Patient Information

Induction of Labour (IOL)

Introduction

This leaflet will provide you with information on an induction of labour and how we can support you to safely have your baby and help you to have a positive birth experience.

It is your choice whether to proceed with an **I**nduction **o**f **L**abour (**IOL**). An obstetrician and midwife will help and support you to be able to make an informed choice that aligns with your individual circumstances and preferences. Potential benefits and risks of induction will also be discussed with you.

You will be given time to make your decision and will have the opportunity to speak with your family about it.

If after reading the leaflet you have any further questions, please speak to a member of the midwifery team and ask to be given the 'If you wish to defer or decline your induction of labour' patient information leaflet. This will support you to make an informed decision.

What is an Induction of Labour (IOL)?

A natural labour starts on its own from 37 weeks of your pregnancy. Sometimes the natural process of labour needs to be started off by inducing, referred to as 'induction of labour'. It can have both positive and negative impacts on a birth experience.

To start an induction of labour involves medical treatments which are used to start up or speed up labour. This does not mean it is not a natural process and in many cases, a vaginal delivery is still achieved.

Once labour is established, some women experience rapid progress whilst others may take some time to get started.

Why have an Induction of Labour (IOL)?

Reasons to have an induction of labour include:

- To avoid a pregnancy lasting longer than 41 weeks.
- If your waters break but labour does not start on its own.
- If there are problems in pregnancy which can affect either you or your baby's wellbeing such as high blood pressure, diabetes or concerns regarding the growth of your baby.
- If there is reduced fetal movements.

An induction of labour can have both positive and negative impacts on a birth experience which may include:

- **Control over timing** can be beneficial for various medical reasons that may affect mum or baby.
- **Increased interventions** may include continuous monitoring of your baby's heartbeat, the need for increased options of analgesia or a caesarean delivery depending on individual circumstances.
- **Stronger contractions** may be experienced which are more intense and painful compared to spontaneous contractions. This may require increased pain management.
- **Emotional impact** leading to feelings of disappointment or frustration if the birth experience does not go as planned or if interventions are necessary.

If an induction of labour is unsuccessful, and you do not go into labour, or cannot have your waters broken, some women may require a caesarean section to deliver the baby. This can also occur for reasons such as maternal health concerns or fetal distress detected on the heart monitor. This will be fully discussed with you by a senior obstetrician.

Preparing for Induction of Labour

- Once you have agreed to proceed with an IOL, you will be contacted by a midwife within 48 hours to arrange a date. This may be a date range rather than a specific date.
- If the date needs to be changed you will be contacted and offered a wellbeing appointment to check you and your baby.
- Your IOL will take place depending on your circumstances in either the **Blossom Suite** or the **Central Delivery Suite**.

Blossom Suite	**Central Delivery Suite**
• If the cervix is closed on a vaginal examination (membrane sweep). • When you or you baby do not require one to one care or close observation. • You have not had any examination to assess the cervix.	• If you had a vaginal examination (membrane sweep) and/or cervical changes mean you could have your waters broken. • Complex pregnancy and/or medical conditions that require closer monitoring. • If you have a twin pregnancy.

Day of Induction of Labour

- A Midwife will contact you on the planned day of induction and will provide you with a time to come in. The midwife will confirm if admission is possible.

  If you have not received a call by 5pm on your scheduled day, please call 01782 672200.

- **Please bring with you your hospital bag and any personal belongings.**
- When you arrive for your induction. please ask for a car parking permit from the Blossom Suite which lasts up to 48-hours.
- A bed settee is available for one birth partner. They may bring anything that might aid their comfort, such as a pillow.
- Sometimes there may be a delay from when you arrive at the unit due to unforeseen circumstances on the unit. This can sometimes mean that your Induction of Labour is postponed until later in the day or occasionally postponed until the following day.
- If there is no bed available, you may be asked to attend the **M**aternity **A**ssessment **U**nit (**MAU**) for an antenatal examination where your baby's heartbeat will be monitored.
- Following the assessment in MAU, you may be advised to return home or be admitted to the antenatal ward to await induction.

On arrival

- A midwife will show you around when you arrive.
- The IOL process will be discussed with you and your birthing partner.
- You will have the opportunity to ask any questions you have.
- Personal details will need to be confirmed by you and will include your name, date of birth, unit number. An identity band will then be given to you in addition to an allergy band if you have any allergies.
- A call bell and a fresh jug of water will be provided. The jug can be refilled in the day room throughout your stay.
- The day room is available to all Blossom Suite patients and birthing partners to use.
- Refreshments are for patient use only.
- Women are encouraged to use the day room as a change of scenery.

Before Induction of Labour begins

- A full antenatal examination will be undertaken.
- Your baby's heart rate will be monitored using a cardiotocograph (CTG) using transducers which are placed onto your abdomen.
- The midwife will then perform an initial vaginal examination to assess the neck of your womb (cervix). This will help decide the best method of induction for you and your baby.

After your examination

You will be given the options so you can decide on your preference and how you would like to continue with the induction process. During the induction period, your birth partner can be with you.

IOL labour method options

Membrane sweeping (prior to your admission date)

- This can only be performed after 39 weeks. It may cause some discomfort or light bleeding.
- Membrane sweeping involves your midwife or doctor placing one or two gloved fingers just inside your cervix and making a circular, sweeping movement to separate the membranes from the cervix (neck of the womb).
- The separation releases natural hormones which may start labour naturally within 48 hours or help to soften the cervix ready for the induction.
- It can reduce the need for other methods of IOL being used.
- It may be offered by your community midwife or at an outpatient appointment before attending hospital for a planned induction of labour. If you have any questions or concerns or experience any fresh red bleeding after having a membrane sweep, please call the **Maternity Assessment Unit on 01782 672300.**

Hormonal Induction of Labour

This stage prepares the cervix for labour. The aim is to open the cervix so that the waters can be broken. The method chosen will be based on your individual needs. This will always be carried out in a hospital setting as your baby will require close monitoring.

Propess (prostaglandin) pessary

- This helps to soften and open your cervix, usually over a 24-hour period.
- Some women will go into labour within the 24-hour time frame but most of the time it just causes a few mild contractions which open the cervix enough that we are able to break the waters.
- We insert the pessary into your vagina using a speculum. The pessary itself comes on a long string and your midwife will leave a small piece hanging outside your vagina. This allows your midwife to remove the pessary quickly should there be any concern with you or your baby's wellbeing during the process.
- The baby's heart rate is then monitored continuously for a minimum of 60 minutes (1 hour), during which time you will need to remain on the bed.
- After the initial monitoring, you will be able to move around normally.
- After 4 hours of mobilising, you will have a repeat CTG monitoring. This pattern of monitoring will continue during your stay.
- Unless you have started labouring prior, after 24 hours you will have another vaginal examination to assess your cervix to see if it is possible for us to break your waters. If not, we may leave the Propess to continue to work for another 6 hours.
- After using Propess, it is very common to experience tightening of the womb, sometimes with or without discomfort and pain. Often this is not labour but the effects of the cervix absorbing the pessary. It is very normal.

There are some of side effects that are known to be associated with Propess although not everyone will experience them. Possible side effects include:

- Abdominal discomfort.
- Nausea and vomiting.
- Diarrhoea.
- Abnormally strong contractions of the womb which may cause problems with the baby's heart rate.
- Vaginal swelling and discomfort or irritation.

Prostin 3mg tablet

- This is a small tablet which looks like a paracetamol tablet. The Prostin tablet will only be used whilst you are in hospital.
- It is placed behind your cervix using a speculum.
- It can be administered every 6 hours and is typically given twice.
- Prostin tablets dissolve and will not be taken out once given.

Prostin 1-2mg Gel

- This is released towards the back of your cervix using a slim plastic applicator (similar to a tampon applicator).
- It can be given every 6 hours and is typically given two or three times.
- Prostin gel dissolves and will not be taken out once given.
- Your baby will be monitored after the Prostin has been given using a CTG for approximately 60 minutes (1 hour) or longer if there are any concerns. This ensures fetal wellbeing following the administration of the hormone.
- You will be placed back onto the CTG before reassessment for 20-30 mins.

Non- Hormonal Induction of Labour

- Non-hormonal methods of induction are a safer option for you and your baby as they do not carry the potential side effects that medical drugs carry.
- Dilapan-S® is offered which combines efficacy, safety and patient satisfaction. It has no drug or hormones in it and can be used safely even if you have other medical conditions.
- It is less likely that you will have strong uterine contractions whilst your cervix is ripening, which makes this early part of induction of labour safer and more comfortable for you and your baby.

Dilapan Rods

- Dilapan-S® is a slim rod made of a synthetic firm gel.
- During a vaginal examination, a midwife or doctor will insert gently 4 - 5 rods together into the opening of the cervix and they will absorb the fluid from the surrounding tissue. Sometimes they are inserted using a speculum (as used for cervical smear test).
- The dilapan rods are painless once inserted, however you may feel a little more discomfort (comparably to Prostin) at administration or insertion. Analgesia will be offered during the insertion.
- Each thin rod gently expands over 12 hours which will dilate and soften the cervix (similar to how a tampon expands with moisture, but it expands in your cervix to dilate it).

- This mechanical method may stimulate your cervix to release your natural hormone (prostaglandin) that naturally ripens the neck of your womb.
- Cervical ripening with Dilapan-S® is very safe for you and your baby and can remain in place for 24 hours.
- At 15 hours from insertion, the rods will have reached their full size. It is at this point that your midwife will liaise with the delivery suite so you can be transferred to have your waters broken. Your midwife will assess your cervix to ensure you are ready for the membranes to be ruptured.
- If there is any delay transferring you, you will be given the option to keep the rods in place or remove them. It is recommended that they would remain in place as the changes they will make are not permanent. Occasionally it may take over 24 hours for you to be transferred due to the activity of the unit on that day. Your midwife will keep you informed.
- The rods do not contain medicines, drugs or artificial hormones therefore maybe less painful than any drug method.
- Following the successful insertion of the Dilapan-S® rods, a CTG monitoring of your baby's heartbeat will be undertaken lasting approximately 30 minutes.
- As there is no drug involvement you will not require as frequent monitoring of you baby's heartbeat, however, we ask that you report any concerns as this plan will change to suit your needs.

Breaking your waters

Breaking your waters is also known medically as **A**rtificial **R**upture of **M**embranes (**ARM**). This would take place on the delivery suite.

- Breaking your waters may be done during the first vaginal examination. A slim plastic hook is used to make a hole in the bag of waters. This will not harm your baby however it can be uncomfortable for you.
- Your waters may also be broken after using a prostaglandin or dilapan rods.
- After your waters have been broken, your baby's heart rate will be monitored for a minimum of 40 minutes.
- Sometimes, the pressure of baby's head against the cervix stimulates labour to start. Please discuss with the midwife/doctor if you would like to wait for some time once the waters have been broken to see if this happens.

Syntocinon (artificial oxytocin drip)

It may be suggested that you have a syntocinon drip (infusion) when your waters are broken. **This is only used on the delivery suite.**

- Syntocinon is an artificial form of a hormone called oxytocin which is normally produced in labour and helps to get your contractions started.
- The contractions caused by the hormone drip can be stronger and may be more painful than spontaneous contractions. For this reason, patient's being induced are more likely to require an epidural anaesthesia. The use of the hormone drug carries a very small risk of uterine rupture or placental abruption and so you will be monitored closely.
  Any complications that may occur are managed by trained midwives and doctors. A cannula will be fitted so that the syntocinon can be administered through a vein in your arm.
- Analgesia options will be discussed with you including having an epidural. An epidural is given to you through a small tube that is placed into your back. As a syntocinon drip can be more painful than a spontaneous onset of labour, you may want to have the epidural at an early stage of the labour.
- After receiving the syntocinon, your baby's heart rate will be monitored continuously until birth. This will not stop you being able to change position during your labour.
- Occasionally, syntocinon can cause the uterus to contract too much. If this happens, you will be asked to lie on your left side and the drip will be adjusted or stopped. A different drug may be given to reduce the contractions.

Pain relief options

In our experience period type pains, backache, pelvic pain are commonly reported. Pain relief options include:

- **Analgesia methods** such as paracetamol and codeine.

  Please only take medication if directed by your midwife. Paracetamol and codeine can be given only by your midwife at 6-hourly intervals.
- **A TENS machine** can be used, if you have one and bring it with you, as it stimulates your body to produce endorphins (the body's natural painkiller) reducing the number of pain signals sent to the brain by the spinal cord.

- **Pethidine.** This is an opium-based drug and is given to you via an injection into a muscle (buttock or thigh). It can make you and your baby sleepy and might cause you to feel sick. If this occurs, an antiemetic (anti-sickness) drug will be offered at the same time.
- **Keep yourself mobile and move around**. It is normal for tightening to be irregular at this time and mobilizing will help to promote tightening.
- **Change your position**
- **Eat and drink**
- Use the bath for **hydrotherapy**.
- **Use birthing balls**. These are available for you to use in the Blossom Suite rooms. These can also help you get into a more upright position, helping bring your baby's head further down into the pelvis.

Preparing your cervix for labour

Propess or prostin are hormones that may be given to you to prepare your cervix for labour. You may experience some discomfort or pain after being administered. There can also be some discomfort as your baby moves further into your pelvis.

Information and Resources

Please ensure you read the leaflet which includes all our top tips for the induction of labour process including mobilisation, what equipment is available and ideas of what to bring with you.

Inducing labour - NHS
NHS England » Saving babies' lives: version 3
Recommendations | Inducing labour | Guidance | NICE
Professional Midwifery Advocates- please ask your midwife for a referral. The video link will give you a tour of the Blossom Suite.

www.vimeo.com/929854229

or scan the QR Code