Patient Information

If you wish to defer or decline your Induction of Labour (IOL)

Introduction

This information leaflet will provide you with details about your choices if you wish to defer or decline your Induction of Labour (IOL). If you have any questions after reading the leaflet, please speak to a member of the midwifery team.

Declining an induction of labour

Declining an induction of labour means that the pregnancy will continue beyond the recommended timeframe.

While many pregnancies still progress safely, it is important to understand that continuing the pregnancy can increase certain risks for both you and your baby. This depends on the reason induction was advised, for example, prolonged pregnancy, maternal condition, fetal growth concerns.

Your plan of care

It is your right to be fully informed and to take an active role in decision making during your pregnancy and labour. If you choose not to be induced at the time, please tell the midwife or doctor caring for you during your pregnancy.

You will be offered an opportunity to discuss your choices with an obstetrician and/or a referral to speak with one of our **P**rofessional **M**idwifery **A**dvocates (**PMA**s) to discuss how your choices can be supported, and an individualised plan of care can be agreed.

Based on your individual circumstances, you will be offered additional checks to monitor the wellbeing of you and your baby. These will include:

- Ultrasound scans to assess blood flow in the umbilical cord and placenta.
- Checking the amount of amniotic fluid around your baby.
- Monitoring of your baby's heartbeat using a Cardiotocograph (CTG) to provide a snapshot your baby's wellbeing at that time.

Whilst these checks are helpful, they cannot predict how well the placenta will continue to function, and complications may still occur.

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Possible risks to you and your baby

If there reduced blood and oxygen going from the placenta to your baby, this can increase the risk of:

- **Stillbirth** – when a baby dies inside the womb.
- **Neonatal death** – when a baby dies within the first 28 days of life. This is low risk.
- **Reduced amniotic fluid** (oligohydramnios) – when there is less fluid around your baby.
- **Fetal distress** – when your baby shows signs of not coping well in the womb.
- **Meconium aspiration** – when your baby breathes in meconium (the baby's first poo) mixed with amniotic fluid, which can cause breathing problems after birth.
- **Fetal growth restriction**- when your baby's growth slows or stops.

To support you to make an informed decision, the table below shows the overall risk of stillbirth based on research of 15 million births.

At 40 Weeks	1 in 1000 (0.1%)	Very rare. 999 babies are born alive
At 41 Weeks	**2 in 1000 (0.2%)**	**Rare however slightly higher chance.**
At 42 Weeks	3 in 1000 (0.3%). This is almost double the risk of 41 weeks.	Risk increases as pregnancy continues.
At 43 Weeks	6-7 in 1000 (0.7%) This is more than double the risk of 42 weeks.	The risk is now more than double.

Your **own risk** may be different due to several factors which include:

- Being overweight (BMI over 30).
- Underlying medical problems.
- Your age.
- IVF conception.
- Your ethnic background.
- If you smoke.
- If there are clinical concerns that arise in your pregnancy.

In these situations, your midwife and doctor will discuss an individualised plan with you.

Other risks to your baby to be aware of include:

- **Macrosomia** (a large baby). This can increase the chance of complications during delivery, such as birth trauma.
- **Shoulder dystocia** – when the baby's shoulder gets stuck during birth.
- **Birth injuries**, such as brachial plexus injury (damage to nerves in the baby's shoulder or arm).
- **Cerebral palsy** (a condition affecting movement and coordination).
- **Low Apgar score** – a lower score given to a baby immediately after birth, which may indicate that they need extra care.
- **Brain damage**- resulting in long term developmental delays and/or disabilities.
- **Neonatal seizures** – fits or jerking movements in a newborn, which can be a sign of distress or injury.

Possible Risks to you

There are some risks to your health that can occur if labour does not start naturally or if complications arise. Your healthcare team will monitor you closely to reduce these risks which include:

- **Emergency caesarean section**. If labour does not begin on its own and complications develop; you may need an emergency caesarean section. This type of operation usually carries more risk than a planned (elective) caesarean.
- **Infection**. If your waters break and labour does not start within 24 hours; the risk of infection increases for both you and your baby. Your care providers will check for any signs of infection and may recommend treatment or induction if needed.
- **Worsening of existing conditions.** Certain medical conditions such as pre-eclampsia (high blood pressure in pregnancy) or diabetes can sometimes worsen if labour is delayed. Close monitoring helps to identify and manage any changes quickly.
- **Postpartum haemorrhage**. This means heavy bleeding after birth. Our teams are trained to manage this safely if it occurs.
- **Perineal damage during a vaginal birth.** There is a chance of tears or damage to the perineum (the area between the vagina and anus). Midwives and doctors will support you with techniques and care to help reduce this risk.

Your named midwife, hospital midwife or doctor will also have a discussion with you regarding your preferences for wellbeing checks and telephone calls whilst awaiting your birth.

Documenting your wishes can be kept within your notes which help us to avoid any unwanted telephone calls or home visits if we cannot make contact with you.

When making decisions about your care, consider the **B**enefits, **R**isks, **A**lternatives, **I**ntuition and **N**othing (**BRAIN**)

Useful resources

www.nct.org.uk

www.nct.org.uk/information/labour-birth/what-happens-labour-birth/induced-labour-and-membrane-sweeps-reasons-benefits-and-drawbacks.

www.patient.info/

www.birthrights.org.uk/

www.aims.org.uk/