



Induction of Labour

Department of Midwifery and Women's Health

A patient's guide



What is induction of labour?

Induction of labour is a process designed to start labour artificially. On average about one in five labours are induced.

Why would your labour be induced?

Induction of labour is recommended when it is felt that you or your baby's health is likely to benefit from delivering your baby.

There are a number of reasons why your doctor or midwife may offer or recommend inducing your labour. **The most common reason is because your baby is overdue.**

Induction of labour is recommended from 12-14 days past your 'due date'. This is because from this stage the risk of your baby developing health problems increases. It is known that in some cases the placenta may not function as well after this time. We will discuss this with you at your appointment at 41 weeks of your pregnancy.

Other reasons for inducing labour include:

- If there are concerns about your baby's growth.
- If you are having twins.
- If you have a medical problem such as high blood pressure or diabetes.
- If you are more than 37 weeks pregnant, your waters break and you have not gone into labour within 24 hours.
- If your age is 40 years or older.

Membrane Sweeping

A membrane sweep can be offered at antenatal appointments when you have gone past your due date. It increases the chances of labour starting naturally within 48 hours and reduces the need for other ways of inducing labour.

Membrane sweeping involves your midwife or doctor placing a finger inside your cervix and making a circular sweeping movement to separate the membranes from the cervix. This may cause some discomfort or bleeding.

Where will it happen?

- You will be given a date and time come to the Antenatal Ward, Maternity Day unit or the Labour Ward for your induction of labour to commence. Some women, who are low risk will attend the hospital to commence their induction and then go back home where as others may remain an inpatient throughout.
- The information about which pathway you be on will be given to you at the time your induction is booked.

How is labour induced?

There are three methods to induce labour. The methods used will depend on your pregnancy, medical history and the condition of your cervix (neck of the womb).

It is difficult to predict how long it will take to induce your labour. Some women will deliver their baby on the day their induction starts whilst others may take two or three days before they deliver.

- **A Gel called 'Prostin' or a pessary called 'Propess'** are inserted into the vagina to help encourage the cervix to soften and open. They both contain 'prostaglandins'. Before starting this treatment your midwife will check your baby's wellbeing by monitoring your baby's heartbeat.

After the prostaglandin has been inserted you will need to lie down for about half an hour, during this time the baby will continue to be monitored. Once it is established that everything is okay, the monitor will be discontinued and you will be able to walk around. It may also cause you to experience some contractions. We will listen to your babies heart beat every four hours if you are not feeling any contractions. If you are sleeping we will gently wake you so this can be done. Once your contractions are regular and uncomfortable we will listen to your baby more frequently.

You can eat and drink as normal until labour has started.

If you have been induced with the pessary (Propess), you will not need another examination unless you are contracting. You will be examined and the Propess removed if you are not in labour after 24 hours.

If you have been induced with the gel (Prostin), more than one dose of the gel may be needed to induce labour. The doses are usually given 6 hours apart. If labour has not started after a second dose of gel or it is not possible to break your waters you will be reviewed by the doctors.

When your cervix has opened a little, you will be transferred to the labour ward for your waters to be broken- rupture of membranes.

- **Rupture of membranes** involves breaking the waters around the baby by performing a vaginal examination and making a small hole in the membranes to allow water to leak out. This is called artificial rupture of membranes (ARM). It may cause you some discomfort but is not harmful to you or your baby.

- **Syntocinon** is a drug that is given on the Labour ward and it causes the womb to contract. It is given through a drip (a tiny tube into a vein in your arm) and enters the bloodstream. It may be necessary to use this drip if you have not gone in to labour with the gel or the contractions are not regular and labour is not progressing. This will only be done if your waters are already broken. Once contractions have begun the rate of the drip can be adjusted so that your contractions occur regularly until the baby is born.

While you are having Syntocinon the midwife will monitor your baby's heartbeat continuously.

Are there any risks?

There are some risks associated with having your labour induced, but these need to be weighed against the risks to you and to your baby in awaiting the labour to start naturally.

- **The induction process may fail.** Your doctor will then discuss further options with you. These will depend on the reason that you are being induced. The options will be to try again in 24-48 hours or to deliver the baby by caesarean section.

- If the induction of labour is before 41 weeks you are more likely to need a **caesarean section** than if you start labour naturally. However, once a pregnancy goes beyond 41 weeks the chance of needing a caesarean section is the same whether the labour is natural or induced.

- You are more likely to need an **assisted vaginal delivery** i.e. forceps or a ventouse (a suction cap applied to the baby's head).

- You may need **more pain relief.**

- There is a chance of **over stimulating the uterus** with the prostaglandin gel or the Syntocinon drip; for this reason we have clear guidelines on how much can be given and how often. The baby's heartbeat will be monitored carefully in all labours that are induced to make sure the contractions are not stressing the baby.

- If the baby's head is not engaged (well down in your pelvis) when the waters are broken, there is a **small chance of the cord coming out in front of the baby's head**; this is called a 'cord prolapse'.

Please speak to your specialist doctor and/or midwife before you come into hospital if you have any concerns about these risks.

If you have any further questions

Please phone these contact numbers:

Community Midwives Base - 020 7288 3482

Labour Ward - 020 7288 5502

Maternity Assessment Unit (Triage) - 020 7288 5880

Patient advice and liaison service (PALS)

If you have a question, compliment, comment or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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