

*This leaflet is for women who do not have access to the SaTH Pregnancy Information Booklet which includes this information.*

The Shrewsbury and Telford Hospital 

NHS Trust

## **Induction of labour**

Induction of labour is a process designed to start labour artificially. You may be offered induction if you or your baby's wellbeing is causing concern or if your pregnancy is nearing 42 weeks. Discuss the options with your doctor or midwife and ensure you understand the procedure and the risks and benefits.

### **Why is induction of labour offered?**

There are a number of reasons why induction of labour may be suggested:

- Prolonged pregnancy after 42 weeks. Women with straightforward pregnancies will be offered induction of labour between 40 weeks +10 days and 40 weeks +14 days. This follows the National Institute for Clinical Excellence (NICE 2008) guidance on induction of labour. The risk of stillbirth increases from 1 in 1000 at 41 completed weeks to 2 in 1000 after 43 completed weeks.
- Your waters have broken before labour starts. This is known as prelabour rupture of the membranes (PROM). When this happens labour usually starts within 24 hours. However, the risk of infection increases the longer the time between the waters breaking and the birth of your baby.
- If you or your baby's wellbeing is giving cause for concern, for example, if you have high blood pressure or the baby is not growing properly.

Induction does not increase the likelihood that you will need a caesarean section in labour.

### **What if I prefer to wait until I go into labour naturally?**

You may prefer not to be induced and to wait until you go into labour naturally. If you decline induction, you will be referred to a consultant obstetrician and offered increased monitoring, including listening to the baby's heart beat and ultrasound scans. A plan will be put in place for your baby following delivery, as there is a risk of complications from reduced energy reserves.

### **How is labour induced?**

It is usual to offer a membrane sweep first to help you go into labour by yourself. This is performed during a vaginal examination and can be done at home, in a Midwife Led Unit, GP surgery, Day Assessment Unit or Antenatal Clinic. If the membrane sweep does not start labour other methods can then be used depending on their suitability and what is happening to your cervix (neck of the womb):

- Prostaglandin gel or tablets
- Artificial rupture of the membranes
- Oxytocin drip

### **Membrane sweep**

During a vaginal examination, the midwife or obstetrician places a finger into your cervix and, with a gentle sweeping movement, separates the membranes which surround the baby from the cervix. It can be uncomfortable but having a sweep means that you are more likely to go into labour naturally. If you are having your first

baby, and you have an uncomplicated pregnancy, you will be offered a sweep at 40 weeks. If you have had a baby a baby before, and you have an uncomplicated pregnancy, you will be offered a membrane sweep at 41 weeks, but you can request to have one from 40 weeks.

*What are the benefits?*

- It reduces the need for other methods of induction of labour as you are more likely to go into labour naturally.
- It does not involve drugs and can be repeated
- You do not need to come into hospital to have it done

*What are the disadvantages?*

- It can be uncomfortable
- Sometimes you may get some light spotting of blood

**Prostaglandin gel or tablets**

You will usually be offered prostaglandins (also known as Prostin) to help start your labour. Prostaglandins act like natural hormones and help soften the cervix gradually just as in natural labour.

The prostaglandin medication is inserted into the vagina during a vaginal examination. Sometimes more than one dose is needed and if this is the case, it is given at 6 hourly intervals. If you have not gone into labour after 2 doses, you will be reviewed by a doctor, who may prescribe a third dose. If you have still not gone in to labour after 3 doses, you may be offered a rest day before you are given any more as you can experience vaginal soreness.

You will need to lie down for 30 minutes after the medication is given, during which time your baby's heart beat will be listened to again. After this you will be encouraged to get up and move around as this will help labour to progress. Period type pains are common and you will be offered pain relief and warm baths. You can also use a TENS machine.

*What are the benefits?*

- Prostaglandin can encourage the cervix to soften and open. You might go into labour as a result, or your cervix might open enough to allow your waters to be broken, which can also help to start your labour.

*What are the disadvantages?*

- Sometimes more than one dose is needed.
- Some women experience strong contractions often called 'Prostin pains' but the cervix does not change very much. Further doses of gel may be needed and often women can become tired from this long process of induction.
- Side effects can include nausea, vomiting, diarrhoea and vaginal soreness.
- Very occasionally prostaglandins can make your uterus contract too much and you may need other medication to counteract this. Excessive uterine contractions can result in a significant complication such as uterine rupture (a tear in the uterus) or placental abruption (where the placenta partially or completely separates from the uterus); however, these complications are rare.

If you have had a previous caesarean section or any other surgery to your uterus, your obstetrician will discuss and agree a management plan with you.

Some women go into labour after administration of prostaglandin. If your cervix has softened after the prostaglandin has been given, but you haven't gone into labour, the next step is to break your waters – also known as artificial rupture of membranes (ARM).

If there are any reasons why you should not have prostaglandin gel, your induction process might be started by having your waters broken.

### **Artificial rupture of the membranes**

You will need to be transferred to the Delivery Suite for ARM. This may be delayed if the Delivery Suite is very busy with other women waiting for an ARM ahead of you and women arriving in active labour. This can feel frustrating for you, especially when staff may not be able to give you precise timings for your transfer.

Please bear with us; as long as you are not in labour, and you and your baby are not at high risk, it is safer for you to wait until the Delivery Suite is not too busy.

An ARM is done during a vaginal examination using a plastic hook to make a hole in the amniotic sac. This, and the baby's head being in contact with the cervix, stimulates the release of natural prostaglandins (hormones that start labour). The vaginal examination can be uncomfortable, but the actual breaking of the membranes does not hurt. Ask to use some entonox (gas and air) if you are worried about the discomfort.

After your waters have been broken you will need to have your baby's heart rate monitored for about 30 minutes. You will then be encouraged to get up and walk around to help start your labour. If you have not gone into labour 2 hours after your waters have been broken, then you will be advised to have an oxytocin drip (see below). The oxytocin drip can be started earlier, depending on the reason for your induction of labour.

#### *What are the benefits?*

- Having your waters broken can be enough to start your labour
- No drugs are involved

#### *What are the disadvantages?*

- Once your waters have been broken, the procedure to get you into labour cannot be stopped due the risk of infection.
- There is a small chance that the baby's umbilical cord may slip past the baby's head (a cord prolapse). Cord prolapse is not common, occurring in about 1 in 200 births.

### **Oxytocin drip**

Syntocinon is a synthetic form of the natural hormone oxytocin and encourages contractions. You will need to be on the Delivery Suite. Syntocinon is given through a drip in your arm or back of your hand. The drip is increased very slowly until you are having strong and regular contractions.

### *What are the benefits?*

- Encourages contractions to help start your labour

### *What are the disadvantages*

- Your contractions and your baby's heart rate will need to be monitored continuously as some babies can become distressed by the contractions. The midwife will adjust the rate of the drip if you start contracting too much. Sometimes the drip has to be stopped.
- Your ability to move around during labour will be reduced; however, you can still sit in a rocking chair, use a birthing ball or stand.
- The contractions may be more painful than natural contractions and some women may find they need extra pain relief.

If oxytocin has been used during labour, it's recommended that you have an active third stage to deliver your placenta. This means that the midwife will give you an injection immediately after the birth to help your uterus to contract to deliver the placenta and control any bleeding.

### **Coming into hospital for induction**

Your midwife or obstetrician will arrange a date and time for you to be admitted onto the Antenatal Ward at the Shropshire Women and Children's Centre in Telford. Please bring your Pregnancy Health Records, any prescribed medication and your labour bags. You will be welcomed by the ward staff and shown around the ward.

Please remember that the time it takes to get into labour can vary from a short time to many hours or even days. If labour ward is exceptionally busy, then it may not be safe to start your labour. Your induction may be delayed but you and your partner will be kept informed by the midwifery staff.

When you come into hospital you will have your blood pressure, pulse, and urine checked. Your baby's heart beat will be monitored and then with your consent the midwife will do a full check of you and your baby. With your consent she will do a vaginal examination to assess the readiness of your cervix for labour. A plan of care can then be made as to how best to help start your labour.

### **Can my birth partner stay with me?**

Your partner is very welcome to stay during visiting hours.

We are trying to accommodate as many birth partners as possible overnight when a woman is being induced. We have only 6 side rooms, so this is not always possible. Please note that we can only accommodate one birth partner to stay overnight.

All women who are transferred to the Delivery Suite can have up to two birthing partners with them all the time. The ward staff will be happy to contact your partner for you.

### **Pain relief**

Pain relief is available for you on the Antenatal Ward. If the prescribed medication is not helping sufficiently, please ask your midwife to arrange for more pain relief.

## What happens if induction is not successful?

Occasionally, despite trying all the methods of induction, labour does not begin. If this is the case, your obstetrician will make an individual plan with you for the birth of your baby.

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### Other sources of information

#### NHS Choices

The UK's biggest health website, certified as a reliable source of health information: [www.nhs.uk](http://www.nhs.uk)

#### Patient

Evidence based information on a wide range of medical and health topics. [www.patient.info](http://www.patient.info)

**NICE 2008:** CG 70 Induction of labour: [www.nice.org.uk](http://www.nice.org.uk)

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### Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

**Princess Royal Hospital,** Tel: 01952 282888

**Royal Shrewsbury Hospital,** Tel: 0800 783 0057 or 01743 261691

**Website:** [www.sath.nhs.uk](http://www.sath.nhs.uk)

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### Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website in your Pregnancy Information Book.

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