Brighton and Sussex University Hospitals NHS Trust

Information about having your labour induced

A Parent Information Leaflet

If your baby is over-due

This leaflet:

- Is for pregnant women, their partners and families;
- Gives information to help you make choices about induction of labour – everyone has the right to be fully informed and share in decision making;
- Provides information on how labour is induced;
- Is based on national evidence from clinical guidelines on induction of labour ('NICE' – National Institute for Clinical Excellence – Guidelines);
- Summarises risks and benefits of having your labour induced.

What is induction of labour?

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of the baby. Induction of labour or 'being induced' is a process that starts your labour artificially.

When is induction of labour recommended?

When it is felt that your health – or your baby's health – is likely to benefit, the midwife or doctor may offer and recommend induction of labour. In the UK, on average one in five women will have their labour induced.

When induction is being considered, your midwife or doctor will fully discuss your options with you before any decision is reached. They should also explain all the procedures and care involved and whether there are any risks to you and your baby.

There are a number of medical reasons why induction of labour may be offered and recommended; for example, if you have diabetes, pre-eclampsia (high blood pressure) or a small baby. Induction of labour is also recommended for all women if:

- Your pregnancy lasts beyond 41 weeks, and / or;
- Your waters break before labour starts.

If your pregnancy is more than 41 weeks...

Even if you have had a healthy, trouble free pregnancy, you will be offered induction of labour between 41 and 42 weeks. This is in line with national (NICE) guidelines. Induction of labour is offered at this stage because the risk of your baby developing health problems increases if your pregnancy goes some time over the due date. These problems include a small increased risk of stillbirth.

An induction because you are overdue does not increase the chance of you needing a caesarean section.

What happens if I decide not to be induced?

If you choose not to be induced at this stage, from 42 weeks we will offer:

- Twice weekly checks of your baby's heartbeat by cardiotocograph ('CTG' or 'heart trace').
- A single ultrasound scan to check the amount of amniotic fluid (or 'waters') surrounding your baby.

However these tests cannot detect all problems and even if these tests are normal, your baby is still at a small increased risk of stillbirth usually because the placenta may become less efficient.

How is labour induced (started)?

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

Membrane sweeping

Membrane sweeping involves your midwife or doctor performing a vaginal examination and placing a finger just inside your cervix (neck of the womb) and making a circular sweeping movement

to separate the membranes from the cervix, stimulating natural hormones to be released. This has been shown to increase the chances of your labour starting naturally within the next 48 hours and can reduce the need for other methods of induction of labour.

This procedure is usually offered to you as the first method to try and start your labour. You do not need to come to hospital for a sweep; it is often performed by your community midwife at a routine antenatal check, either at home or in the clinic.

The procedure may cause some discomfort and slight bleeding, but will not cause any harm to your baby.

Using prostaglandins (Propess / Prostin)

Prostaglandins are drugs that help induce labour by encouraging the cervix to soften and shorten (ripen). This allows the cervix to open and contractions to start. They are used if the cervix is not open enough to reach the membranes and break the waters (see later). Prostaglandins are normally given as a pessary that is inserted into the vagina.

This Trust uses two different forms of the drug: Propess and Prostin.

Your doctor or midwife will talk to you about which form of the drug is most appropriate for you. Both drugs are effective but are used in different circumstances.

- Propess may be used if your pregnancy has been straightforward and you are being induced only because your pregnancy is overdue (between 7 and 14 days over your due date). Full details of the process of induction with Propess may be found in the leaflet 'Inducing your labour with Propess' which you should receive from your doctor or midwife with this leaflet. You may be able to have propess inserted and go home to await events, then return to the maternity unit when labour starts.

- Prostin is used if you are being induced because your waters have broken before labour has started, if there are any concerns about the health of you or your baby, if your pregnancy has had any complications or if you are less than 7 or more than 14 days over your due date. You will be advised to remain in the maternity unit whilst you wait for labour to start.

  If you are being induced because your waters have broken with out labour starting, only one dose of Prostin will be given.
  In most other situations, more than one dose may be needed to induce labour. Doses are given at least six hours apart. Two doses a day are given, over two days. We advise that you stay in hospital once the induction has started. You will need to stay in overnight if your labour has not started by the evening. In this case your partner / birth partner will have to go home, but would be contacted to return if labour starts overnight

Before giving any prostaglandins the midwife will check your baby's heartbeat using a CTG. After being given prostaglandins, the baby's heartbeat will be monitored for at least another thirty minutes. Once it is established that everything is okay, the monitoring will be stopped and you will be able to move around.

There is no evidence to suggest that labour induced with prostaglandins is any more painful than labour that has started naturally, however it can cause vaginal soreness. Sometimes, prostaglandins cause contractions before labour starts or becomes fully 'established', this may require pain relief.

Very occasionally prostaglandins can cause the uterus (womb) to contract too much and this may affect the pattern of your baby's heartbeat. If this happens the midwife will ask you to lie on your left side to try and correct the heart trace and you will be monitored closely on the labour ward.

Prostaglandins are generally not used if you have had a caesarean section in the past because they may increase the risk of uterine rupture. This means the scar on the womb from the previous caesarean thins out and may open up. However, you may be offered one of two other procedures which are described next.

Artificial rupture of the membranes (ARM)

If your waters haven't broken, we may recommend a procedure called ARM. This is when the midwife or doctor makes a hole in your membranes to release or 'break' the waters. This is done through the vagina and cervix using a small plastic instrument. It will not harm your baby but the vaginal examination may cause you some discomfort.

Using a Syntocinon drip

This is a drug that encourages contractions. It is similar to the natural hormone oxytocin that a woman's body produces when she is in labour. You will be cared for on the labour ward if you require this drug. It will only be used after your waters have broken.

Oxytocin is given through a drip into your arm. Once contractions have begun, the rate of the drip can be adjusted so that your contractions are regular and strong. Your baby's heartbeat will be monitored continuously using a cardiotocograph (CTG) machine.

Having a drip and being monitored will make it more difficult for you to mobilise during labour. We will encourage you to stand, squat or sit, but you will not be able to have a bath, use the birth pool or move from room to room. Women who require Syntocinon are more likely to request an epidural to help with pain.

Please be aware that induction of labour can be a long process. It may take as long as 12 to 48 hours before your labour even starts.

Generally, when an induction of labour is started you are committed to continue and possibly use all the methods described in this leaflet.

We will give you a date for induction and tell you where to come. You are welcome to have someone with you. Please take note of the ward visiting times.

A summary: The risks and benefits of induction

If there are no complications, induction of labour between 41 and 42 weeks has the following risks and benefits:

Possible risks

- A membrane sweep may cause discomfort and slight bleeding.
- Using prostaglandins does not make labour more painful but may cause vaginal soreness.
- Using an oxytocin drip requires continuous monitoring of your baby's heartbeat, will limit your mobility and can be more painful so you might be more likely to request an epidural for pain relief.
- Both prostaglandins and an oxytocin drip can cause the uterus to contract too much (which may, in turn affect the baby's heart rate), which may lead to more interventions.

Benefits

- Reduces the risk to your baby's health.
- Does not increase your chance of having an instrumental delivery (by forceps or ventouse – suction cup applied to the babies head).
- Increases the chance of your labour starting within the following 48 hours.
- A membrane sweep will not increase the risk of infection to you or your baby.
- Using an oxytocin drip ensures that contractions are regular.

We hope that this leaflet answers all of your questions.
If you have any queries, please discuss these with your doctor or midwife.

The NICE guidelines for induction of labour can be found on the website: www.nice.org.uk

NICE guideline published July 2008 CG70 Induction of Labour

If you require this document in a language other than English please inform your interpreter or a member of staff.

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Ref number: 479.1
Publication Date: January 2015 Review Date: January 2017