

# Induction of Labour

Perinatal Services - Maternity

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.



This leaflet gives information on when and how a labour is induced.

## Introduction

Your Maternity Doctor or Midwife will explain the reasons for offering an induction of labour and talk you through your options and what to expect. **Please ask any questions to make sure you fully understand why induction of labour has been recommended.**

## What is Induction of Labour?

Induction of labour is when medical treatment is used to start the birthing process, instead of waiting for it to happen naturally.

Your Maternity Doctor or Midwife will talk to you about inducing your labour if there is a higher risk to you or your baby's health.

In most pregnancies, labour starts naturally between 37 and 42 weeks; over 82% before 41 weeks.

Research has shown that after 41 weeks of pregnancy, there is a higher risk of:

- Caesarean birth
- Baby needing to be admitted to the Neonatal Unit after birth
- Stillbirth and neonatal death

Inducing labour may lower these risks, so if labour has not started naturally at 41 weeks, a date for induction will be offered to you.

Your Maternity Doctor or Midwife may also offer induction of labour when:

- You have a medical condition that could affect the wellbeing of you or your baby (such as raised blood pressure or diabetes)
- Tests have shown an issue with baby (for example baby is growing slowly)

If your waters (contained in the membranes around the baby) have broken, to lower the risk of infection:

- You will be offered induction of labour straight away, or if **there are no other risk factors:**

- The choice to wait 24 hours to see if your labour starts naturally. If you choose to wait, you will be offered an appointment to come in and be induced

Induction of labour should start sooner if Group B Strep (GBS) has been diagnosed in your pregnancy.

## What happens if I need to be induced?

Your Maternity Doctor or Midwife will discuss the reason for induction and arrange a date for you to come to the Maternity Induction Unit (MIU) to start the process.

If the unit is very busy, we may have to change your date but only once a Maternity Doctor has checked your notes and agreed it is safe to do so. We may ask you to come to hospital for extra monitoring while you wait.

Before your induction date you will be offered a membrane sweep, unless there is a reason not to do this.

## What is a membrane sweep?

A membrane sweep, also known as a cervical sweep, is a quick procedure which may help to bring on labour if you are past your due date.

Unless your waters have already broken, you will be offered a membrane sweep before induction of labour.

Sweeps are done in the Maternity Unit and in the community by the Community Midwives.

Your Maternity Doctor or Midwife, by internal vaginal examination, will sweep their gloved finger around the neck of your womb (cervix). This action should separate the membranes of the fluid filled (amniotic) sac around your baby from your cervix. It also releases hormones (prostaglandins) to help your chances of labour starting naturally within 48 hours.

Some women find the procedure uncomfortable. You may get some cramping, vaginal bleeding and have a 'show' afterwards. The 'show' is a plug of mucous (sometimes blood stained) which comes away as the cervix starts to open.

## When will I need to come to hospital?

If you have agreed to an induced labour, you will have been given a date to come into the Maternity Unit:

- At 9am on your admission day telephone the Maternity Induction Unit (MIU) on 01902 694038
- The Midwife will tell you what time to attend that day
- If the Unit is very busy, the Midwife will ask you to wait for a call back with more information:
  - As inductions are started 24 hours a day, you may be asked to come in later that evening
  - If the induction will not be until the next day, you may be asked to come in to have your baby monitored

Once admitted onto the Maternity Induction Unit, you will be staying in hospital until you have had your baby.

An induction of labour can take a few days so it is good to be ready. Remember to pack:

- Snacks; food and drinks
- Things to do, for example, books, magazines, mobile phones, laptops, and headphones
- Comfortable clothing, for example, leggings, flip-flops or slippers

### While on the Unit

- Keep active; between your examinations gentle exercise is good, you can walk off the unit but stay within the hospital grounds. You can also use our birth balls
- Birth partners; ask your birth partner to keep your friends and family informed about your induction. This helps you to focus on your induction, remaining calm and relaxed

## How will I be induced?

When you arrive at the Maternity Induction Unit your Midwife will assess you and your baby. They will take your observations (for example your blood pressure) and monitor your baby's heart rate on a CTG monitor (cardiotocograph).

You will then need to have an internal examination to assess your cervix. This examination will help decide the best way to induce your labour.

### **Prostaglandin Gel**

When Prostaglandin gel (also known as Prostin) is put into the vagina, its hormone-like ingredients help the cervix to soften, shorten and open.

You will need to stay on the bed for 30-45 minutes after having Prostaglandin gel. After this time, you can move around as normal.

You may need more doses:

- If you need a second dose it will be given 6 hours later
- If you need to have a third dose it will be given 24 hours after your 1st dose
- Should you need a fourth dose it will be given 24 hours after the third

If we cannot break your waters after 4 doses of Prostaglandin Gel, a Maternity Doctor will check on you and your baby's wellbeing and look for any risks. Together you will agree a plan for your care which may be to:

- Offer you a break from treatment to rest if it is safe to do so
- Expectant management
- Have another try at inducing your labour – another Prostaglandin Gel or Dilapan (see below)
- Book a caesarean birth

This stage of induction can sometimes take quite a long time and may feel as if nothing is happening, so it is best that you try to stay relaxed.

## **Dilapan**

Dilapan is a gentle and steady way to induce labour without using chemicals or hormones.

These water-based gel 'rods' are offered to women who have had a caesarean section in the past as it is safer for them.

Dilapan rods can be tricky to put into your cervix, so you might be taken to the delivery suite as it is easier on their beds to get you into a more comfortable position. Entonox (gas and air) can be used if needed.

- An instrument called a speculum is put into your vagina to help the Doctor to see your cervix clearly
- 2-5 Dilapan rods are then placed through your cervix. The rods should get wider by 10-12mm over 24 hours
- After 15-24 hours the Dilapan rods will be taken out. Hopefully your cervix will now be open enough for your waters to be broken

## **Breaking your waters - Artificial Rupture of Membranes (ARM)**

Once your cervix is open enough to break your waters ("favourable") you can be transferred across to the Delivery Suite for Artificial Rupture of Membranes (ARM). Then you will stay on the Delivery Suite until your baby is born.

As you will have your own Midwife on the Delivery Suite, you might have to wait until one is free before you can be transferred. If this happens we know it can be frustrating.

While you are waiting to be transferred, please keep moving by taking some short walks and make sure you eat and drink often.

What to expect:

- A Maternity Doctor or Midwife will start with a vaginal examination
- A small rod instrument is used to break the membranes around your baby; this will not hurt your baby. The waters (amniotic fluid) around your baby will then start to drain away and within an hour or two you may start to have regular contractions. The amniotic fluid will carry on leaking until birth

## **Oxytocin**

Sometimes Prostaglandin gel and/or breaking the waters (ARM) is enough to start labour.

Many women also need an Oxytocin infusion to get their contractions going.

Oxytocin is a drug given on the Delivery Suite by drip into a vein in your hand or arm (infusion). A pump makes sure the dose slowly gets higher until you are having regular contractions. While you are being given Oxytocin, your baby's heartbeat will be monitored continuously by CTG.

## **Benefits of Induction of labour**

- ✓ May help a medical condition (such as raised blood pressure) from getting worse if the pregnancy carries on
- ✓ You give birth before the placenta does not work as well as it did earlier in the pregnancy
- ✓ May stop you or your baby from getting an infection if your waters have broken but labour has not started

## **Risks of Inducing labour**

- ! Induction of labour can take a long time and you can become tired and emotional
- ! Several vaginal examinations will be needed during induction (for example to insert medication and to check how your cervix is changing)
- ! You will have less choice of where you give birth; for example you might not be able to choose the Midwifery Led Unit or use the birthing pool
- ! Sometime the hormones we use can bring on too many contractions; if this happens you will be given medication to bring them back down
- ! Induced labours can unfortunately be more painful than natural labours which start at home. Your Midwife will help you to cope and manage your pain, talking you through your options



- ! While you are on the Maternity Induction Unit, your birth partner can only stay with you during visiting hours 10am – 10pm. This rule applies to everyone in all cases

Once you are transferred to the Delivery Suite, your birthing partner(s) can stay with you overnight.

## Why might my induction be delayed?

Midwives and Doctors understand that you may be upset if they have to start your induction later than planned or you have to wait to be transferred to the Delivery Suite.

Your induction of labour may be delayed if:

- There is no bed available on the Maternity Induction Unit
- The Delivery Suite is very busy so you are waiting for a Midwife to be able to give you one to one care

### **The safety of you and your baby is important.**

The Maternity Doctors and Midwives will keep checking on you and your baby while you are delayed. They will also review the level of risk and urgency for all those waiting in our maternity departments.

If someone else needs to be seen more urgently they may start their induction or be transferred to the Delivery Suite before you.

As we will check on you often, if things change for you or your baby meaning you need to be prioritised, we will do this.

## What facilities are there on the Induction Unit?

The Maternity Induction Unit is a secure ward with ten beds.

It has a kitchen, plus meals are provided 3 times a day; breakfast, lunch, and an evening meal. If you have any dietary requirements please let us know.

The induction unit has showers and two large baths for your use. Using water throughout induction can help you to relax and ease pain.

We also have birthing balls which can help your pelvic muscles to open giving room for baby to move down into your pelvis. A birthing ball can also help ease pain when used in a swaying and rocking rhythm. Your Midwives can talk to you about how best to use them.

## Visiting Hours

- 1 birth partner can visit from 9am until 10pm each day
- Your main birth partner can bring in siblings during the following times only: Mornings 10am-12pm and evenings 5pm-7pm

Your second birth partner will be able to join you once you have been transferred to the Delivery Suite for labour care.

**Sorry but we are not able to have birth partners stay with you overnight whilst you remain on the Induction Unit. Your birthing partner(s) will be able to stay overnight with you once you have been transferred to the Delivery Suite.**

## Useful Contact numbers

New Cross Maternity Triage Unit	01902 695037
New Cross Maternity Induction Unit	01902 694038
New Cross Delivery Suite	01902 694031
New Cross Midwifery-Led Unit	01902 694033



## 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。

Designed & Produced by the Department of Clinical Illustration,  
New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.