Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Maternity

Induction of labour

This information is based on national clinical guidance and is for pregnant women, their partners and their families and aims to:

- Give information to help you make choices about induction of labour.
- Explain the main reasons for induction of labour.
- Provide information on the different methods of 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 they are 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 labour, the cervix dilates (widens) and the uterus contracts to push your baby out.

Induction of labour is the process of starting labour artificially. Induced labour may be more painful than spontaneous labour.

When is induction recommended?

When it is felt that you or your baby's health is likely to benefit from birth, the midwife or doctor may offer you induction of labour. About 1 in 3 women in the UK have their labour induced.

Induction of labour may be offered if:

- Your pregnancy is more than 41 weeks
- Your waters break before labour starts
- You have a health condition such as diabetes or high blood pressure.

When induction of labour is being considered, your doctor or midwife will fully discuss your options with you before any decision is reached.

This will include explaining the different procedures and care that will be involved, and the benefits and risks to you or 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.

If your pregnancy is more than 41 weeks

Even if you have had a healthy and trouble-free pregnancy, you may be offered induction of labour after 41 weeks.

There are some risks associated with a pregnancy continuing beyond 41 weeks and the risks may increase over time. These include:

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

If you choose not to be induced at this stage, you will be offered increased monitoring from 42 weeks, which may include:

- 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.

Monitoring only gives information on how your baby is at that moment. It can help you choose your options for birth.

Scans and heartbeat checks cannot reliably predict any changes after the monitoring ends. Adverse effects on the baby (including stillbirth) cannot be predicted or prevented with monitoring.

You can change your mind at any point. Contact your midwife if you would like to discuss inducing labour, or as soon as possible if you have any concerns about your baby (for example, reduced or altered fetal movements).

If your waters break before labour starts

Sometimes a woman's waters break before labour starts. This happens in about 1 in 20 pregnancies and is known as prelabour rupture of membranes (known as PROM).

60% of women with a prelabour rupture of membranes will go into labour within 24 hours without any interventions. If your pregnancy is 37 weeks or more, and you have not gone into spontaneous labour within 24 hours after your waters have broken, induction of labour is recommended.

You might be advised have induction of labour following rupture of membranes without waiting for 24 hours depending on your individual circumstances such as if your baby is at risk of serious infection.

Previous caesarean section

For women who have previously had one or more caesarean births, induction of labour could lead to an increased risk of emergency caesarean birth and uterine rupture.

The methods used for induction are guided by the need to reduce these risks. Some medications used for inducing labour are not suitable for women who have previously had a caesarean section.

Your midwife or doctor will explain your options and the related benefits and risks to you or your baby.

How labour is induced (started)

There are a variety of methods that can be used to induce labour. You may be offered one or more 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, during an outpatient appointment, or in hospital. It works better if the cervix is slightly favourable (opening and softening).

Membrane sweeping will be offered before all other methods of inducing labour but is not recommended if your membranes have ruptured (if your waters have broken). You may choose to have additional membrane sweeping if labour doesn't start spontaneously after the first sweep.

You might experience pain, discomfort, and vaginal bleeding from the procedure, but it will not cause any harm to your baby and will not increase the chance of you or your baby getting an infection.

Pharmacological and mechanical methods

Before starting induction, you will be offered a vaginal examination to assess the readiness of the cervix (recorded as the “Bishop score”). This will help decide the most appropriate method of induction.

Your baby’s position will be assessed by feeling your abdomen, and the baby’s heart rate pattern will be checked using electronic monitoring.

Prostaglandins (dinoprostone)

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.

The prostaglandin called dinoprostone can be administered in hospital using either a pessary called Propess® or vaginal gel called Prostin E2®.

After a dose of prostaglandin has been given, you should lie down for approximately 30 minutes to ensure the drug is absorbed. Your baby’s heart rate will be monitored during this time to check for any changes.

Once contractions start, your midwife will monitor your baby’s heartbeat using a CTG (cardiotocograph) monitor. The frequency of CTG monitoring will depends on whether your pregnancy has been assessed as low or high risk. A midwife can explain which group you fall into.

Propess

Propess is a vaginal delivery system that is inserted into the vagina (like a pessary) and releases a type of prostaglandin called dinoprostone slowly over 24 hours.

Once regular contractions are established, or if your waters break, the Propess system will be removed by the midwife or doctor by slowly pulling on a piece of tape attached to the device.

Propess will be removed after 24 hours even if your labour has not started. The doctor will discuss alternative methods of inducing labour with you.

Prostin E2 gel

Prostin E2 is a vaginal gel that contains the prostaglandin dinoprostone. A small amount of gel will be inserted into the vagina. The actual dose depends on whether you have previously given birth and how “ripe” your cervix is.

If labour has not started after 6 hours, you will be offered a vaginal examination. If your cervix is not ready for the next stage of labour, you might be offered a second dose of gel.

Cervical ripening balloon (CRB)

Labour can be induced mechanically by inserting device called a “Foley’s catheter” into the vagina. A tube with a small balloon is inserted inside the vagina which is then inflated using sterile fluid. This applies internal pressure which increases the amount of prostaglandin and/or oxytocin in the cervix. These are the hormones that start the ripening of the cervix and induce labour.

Induction with Foley’s catheter is a safe option for women in whom induction with drugs is not suitable. After insertion, a CTG monitor will be used to assess the baby’s heart rate.

The catheter will be removed 12 to 18 hours after insertion.

If your induction of labour has not been successful following prostaglandin or balloon catheter, the doctor will discuss different 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.

Oxytocin

Oxytocin is a hormone that encourages contractions and is a drug offered following amniotomy. It is given on Labour Ward as a medicine by intravenous infusion (a drip through a tiny tube in the 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.

Side effects

Very occasionally, prostaglandins or oxytocin can cause the uterus to contract too much – a condition called uterine hyperstimulation – which may affect the pattern of your baby's heartbeat. This is more common in women who have previously had a caesarean section.

If this happens, you will be asked to lie on your left-hand side. Propess will be removed (if in situ) and/or the oxytocin drip stopped or reduced to lessen the contractions. Prostin E2 gel cannot be removed but no further doses will be given. Sometimes another drug will be given to counteract the medication(s) 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

- Admission is usually on the day of induction – either to the Labour Ward or Ward 24. Sometimes you may already be an inpatient 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. Your baby's heartbeat will be monitored for at least 20 minutes to ensure baby's wellbeing before starting the induction process.
- An internal examination will be performed to establish which method of induction is appropriate. If prostaglandin is recommended, a dose of dinoprostone will be given into the vagina.
- After administration, your baby's heart rate will monitored, and you will be asked to rest on your bed for approximately 30 minutes.
- A midwife will be available 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.

Birth partners and visitors

One birth partner of your choice is welcome to attend with you during your induction of labour with us. If contractions have begun during the day, your partner is welcome to stay to support you overnight. However, please be advised that the ward is unable to provide refreshments or showering facilities for your partner.

If you are being induced on Ward 24, then two other visitors are welcome between 7pm – 8pm. Please note that no children are allowed on the ward other than your own.

If you are being induced on the Labour Ward, only your two chosen birth partners can attend at all times. There is no visiting allowed on the Labour Ward.

Further information

If you have any other questions or need further information, please call the Maternity Department on 024 7696 7422.

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

The Trust operates a smoke free policy.

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