Induction of Labour
(with intact membranes)

Date of induction of labour.........................

Please come to Rothschild ward at: 8.00am / 11.00am

Please bring your handheld notes with you

Information for pregnant women their partners and their families

This leaflet has been written to help you and your partner understand what might happen during an induction of labour.

How can I help reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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If you require a translation of this leaflet please contact the Antenatal Screening Co-ordinators
What is induction of labour?
Most women will start labour spontaneously by 42 weeks of pregnancy. Induction of labour is the process designed to start labour artificially. On average approximately 1 in 5 labours are induced. There are a number of reasons why induction may be offered and recommended. For example, if you have a medical condition in pregnancy such as diabetes or high blood pressure (pre-eclampsia) and there comes a time when it is clinically indicated that giving birth would benefit the health of you or your baby. The most common reason for induction of labour is to avoid the risks associated with a prolonged pregnancy (a pregnancy lasting longer than 42 weeks).

How your body prepares to give birth
During pregnancy your baby is surrounded by amniotic fluid, often called the ‘waters’ and these are contained within the membranes (the sac) which offers protection to your baby whilst developing in the womb (uterus).

In preparation for labour the neck of the womb softens and shortens. This is sometimes referred to as ‘ripening of the cervix’ and can sometimes take a few days to occur.

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

The process of labour involves the cervix opening (dilating) and the uterus contracting to push your baby out.

When is induction recommended?
At the 38 week antenatal visit your midwife or obstetrician should offer to discuss the induction process with you and the clinical indications for induction (eg avoiding a prolonged pregnancy) They should talk to you about the risks and benefits of induction, explain the alternatives and advise you about further sources of information. This gives you plenty of
We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

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time to discuss induction with those close to you and ask any questions before the possibility of induction of labour is recommended.

If you have had a healthy uncomplicated pregnancy, induction of labour will be offered at 40 weeks plus 12 days in order to give you time in your pregnancy to start labour naturally.

**If your pregnancy is more than 41 weeks**
Induction of labour is recommended from 40 weeks plus 12 days because the risk of your baby developing health problems begins to increase from 42 weeks. The risk of stillbirth is 3 babies in every 3000 births after 42 weeks compared to 1 in 3000 at 37 weeks.

If you choose not to be induced at this stage, you and your obstetrician will make a plan of care from 42 weeks which at a minimum will include:

- Twice weekly checks of your baby’s heartbeat using a piece of equipment called an electronic fetal heart rate monitor or cardiotocograph (CTG).
- An ultrasound scan to check the amount of water (amniotic fluid) surrounding your baby.

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

**Membrane Sweeping**
Before you are offered an induction you should be offered a membrane sweep. This has been shown to increase your chance of starting labour naturally within 48 hours and can reduce the need for other methods of induction of labour.

Membrane sweeping involves a vaginal examination during which your midwife or doctor will place a gloved finger just inside your cervix and make a circular, sweeping movement to separate the membranes from the cervix. It can be carried out at home, at an outpatient appointment or in hospital.
Membrane sweeping may cause some discomfort or light bleeding but will not cause any harm to your baby. You should be offered a membrane sweep at your 40 and 41 week antenatal appointments during your first pregnancy or your 41 week antenatal appointment if you have had a baby before. Membrane sweeps should not be performed if your waters have broken.

**How is labour induced?**  
There are a variety of methods that can be used to induce labour. You may be offered one or all of the methods described, depending on your individual circumstances. Once started, the induction process continues until your baby is born.

**Prostaglandins**  
Prostaglandins are drugs that act like natural hormones to start labour. They are either given as a tablet known as Prostin® (dinoprostone 3 mg) or as a pessary known as Propess® (dinoprostone 10 mg), either of which is inserted into the vagina. This is undertaken in hospital on the antenatal ward or labour ward depending on the reason for your induction.

Before being given any prostaglandins your baby’s heartbeat will be checked for approximately 20-30 minutes using a cardiotocograph monitor (CTG). This will be repeated after the prostaglandin medication has been given. We will also monitor your baby’s heartbeat once contractions start.

First time mothers are given the Propess® vaginal pessary which will stay in place for 24 hours. It is removed if active labour starts.

If you have had a baby before, you will be given a Prostin® vaginal tablet. However, more than one dose may be needed to induce your labour. A second dose of the Prostin® tablet can be given 6-8 hours later if needed.

Induced labour may be more painful than spontaneous labour.

**Further information**  
For further information about induction of labour and all other aspects of pregnancy and childbirth talk to your midwife or doctor.

- MIDIRS Informed Choice leaflets can be found at www.infochoice.org. These are downloadable information leaflets on many aspects of labour and birth, including induction.

**Useful numbers**  
Antenatal Clinic: 01296 316140 01494 425569  
(Stoke) (Wycombe)

Labour Ward: 01296 316103/4  
(Stoke)
and occasionally Prostin® can cause vaginal soreness. Pain management options will be discussed with you at your antenatal appointment and you will be supported with your pain management choices in labour.

Very occasionally prostaglandins 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 side. You may be given other medication to help relax the uterus and any tablet/pessary remaining in your vagina will be removed.

The aim of the prostaglandins is to either start your labour or to dilate the cervix enough that the membranes can be artificially ruptured (the waters broken). Occasionally, despite being given two Prostin® tablets or a Propess® pessary, the cervix does not dilate sufficiently to be able to rupture the membranes. In this circumstance the obstetrician will discuss the options with you. This may include offering you another dose of prostaglandins.

Artificial rupture of the membranes (ARM) or amniotomy (breaking of the waters)
If your waters have not broken a procedure called an amniotomy (ARM) will be recommended. This is when your midwife or doctor makes a hole in the membrane to release (break) the waters.

This procedure is performed during a vaginal examination using a small plastic disposable instrument. This will cause no harm to you or your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort. This procedure is performed on the labour ward.

Oxytocin Intravenous Infusion (hormone drip)
If active labour does not start following the rupture of membranes a drip containing synthetic oxytocin will be given to you through a plastic tube inserted into a vein. Oxytocin in
this form is a drug that mimics the natural hormones that cause contractions and therefore start labour.

The amount of synthetic oxytocin you receive will be increased to ensure you are contracting regularly (approximately 3-4 contractions in 10 minutes). If you start to contract too much the infusion rate can be reduced.

Whilst being given intravenous oxytocin your baby’s heartbeat will be monitored continuously by a CTG. The oxytocin drip can limit your ability to move around. Whilst it may be okay to stand up or sit down, it will not be possible to have a bath or move from room to room.

Women who have intravenous oxytocin are more likely to ask for an epidural in labour. An epidural is a form of pain relief provided by an anaesthetist (please discuss with your midwife if you need more information related to epidurals).

**Steps in the induction process**

- The reason(s) for inducing your labour will have been discussed with you and, with your agreement, a date for induction will be given to you.

- If it is your first baby you will be admitted at 0800hrs and if it is a second or subsequent pregnancy you are admitted at 1100hrs.

- You will be welcomed by the ward staff and shown to your bed. Once you have settled in, the facilities of the ward will be shown to you and you will be given any other information that is relevant to your stay in hospital. The midwife will monitor your baby’s heartbeat for 30 minutes and record other observations, eg blood pressure, temperature and pulse rate. You will be seen by a member of the maternity team and the type of induction that is suitable for you will be confirmed. This is a good time to ask any questions you or your partner may have. NB: It is important to bear in mind that several women may be admitted for induction of labour on the same day and your induction of labour will be started as soon as possible but occasionally delays can occur.

- **Women who are having their first baby.** An internal examination will be performed with your consent. If you require prostaglandins a pessary (Propess®) will be inserted into the vagina. This will stay in for 24 hours and be removed the following morning (sooner if you go into labour before then). This will take place on the Antenatal Ward unless you have been told you will need to have Propess® on the Labour Ward.

- **Women who have had a baby before.** An internal examination will be performed with your consent and, if needed, a Prostin® tablet will be inserted into the vagina. This will usually take place on the Antenatal Ward. After approximately 6 hours you will be assessed again including an internal examination and, if needed, a second Prostin® tablet may be given.

- You will be encouraged to sleep overnight and will need to stay in hospital. If you are not in active labour at the end of visiting hours your partner will be asked to go home and will be telephoned when you start to go into established labour. This enables you both to rest.

- If you have not already gone into labour, then 6 hours after your last Prostin® tablet or when the Propess® pessary is removed, you will be examined to determine if it is possible to rupture your membranes. If it is possible to rupture the membranes you will be taken to the Labour Ward as soon as they are able to accept you. If Labour Ward is very busy and are unable to accept you at that time, you should be aware that the next step of your induction process could be delayed for a few hours or even until the next day. We will keep you informed of events at all times. Once the induction process has started we would advise you to