

Induction of Labour

You have been advised to come for induction of labour. This leaflet will explain why and how your labour will be induced.

What is Induction of Labour?

In most pregnancies labour starts naturally between 37 and 42 weeks. Initially, the neck of the womb (cervix) will prepare for labour by softening and shortening (ripening) and with aid of contractions will begin to open (dilate). Before or during labour, the membranes containing the fluid in which the baby is surrounded will break and the fluid will be released through the vagina. This process leads to the birth of the baby.

Induction of labour aims to artificially encourage this process. Approximately 1 in 5 labours are induced.

Benefits

An induction of labour will be advised to benefit the health of either you or your baby and to reduce the risk of infection in pregnancies where the waters have been broken for more than 24 hours.

Risks

- You are more likely to need an epidural to help with the pain.
- Over stimulation of the uterus - causing too many contractions, occasionally affecting the baby's heartbeat (steps will be taken by your midwife to resolve this.)
- Caesarean Section – if labour is not achieved or if it is inadequate to deliver your baby.

Alternatives

Decline or delay induction of labour – you will be advised to come to the hospital every other day to monitor you and your baby.

Why am I being induced?

Induction of labour is recommended when it is felt that the health of either you or your baby will benefit. Reasons may include;

- High blood pressure or Pre-Eclampsia
- Problems with baby's growth
- Diabetes
- Waters broken before labour starts
- A pregnancy which has reached 42 weeks

Induction of Labour because you waters have broken

If your waters break after 37 weeks, providing an initial assessment of you and your baby is satisfactory you will be offered induction of labour after 24 hours; in most cases labour will start spontaneously before this.

The longer your waters have broken without delivery of your baby, the higher the risk of you or your baby developing an infection; for this reason, intravenous antibiotics are given routinely during labour to all women whose waters have been broken for more than 24 hours.

National guidelines recommend induction of labour 24 hours and no longer than 96 hours.

Induction of Labour because you are overdue

The placenta begins to work less efficiently when your pregnancy passes its due date. National guidelines indicate that the risks to the health of your baby only become significant when your pregnancy reaches 42 weeks; therefore our trust guideline offers induction at this time.

Where will I be induced?

This depends on why your labour is being induced and how.

Bedford Hospital was the first maternity unit in the country to offer low-risk women (i.e. without any pregnancy complications) who are being induced at 42 weeks the facility of having their labour induced as an out patient on the day assessment unit; providing their labour is being induced with vaginal pessaries (explained in the next section). Initial assessment will take place in the morning and take approximately one hour. It will involve insertion of a pessary into the vagina with monitoring of your baby's heartbeat before and after. Providing all is well with you and your baby, and you have transport, you will then be allowed home and asked to return six hours later for the procedure to be repeated if the labour hasn't started in the meantime. You will be advised to return home overnight to await events. If labour doesn't begin, you will return to delivery suite the next morning for further assessment, it is likely you will need to stay in hospital.

In some cases admissions to the delivery suite may be required sooner if it is felt that you are ready to move to the next stage of the induction process. It is ideal that you have your bags in the car just in case.

This facility has been operating since 1998 and has been regarded with high levels of patient satisfaction. Your midwife will advise you of your suitability to be induced this way. If you have any issues regarding getting to and from the hospital or you do not feel happy to go home, admission to the hospital can be arranged.

For those who do not fit the criteria of outpatient induction, you will be admitted and induced on delivery suite (the induction process is the same).

How is Labour induced?

There are a variety of different ways to induce labour and depend on individual circumstances. You may be offered any of the following procedures.

Membrane Sweeping

This is not a formal method of induction of labour but may be offered firstly to increase your chance of labour starting naturally. It is performed on women whose waters have not broken and involves your midwife or doctor placing a finger just inside the cervix and, using a circular movement, separating the membranes which surround your baby from the cervix, releasing a hormone called prostaglandin which may start labour.

If you are going to be having outpatient induction of labour at 42 weeks you will be advised to attend the day assessment unit when your pregnancy is 12 days overdue to have this procedure performed. At this appointment your baby will have a heartbeat monitoring too and you will be given an appointment to return 48 hours later for induction of labour using the other methods described below.

Membrane sweeping is not associated with an increase in infection for you or your baby and does not cause your baby any harm, but it may cause you some discomfort and slight bleeding afterwards. Occasionally if the cervix is not open membrane sweeping cannot be performed.

Prostaglandin Vaginal Pessary (Prostin)

In many cases this is the first stage of formal induction of labour. Prostaglandin pessaries are drugs which are inserted high up into the vagina encouraging the cervix to ripen i.e. soften and shorten, allowing it to open when contractions start. It may cause you to experience some period type pain and backache, and although its primary use is to ripen the cervix, occasionally it may be sufficient to start the labour.

More than one dose may be required to ripen the cervix adequately. The pessaries can only be given at six hourly intervals and your baby's heartbeat will be monitored for approximately 30 minutes before and after insertion of each pessary.

If you are being induced because your waters have broken, you may be advised to have a single prostaglandin pessary and commence the oxytocin drip after six hours.

There is no evidence to suggest that labour induced in this way is more painful than if labour starts naturally; however you may experience some vaginal discomfort.

Artificial Rupture of the Membranes (breaking your waters)

This involves your midwife or doctor performing a vaginal examination and making a small hole in the membranes (using a special instrument) to release the amniotic fluid which surrounds your baby. You may be advised to mobilise for two hours to encourage contractions to start or maintain already existing contractions. If contractions are not adequate after this time oxytocin will be commenced.

Induction of labour may be initiated using this method if your cervix has ripened on its own, or it will be performed once the prostaglandin pessaries have ripened your cervix sufficiently (this may take up to three pessaries in some cases).

This procedure, regardless of indication of labour, will take place on delivery suite, and although it will not cause any harm to your baby it may be a little uncomfortable for you.

Oxytocin

This is the final stage of the induction process and involves a drug called Syntocinon being given as a drip. A small tube will be inserted into the back of the hand, which your drip will be connected to. Syntocinon encourages contractions to start. The amount of drip you have will be adjusted by your midwife until adequate contractions are present and your baby is born.

This method of induction of labour takes place on delivery suite and requires continuous monitoring of your baby's heartbeat.

Being attached to the drip and the monitor which records your baby's heartbeat means that your ability to move around is somewhat limited. Whilst it will be possible for you to stand, sit down, or kneel on the bed, you will not have the flexibility to have a bath or move around the room freely. Your midwife will offer you guidance throughout labour to maximise your freedom of comfort.

If you have any questions or queries about any of the information contained in this leaflet please do not hesitate to contact your midwife.