause no harm to your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort. This part of the induction procedure will take place on the Labour Ward.

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Using oxytocin

Oxytocin is given in the delivery room on the labour ward. This is a drug that encourages contractions. Oxytocin is given through a drip and enters the blood stream through a tiny tube into a vein in the arm. Once contractions have begun, the rate of the drip can be adjusted so that the contractions occur regularly until your baby is born. You will need to have the baby's heartbeat monitored throughout the labour but you will still be encouraged to mobilise and remain in upright positions. Unfortunately it is not possible to use the water for pain relief whilst being electronically monitored.

Very occasionally prostaglandins or oxytocin can cause the uterus to contract too much, which may affect the pattern of your baby's heartbeat. If this happens you will be asked to lie on your left hand side and the drip will be turned down or off to lessen the contractions. Sometimes another drug will be given to counteract the oxytocin and lessen the contractions.

Please note that under certain circumstances, some methods of induction of labour are not appropriate, but this will be discussed with you.

Booked induction of labour procedure

- Usually admission is on the day of induction, either to the Labour ward or Ward 24. Sometimes you may already be an in-patient when the decision to induce is made.
- On admission a midwife or doctor will come to see you. After an introduction and review of your understanding of procedure, you will be advised to empty your bladder.
- The midwife will feel your tummy prior to the procedure to confirm which way your baby is lying. A monitoring of your baby's heartbeat will be performed for at least twenty minutes to ensure baby's well being, before starting the induction process.
- An internal examination will be performed to establish which method of induction is appropriate. If this is prostaglandin, the pessary will be inserted at this time.
- You will be asked to rest on your bed for approximately 30 minutes after the administration of the pessary.

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- You will have a midwife allocated to your care who will be able to advise you throughout the induction process.

Occasionally your induction process may need to be delayed, for example, if the labour ward is very busy. We apologise in advance if this occurs. We will give you an explanation for the delay and will aim to induce you as soon as safely possible.

Induction of labour can often take a few days so please come prepared for your stay with us.

One birth partner of your choice is welcome to attend with you during your induction of labour with us. If at 8pm your labour has not begun then we would ask for your birthing partner to return home.. If labour begins during the night your midwife will be happy to contact them to return. If contractions have begun during the day, your partner is welcome to stay to support you. However please be advised the ward is unable to provide refreshment or showering facilities for your partner.

If you are being induced on Ward 24 then 2 other visitors are welcome between 7pm – 8pm (please be advised that no children are allowed on the ward other than your own)

Please be advised that if you are being induced on the Labour Ward only your 2 chosen birth partners are able to attend at all times. There is no visiting allowed on the Labour Ward.

The advice in this booklet is adapted from a guideline produced by the Royal College of Obstetricians and Gynaecologists (RCOG) on behalf of the National Institute for Clinical Excellence (NICE) for the NHS in England and Wales. You can visit the NICE website at www.nice.org.uk or the Royal College of Obstetricians and Gynaecologists at www.rcog.org.uk

Patient Information

Women's and children's Services: Tel 024 7696 7422

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the Antenatal clinic and we will do our best to meet your needs.

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