Royal United Hospitals Bath
NHS Foundation Trust

Information for your Induction of Labour

Introduction

This leaflet has been written to give you an overview about the procedure of induction of labour. Most of your questions should be answered by this leaflet, but it is not a replacement for an individualised discussion between you and your midwife or doctor. If after reading it you have any concerns or require further explanation, please discuss this with the midwife or doctor.

What is induction of labour?

For most women, labour will start naturally between 37-42 weeks. In order for a baby to be born, first the cervix (the neck or opening to the womb) has to shorten, soften and open, then there must be contractions. Your womb has a powerful muscular wall that tightens and then relaxes; these contractions gradually open your cervix. In some cases your doctor/ midwife will recommend that labour is induced. Induction of

labour is a process used to encourage labour to start artificially.

Why might induction be offered?

- Prolonged pregnancy (pregnancy that continues after 41 weeks.)
  After 41 weeks there is a slight increase in the risk of your baby developing health problems. Induction of labour is therefore recommended between 41 and 42 weeks.
- Prolonged rupture of membranes
  If your waters break but there is no signs of labour after 24 hours there is a slight increased risk of infection.
- Medical reasons (e.g. high blood pressure, concerns over the baby's growth/ movements, diabetes).

Membrane sweeps ('stretch and sweep')

Once you have reached 38 weeks it may be suitable to perform a membrane sweep. This is offered and carried out by a midwife who will perform a vaginal examination and try to separate the membranes from the inside of the cervix. This has been shown to increase the chances of going into labour naturally in the 48 hours following the sweep. It may be uncomfortable or cause a small amount of bleeding but does not increase risk of

infection to baby, and is *not* considered an induction of labour.

Can I decline induction of labour?

After considering all the facts around IOL, if you decide you do not want to be induced, you should discuss this with your midwife or doctor. You can be offered an individualised plan to attend hospital so we can check you and your baby's wellbeing and discuss your care with a midwife or doctor.

How is labour induced?

When your midwife/ doctor examines you, they will assess how "favourable" the cervix is (how ready it is to go into labour). If it is not possible to "break the waters" you will be offered methods to prepare the cervix.

Prostaglandins or cervical ripening balloons (CRB) are used to soften and open the cervix in order to be able to "break the waters" around the baby. They may sometimes cause contractions to start as well. Occasionally if one method does not work, you may be offered the other.

Prostaglandin pessaries ('Propess®'/ 'Prostin®')

Prostaglandin is a hormone that is naturally produced by the body. It is involved in starting

labour. We use two methods to deliver an artificial version of prostaglandin.

1. A pessary known as Propess® is inserted into your vagina, attached to a string. It releases the hormone slowly over 24 hours. It will be removed earlier if labour starts or there are any concerns about you or your baby's health. If more prostaglandin is needed after this, Prostin® is used.
2. A gel called Prostin® is inserted into the vagina. You will be re-examined six hours after the first dose; if the cervix is still not ready for the waters to be broken or you have not started in labour then a second Prostin® gel can be inserted into your vagina.

You will have to stay in hospital if these methods are used, as your baby will need to be monitored every six to eight hours. Between monitoring, you will be encouraged to be upright and mobile, as being active can help to encourage labour to start.

These methods are usually used if it is your first baby, or your waters have broken but you do not go into labour naturally within 24 hours.

Cervical ripening balloon ("Cook Balloon")

This is the only method suitable for outpatient induction of labour. This is because it is drug-free and cannot cause your womb to over contract; therefore you do not need to be monitored as closely as when using medical prostaglandins. Outpatient induction is available to many women. Your midwife will advise if this is a safe option for you.

This method involves a soft silicone tube being inserted into the opening of your womb (cervix) through your vagina. Two balloons near the tip are inflated with sterile fluid once it is in place. The catheter stays in place for 12 to 24 hours, with the balloons putting gentle pressure on your cervix. The pressure should soften and open your cervix enough to start labour or to be able to break the waters around your baby.
The balloon catheter may fall out by itself or will be deflated and removed by a midwife the following day.

This is the method that is usually used if you have had a baby before by a vaginal or by caesarean birth.

On Bath Birthing Centre

Breaking waters (Artificial rupture of membranes 'A.R.M.')

If the cervix requires no preparation, labour can be induced by "breaking your waters". This is carried out by using a small plastic hook, which releases the fluid around your baby and allows the pressure of your baby's head to press on your cervix and stimulate contractions. It will not harm you or your baby. Some women find this uncomfortable.

You may be given some time to see if contractions start or we may recommend starting an artificial hormone drip straight away.

Oxytocin hormone drip ('Syntocinon®')

This is an artificial form of the hormone that causes your uterus (womb) to start having contractions. It is given through a tiny tube into a vein in your hand (drip). It is usually given once your waters have broken.

The drug is increased very slowly until your uterus is stimulated to contract regularly and strongly.

During labour, it is recommended that your baby's heart rate should be monitored continuously by cardiotocography (CTG). Although your ability to walk around may be limited by the drip and monitor, we do have mobile CTG's for use on request. You do not have to lie on the bed, and you do not necessarily have to have an epidural (unless you would like to have one).

What if I have had a caesarean birth previously?

If you have chosen to have a VBAC (vaginal birth after caesarean) you will not be offered prostaglandins to induce labour, because this increases the chances of the scar on the womb coming apart from 1in 100 to 2 in 100. A cervical ripening balloon does not carry this risk (RCOG 2015). We would recommend that you are an inpatient during the induction process rather than at home to monitor you and your baby more closely.

Monitoring your baby during induction of labour

Throughout your induction process your midwife will ask your permission to monitor both your wellbeing and that of your baby. If you have additional risk factors a cardiotocograph (CTG) will be offered at suitable intervals and at each

stage of your treatment, and continuously once you are in labour.

If you are on a low risk pathway, it is appropriate to be reassured by normal baby movements; however your midwife is able to listen into baby's heartbeat with a handheld Doppler.

If you require use of the hormone drip in labour then continuous CTG monitoring is recommended.

Can there be any complications or risks?

Cervical Ripening Balloon Catheter

The procedure can be uncomfortable but it should not be painful. There is a very small risk of infection which is minimised by careful infection control procedures. If an infection is suspected, your baby may need to be delivered by the quickest possible method.

Prostaglandin ('Propess®'/ 'Prostin®')

Inserting the prostaglandin pessary can be uncomfortable. Prostaglandin may cause soreness in and around your vagina. It can also cause strong contractions, which can be painful; having these contractions does not always mean

you are in labour. Your midwife will discuss ways to help you manage this.

On rare occasions prostaglandins can cause your uterus to contract too frequently and this may affect the pattern of your baby's heartbeat. This is usually treated by giving a drug that helps the uterus to relax. Sometimes the uterus continues to contract too frequently, which may mean an emergency caesarean birth is necessary.

Oxytocin (Syntocinon®)

As with prostaglandin, the main risk is that your uterus can contract too strongly/frequently and affect the baby's heartbeat. Reducing the rate of the Oxytocin can have an immediate effect on easing the contractions, which will improve the baby's heartbeat. If the baby's heartbeat does not recover, your doctor will discuss what is required. This may mean an emergency caesarean birth is advised.

What happens if induction of labour fails?

For a small amount of women induction of labour does not work. Your ongoing care will be discussed with you and an obstetrician and a plan for your birth can be agreed. It may be that a caesarean birth is recommended, or, if you and the baby are well, you may be offered a rest day before trying again.

How do I prepare for induction of labour?

Please read this information leaflet and share the information it contains with your partner and family (if you wish) can be of help and support you. There may be information they need to know, especially if they are supporting you as your birth partner/s.

We recommend making family, especially children and those caring for them aware that the procedure can take a long time (up to 4 days) before your baby is born. You may want to nominate one person to give the rest of the family updates on how things are progressing.

It is advisable to wear looser clothing when coming in for your induction as it will be more comfortable when you are being examined. It is not necessary to wear night clothes in the day as in most cases we actively encourage you to be mobile.

Some women find the early stages of an induction uncomfortable. You will be offered a range of options for pain relief. We would encourage you to eat and drink as normal unless specifically advised to do otherwise.

You may bring books, magazines and games to keep you occupied due to the length of time the procedure may take. However please be aware bed space is limited and you are responsible for your own personal belongings.

You are welcome to have one birth partner with you on Mary Ward. They are welcome to stay 24 hours a day and shower facilities are provided for them. The Trust do not provide hot meals. Birth partners need to remain sensitive to the needs of other women as you will be in a shared bay.

What will happen on the day of induction?

1) Inpatient induction

Your plan of induction is reviewed on your induction date by the obstetric team. Expect a phone call at any time on the day of your induction to discuss your admission. Please be aware that on some occasions in Bath Birthing Centre inductions may have to be delayed due to emergencies.

Our call will be displayed as “No Caller ID”.

We will advise you what time to arrive or if your induction is delayed, the next steps to take.

If your waters have already broken and you are being induced for prolonged rupture of membranes (“PROM”) please be aware that we may call at any time of day or night to invite you in to start your induction.

A midwife will ensure you and your baby are well and offer a vaginal examination to assess your cervix.

2) Outpatient induction

If you have an uncomplicated pregnancy, it may suitable for you to be induced as an outpatient. This means that you would come to Bath RUH or your nearest midwifery led unit at an appointed time to have a cervical ripening balloon inserted. This will usually be in the afternoon. After the balloon is inserted, you can go home until the following morning when we will give you an appointment to come back to the RUH to have it removed and, following this “break the waters” around the baby.

Going home after cervical ripening balloon catheter

During the time you are at home, you can continue your daily activities. You may bathe as normal, however, please avoid penetrative sex. After going to the toilet please wash your hands,

make sure the catheter is clean and change underwear regularly.

If you have any of the following:

- Bleeding
- Regular contractions and you think you are in labour
- Concerns about your baby's movements

Or

- You feel unwell
- The waters around your baby break
- The balloon falls out

You are advised to call Mary Ward or Bath Birthing Centre. A midwife will talk with you and advise you what you need to do.

Occasionally Mary ward and Birthing Centre are very busy and it is not possible to start your induction on the day we had arranged, or continue to the next stage of your induction once started. Senior staff involved in your care will make a decision based on the safety of you and your baby. In these circumstances we will call to explain the delay and arrange to monitor you and your baby's wellbeing if it is indicated.

Contact numbers:

Bath Birthing Centre 01225 824447
Mary Ward 01225 824663