

Welcome to our Induction Unit

Maternity

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We have put this booklet together to help you and your birth partners to understand what happens during the induction process, including how to manage it, as well as recommendations to help the onset of labour.

But first some important housekeeping information

Breakfast:

Breakfast is served from 7:30am onwards and consists of toast, cereals and hot drinks. Our support workers will organise this for you.

Lunch:

Lunch is served between 12:00pm and 1:00pm and the meals are served by the ward waitress off the hot plate in the main kitchen just outside the Induction Unit. The support staff will show you where to go. There is a good choice and you will be given a menu to choose from. If you have any special dietary requirements, please let us know.

Dinner:

Dinner is served between 5:30pm and 5:45pm and again the meals are served by the ward waitress off the hot plate from the main kitchen just outside the Induction Unit.

The kitchen on the Induction Unit is available for you to make hot drinks – tea, coffee and hot chocolate. Please help yourselves.

There is an ice machine providing ice and cold water which we encourage you to use.

Visiting:

Your birth partner is welcome to stay with you from 10:00am until 9:00pm. Please do not bring in your second birth partner if you have one, until transfer to Delivery Suite.

The visiting hours for everyone else are between 1:00pm and 2:00pm and 6:00pm and 7:00pm. If you have other children, they can visit at these times if you feel it's appropriate.

At 9:00pm, if there is no sign that you are going into labour your partner will be asked to go home until the morning. This allows both you and your partner to get some rest in preparation for labour and birth and also protects the privacy and dignity of the other patients. If your situation changes and you start to labour after your partner has left for the night, we will contact him/her to invite them back in to be with you.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

If you have any queries or if we can be of any assistance during your stay please do not hesitate to ask the midwife looking after you or our support workers on the unit.

Labour is a natural process that usually starts on its own between 37 and 42 weeks of pregnancy. Sometimes, labour needs to be started artificially and this is called 'induced labour.'

Why might induction be offered?

The most common reasons for induction of labour are to avoid a pregnancy lasting longer than 42 weeks (known as a prolonged pregnancy). The policy here at the Royal Wolverhampton NHS Trust is to induce at term (your due date) + 10 days.

Other reasons are if the waters around the baby break but labour does not start within 24 hours; medical reasons, such as raised blood pressure, diabetes or if your baby is small and growth is slowing down.

What happens during induction?

During the induction process you will be given drugs that act like the natural hormones that kick-start labour. These drugs are called prostaglandins (prostins) and act by softening or ripening the neck of the womb (the cervix) causing the womb to contract.

These drugs take the form of a gel (or occasionally, are used in tablet form) and are inserted into the vagina.

Prior to the insertion of the prostaglandin, the baby's heartbeat will be checked using a cardiotocograph (CTG) machine to assess the baby's wellbeing at the beginning of the process.

You will be attached to this for 30 to 40 minutes. If the CTG shows that your baby is well, then your midwife will do the internal examination.

This can be uncomfortable and it's helpful to try and relax as much as possible.

Prostaglandins can sometimes cause vaginal soreness and very occasionally, the womb may contract too much. If this should happen, you may be given some medication to stop this. Once the prostaglandin has been given, you will be asked to remain on the bed for an hour so that the drug can be absorbed.

You may begin to experience low back pain and period-like pains. This is likely to be due to the prostaglandin beginning to work – softening and ripening the cervix, and is not necessarily the onset of labour. This discomfort can usually be settled by having a warm bath or using a warm lavender wheat bag over the affected area which your midwife can give you if you like. After the hour, you will then be encouraged to mobilise.

The process will be repeated 6 hours later if you have not gone into labour, with a CTG monitoring of the baby's heartbeat and a vaginal examination to assess the cervix. If the cervix is still closed and unfavourable, you will receive a second prostaglandin gel.

This stage of the induction process can be very long and boring. It may feel as if nothing is happening, but please try to be patient, as the prostins do take time to work.

Whilst you are waiting for the hormones to work, eat and drink normally. Try to keep mobile and upright as this may help you to go into labour. For example; by walking round the unit or the hospital and its grounds. Unless of course your midwife, following clinical assessment, does not recommend you do so.

If at any time during this process you have concerns about your baby not moving, you experience any vaginal bleeding, the contractions become frequent and painful, or your waters break spontaneously, please inform your midwife.

Once the cervix is open it may be possible to break your waters.

This is usually done on Delivery Suite. It is important that we maintain the safety of all women in our care and, therefore sometimes there may be a delay in transferring you over to Delivery Suite if the unit is very busy. We will also transfer women in order of clinical need and not necessarily in order of induction. Whilst waiting to be transferred, your midwife will continue to monitor you to ensure both you and your baby are well.

What does 'breaking your waters' mean?

This is when the membranes holding the waters are artificially broken (artificial rupture of membranes or ARM) and is done with a narrow, sterile plastic hook. The hook is passed gently through the cervix and pierces a hole in the membranes surrounding the baby.

This will usually be done on Delivery Suite by the midwife caring for you as the next step in the induction process. Once the waters have been broken, it is normal for the water to continue to leak out throughout labour, particularly when you are having contractions, until the baby is born.

Sometimes when your waters have been broken, labour can start without any further intervention. If it does, we hope that labour will carry on just as if it had started naturally. If the contractions do not start, we will give you a hormone drip called syntocinon on Delivery Suite. This is a synthetic form of oxytocin (the hormone which starts contractions) which is given via a drip in your hand or forearm. If this is the first time you will have laboured, the syntocinon drip may be started relatively quickly after your waters are broken. If you have laboured before, we may wait two to four hours, depending on clinical assessment, to see if the contractions start without any further intervention. The dose of syntocinon will be very low at the beginning and it will be gradually increased over the course of a few hours and adjusted according to the strength of your contractions. When your contractions are strong and regular, we will usually offer vaginal examinations every four hours to check that labour is progressing.

Once the syntocinon drip has started, your baby will be monitored continuously with a CTG and we will encourage you to adopt comfortable, upright positions and move around your birth room as much as possible during labour.

What happens if it's not possible to break the waters?

It may be necessary to have a third prostin gel which would be given 24 hours after the first dose to further ripen the cervix – if breaking the waters is not possible. Sometimes, a 4th prostin is necessary if the cervix is unfavourable.

The induction process can sometimes take several days.

What happens if your waters have gone and you have not gone into labour?

You may have been admitted to the Induction Unit because your waters have gone and you have not gone into labour within 24 hours. You will be offered induction by one prostin gel (if required).

This is because the seal around the baby protecting him/her from potential infection has been broken and we want to prevent any risk of infection from developing.

You will then stay on the Induction Unit for a minimum of 6 hours before transfer to Delivery Suite where the syntocinon drip will be started (if you haven't gone into labour in the meantime). Sometimes, the transfer to Delivery Suite is delayed if the unit is very busy.

What about pain management?

For some women, induced labours can be more painful than spontaneous labours. You will be encouraged to use a range of coping strategies for managing pain and your midwife will discuss the options for pain relief with you. Feeling in control of your labour, with good support from your birth partner will make your labour much more manageable.

You will be offered support and whatever pain relief is appropriate for you – in the same way as if your labour had not been induced.

The use of labour oils and massage can be very effective (see further on in this booklet for more information.) Labouring in water is an effective form of pain relief and is available for use by low risk women.

If you don't go into labour after induction, the obstetrician will discuss the options with you.

Recommendations

Here are some recommendations that will help you during this induction process and will encourage labour to establish whilst you are here with us on the Induction Unit:

- Keep active and upright
- Keep well hydrated with plenty of water, ice and isotonic drinks
- Eat regularly to keep up your energy levels
- Relax and listen to some music
- Stay positive and trust your body
- Use the birthing ball to help ease any pain. Sitting astride the ball helps to open the pelvis and the head to descend into it during contractions
- Encourage your birth partner to use our aroma therapy oils to massage either your back, hands, feet, etc. Details of how to massage are included in this booklet
- Take a walk within the hospital grounds – just let your midwife know if you are leaving the ward (the stairs in particular might encourage the onset of labour)
- Don't wear yourself out – take a rest every so often
- Have a warm bath to help relax you and ease any back or period like pains
- Be in control
- Don't be afraid to ask for painkillers like paracetamol or co-codamol from your midwife to help ease any discomfort.

Hand expression of colostrum

Hand expression of colostrum can stimulate the hormones that help the body go into labour so it may be something you wish to do in the induction period to help things along. Please speak to your midwife for more information if you are interested.

Any colostrum collected can be saved to be fed to your baby if he or she is sleepy after birth. Colostrum contains vital immunological properties and helps to colonise the baby's gut with healthy bacteria that protect against allergy and disease. It also contains the perfect balance of proteins, fats and micronutrients needed for human babies as well as acting as a laxative to help the passing of the first meconium stools.

At the end of this booklet there are photos taken in this unit of positions you might like to consider in labour and birth. The more active you are in labour the more likely you are to have a normal birth.

The use of aromatherapy

We have a number of pre-blended aromatherapy oils on the Induction Unit and on the Delivery Suite for use in early labour and when labour has established.

1. **Mandarin** – promotes calmness and a sense of well-being
2. **Ylang ylang** – promotes calmness and relaxation
3. **Labour blend** – this contains lavender, clarysage and mandarin and enhances / stimulates contractions whilst helping to promote calmness. This can be used for pain relief
4. **Induction of labour blend** – this contains a stronger blend of lavender, clarysage and mandarin which stimulates contractions

Mandarin and ylang ylang can be used if you are receiving the syntocinon hormone drip.

Please note: If you are someone who is epileptic or you have low blood pressure, then the oils are not recommended for you.

The oils should not be administered by someone who is pregnant, who is epileptic or someone who has a low blood pressure.

Massage

Massage during early labour and once labour has established can be very beneficial. Touch is an important form of communication and in itself can be therapeutic.

Massage helps with regulating breathing.

It aids relaxation and can be a useful distraction from pain.

It reduces anxiety.

It gives a feeling of wellbeing.

It promotes an active role for birth partners.

The person who is massaging should concentrate on the speed and intensity of the breathing as the labour advances, slowing down the movements to control the breathing towards the end of the contraction. Give verbal instructions, if necessary.

Avoid breaking contact between the hand and the skin, continuing the movement throughout the contraction.

Use flat hands with full contact and avoid any poking with fingers or thumbs.

Massage should be **firm, rhythmic, continual and directional**.

(See diagrams later in the booklet).

Compress

This is an alternative to massage and can be helpful to ease discomfort.

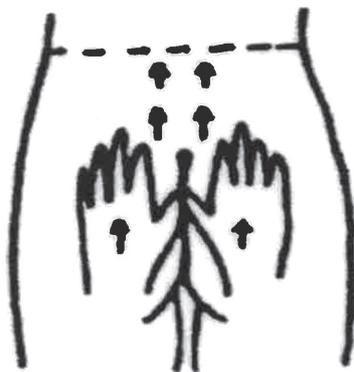
Use 2 – 3mls in a small bowl of water, soak a flannel or a pad in the water then squeeze out and apply the compress directly over affected areas, for example, the lower back.

Some suggested massage techniques:

From the side using one hand on the lower back.



From the back using both hands. – Breathe in.



Breathe out



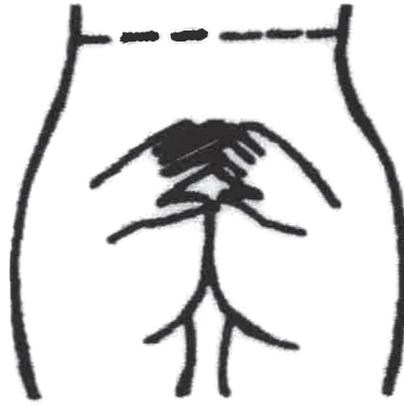
Pressure over the sacral joint – on one side.



Continual pressure in small circles on one side.



On both sides.



NHS

The Royal Wolverhampton
NHS Trust

Personalised Birth Choice and Experience on Delivery Suite

"The birth of a child should be a wonderful life changing time for a mother and her whole family. It is a time when the experiences we have can shape our lives and those of our babies and families forever. These moments are so precious and so important. It is the privilege of the NHS and healthcare professionals to care for women babies and their families in these formative times." (Cummerlege 2015; Better Births)

This care bundle has been designed for women who following risk assessment, at the onset of labour, have been identified as high risk.

Aim

- To ensure Midwives are advocating choice and support for women in their plans for birth.
- To ensure a personalised approach to care in line with local guidelines this is supported by evidence.

Rationale

Focus on ensuring safety and evidence based care, whilst providing a personalised birth experience for women and their families.

The Midwife will – Maintain Privacy and Dignity;

- Ensure privacy and dignity is maintained at all times.
- Ensure all health care professionals knock and wait prior to entering the birth room.
- Protect the woman to ensure that no-one enters the room whilst the woman is exposed.
- Ensure she is covered during intimate procedures or examinations and permit only essential staff to be present during this time.
- Explain to the woman the regime for Consultant and Co-ordinator ward rounds.
- Ask her permission before all procedures and observations focusing on the woman rather than technology, situation or documentation.

Provide an opportunity for Introduction and birth planning;

- Introduce woman and her partner to the birth environment, show her and birth companion(s) how to call for help, when leaving the room let her know you will return. (NICE2017).
- Adapt environment to meet the woman's individual needs.
- Women should be informed of risks (evidence based) and supported to make decisions which keep them as safe as possible (Better Births).
- Discuss with the woman and her birth partner their plans for birth.
- Perform thorough risk assessment and discuss this in conjunction with the woman's birth plan, use this information to support and guide her through labour (NICE2017).

Adapt the birth environment to ensure the following;

- Ensure the room is free from clutter and as homelike as possible.
- Adapt the lighting according to the individual needs of the woman.
- Invite the woman to listen to her own music or provide a choice of music.
- Encourage the woman to have own possessions around and to wear own clothing.

Assess and encourage coping strategies;

- Establish the woman's coping strategies.
- Support a woman who chooses to use breathing and relaxation techniques in labour.
- Sustained warmth (wheat bag) is known to soothe and relax and can ease pain particularly lower back pain.
- Support ideal hormone balance and hormone action in labour by providing a calm peaceful environment where a woman can find her own level of focus and coping methods.

Complementary therapies

- If a woman wants to use aromatherapy, acupressure, or hypnotherapy support her in her choice, but do not provide advice (NICE 2017).
- Support a woman who chooses to use massage techniques in labour – which have been taught to a birthing companion (NICE 2017).
- If the woman is lying down, foot or hand massage by birth partner can be beneficial.
- Ensure all caregivers are aware when a woman is using hypnotherapy as a coping strategy.
- Women planning VBAC or those receiving syntocinon should avoid the use of labour oil.

Discuss Positions for Labour and birth

- Encourage a woman to adapt her position explaining how regular changes in position and movement can benefit her – if the woman is resting the preferred position is left lateral.
- Encourage the woman to consider mobilising and adopting a comfortable position for birth
- Encourage use of aids as necessary to promote support, rest and comfort (pillows, birth ball, peanut ball, chairs, and recliner).
- Pillows – use pillows to support and aid comfort.
- Birthing ball – women may prefer the combitrac® ball (has more stable base).
- Birthing bed – useful to adapt to a chair position.
- Armchair – use for partners or for labouring women.
- Birthing stool – useful for descent.
- Floor mat.
- Ensure that there is adequate seating for the birth partner to enable him/her to continue being supportive throughout labour and birth.
- Women should be encouraged to birth their baby in the position they find most comfortable whilst maintaining safety.
- Any restrictions on birth positions should be discussed fully with the woman.

Consider Pain Relief Options

- Care of women who choose Epidural anaesthesia for labour:
- Women with low-dose epidural should be encouraged to gently mobilise.
- Perform a risk assessment using the risk assessment tool in guideline, after each top-up.
- For women with traditional epidural anaesthesia, ensure a frequent change of position, left lateral may be beneficial.

- Encourage and support a comfortable birth position by adapting the birthing bed.
- Continue to consider all other aspects of personalised care.

Pain Relief Pyramid



Continue to provide all other aspects of pain relief/care while moving through these options

Fetal surveillance

- Effort should be made to not let the use of continuous electronic fetal monitoring restrict the woman's ability to mobilise or change position.
- Women should be offered the use of telemetry cardiotocograph to encourage upright positions, aid mobility and use of wet rooms during labour.

Consider Second Stage

- Upright positions, encourage position most comfortable for women (RCOG 2009).
- Hands on or hands poised techniques can be used to facilitate spontaneous birth (NICE2017).
- Warm compress to perineum significant evidence in reduction of 3rd and 4th degree tears (RCOG2015, RCM2012).

Third Stage Support

- Care or intervention sensitive to importance of time around birth when woman and birth companion getting to know baby (NICE2017).
- Delayed cord clamping of at least 1 minute and up to 5 minutes, longer at woman's request(NICE2017, RCOG2015).
- Administration of oxytocin for active management of third stage does not have to be delayed when cord clamping delayed (RCOG2015).

Following birth

- All women should have the benefits of skin to skin explained to them.
- All women should be encouraged to have immediate skin to skin with their babies irrespective of mode of delivery.
- Ensure that the baby is kept warm – preferably wearing a hat and covered with dry towel while skin to skin maintained (NICE2017).
- Offer help with and throughout the first breastfeed

Safe & Effective | Kind & Caring | Exceeding Expectation

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English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。