East Kent Hospitals University NHS Foundation Trust

Induction of labour

Information for women and their families

What is induction of labour?

This is a process designed to start labour artificially either by using drugs or by breaking the waters (rupturing the membranes) around your baby.

When is induction of labour recommended?

Induction of labour is recommended when it is felt that your own or your baby's health may suffer if your pregnancy continues.

Prolonged pregnancy is the commonest reason for induction of labour. Although you may have a date that has been estimated for the birth of your baby, it is perfectly normal for pregnancies to go beyond this date. In fact only four out of every 100 babies are born on their estimated due date (EDD); anything between 38 and 42 weeks is considered to be a normal length for pregnancy. If a pregnancy goes beyond 42 weeks it is called a post term, post-dates, or prolonged pregnancy. The majority of babies are born healthy, whether they arrive on time or later. What matters is how well your baby is growing and that your baby remains healthy and well positioned for labour.

Prolonged pregnancy has been linked with an increase in complications for mother and baby. This is why accurate dating of the pregnancy is important and in the NHS women should be offered a dating scan between 11 and 13 weeks into your pregnancy.

Babies born after 42 weeks are more likely to have their bowels open during labour and they can pass some sticky greeny-black stools (poo) while they are still in the womb (uterus) and at the point of birth. This is called meconium and while it is rarely a problem, if your baby breathes this into their lungs it can cause quite serious breathing problems (meconium aspiration). Where there is still enough of the amniotic fluid around the baby and if the meconium is thinner this is less of a problem. Evidence shows that there is less of a risk of meconium aspiration when you are induced after 41 completed weeks of pregnancy. However, research has shown that babies who are born after 42 weeks are more likely to need specialist help at their birth and to be admitted to the neonatal care unit (NNU).

A longer pregnancy can also mean a larger baby. If the baby's weight has increased it can lead to a more difficult birth and the baby being born in poor condition.

We care

Where a pregnancy continues beyond 42 weeks, there is a small but increased risk of the baby dying before labour starts, or during labour. This more likely to happen if the baby is underweight and smaller than expected (small for gestational age).

Other reasons for induction of labour may include high blood pressure, diabetes, if the waters break but the labour does not start after 24 hours, and a baby that has stopped growing in the womb.

Which is better, induction or 'watchful waiting'?

Currently NHS guidance suggests that women with uncomplicated pregnancies (low risk women) should be offered induction of labour after 41 weeks of pregnancy with the proviso that if you decide against this you will be offered regular monitoring of your own and your baby's health. This is called watchful waiting or expectant management.

If your baby is still healthy and growing well, doctors will not be in a hurry to induce you. This is because:

- it may take longer to go into labour up to two days
- your baby will need to be monitored more closely
- induced labours can be more intense; and
- you are more likely to need an assisted delivery for example forceps, ventouse, or a caesarean section delivery.

It is usual for the majority of women to go into labour spontaneously before 42 weeks, with no complications for their babies.

In East Kent we offer induction of labour at 41 weeks and five days of pregnancy, allowing two days for the induction process. If you decline induction of labour then you would be offered monitoring of your baby's heart rate by CTG machine, an ultrasound scan to measure the baby's overall growth, the blood flow in the baby's cord, and the liquor volume of fluid around your baby. This is to check that your baby is still being nourished (fed).

How is labour induced?

There are several methods. You may be offered one or all of the following depending on your individual circumstances and the examination of our findings.

- A **membrane sweep** involves your midwife or doctor doing a vaginal examination and placing a finger inside your cervix (neck of the womb), making a circular sweeping movement to separate the membranes (bag of water) from your cervix. This can be done at home or at an antenatal clinic appointment. This procedure may be slightly uncomfortable and cause a small amount of bleeding, or you may have a mucousy 'show'. The membrane sweep will not affect your baby in any way. It cannot be done if your waters have broken. If you have any concerns following this procedure, you should contact your midwife or doctor.

  A membrane sweep has been shown to increase the chances of labour starting naturally, within 48 hours, and it can reduce the need for other methods of induction.

- **Prostaglandins** are drugs that help to induce labour by encouraging your cervix to soften and shorten. This allows your cervix to open and contractions to start. Prostaglandins can be given in tablet, gel, or slow release form directly into your vagina.

- Slow release prostaglandin is called **Propess** and is like a tiny tampon. It is inserted by your midwife and may remain in place for 24 hours, unless your labour begins. This is done in hospital and if you are suitable for outpatient induction your midwife will perform a check on you and your baby before you go home. After 24 hours, if you have not gone into labour, your midwife and doctor will discuss other options with you. These may include prostaglandin gel or breaking of the waters and an intravenous Syntocinon drip.

- **Prostaglandin gel** is given at six hourly intervals. More than one dose may be needed to start labour (up to a maximum of four doses) or to ripen the cervix enough to allow your waters to be broken before giving a Syntocinon infusion.

  Before having the prostaglandins, your midwife or doctor will check your baby's heartbeat. After being given the prostaglandins you will be asked to rest on the bed for approximately 30 minutes. Your baby will be monitored during this time using a fetal monitor or CTG machine. Prostaglandins may sometimes cause some irritation of the vagina.

- **Artificial rupture of membranes (ARM)** is when your midwife or doctor breaks your bag of water. It is done by carrying out a vaginal examination and using a small instrument called an amnihook, which is passed through your vagina and cervix. This will not harm your baby and is not painful. It may be performed at any stage during the induction procedure or labour once your cervix has opened enough to allow the amnihook through.

- **Oxytocin infusion (Syntocinon)** encourages contractions and is given by a drip into the blood stream in your arm. It is usually only used after your waters have been broken. Once contractions have started the rate of the drip is carefully controlled and adjusted, so that your contractions continue in a regular pattern until your baby is born. Whilst having an oxytocin drip your midwife will continue to monitor your baby's heartbeat. As oxytocin is given via a drip this will limit your ability to move around, although you will still be able to stand by the bed or sit in a chair. Labour induced with oxytocin is likely to be more intense than natural labour. Please discuss pain relief at any time with your midwife.

At any point, if there is concern for your baby or a break is needed, you may be offered a medicine to relax your womb. Also known as tocolysis.

At every stage your midwife or doctor should discuss your options with you before any decision is made, including the advantages and disadvantages for you and your baby. However, events in labour can be unpredictable and sometimes there is very little time to make these decisions.

What happens next?

If your labour is unable to be started, your doctor will discuss your options with you. These may include resting for 24 hours before starting again or delivery by caesarean section.

How am I booked for induction?

Your midwife or doctor will book for you to come in for induction to the Delivery Suites at William Harvey Hospital Ashford or the Queen Elizabeth the Queen Mother Hospital Margate, depending on which hospital you have chosen. You will be asked to call the Delivery Suite on the morning of your induction to check there is a bed available for you.

Occasionally the numbers of women being cared for on our Delivery Suite means that your induction of labour has to be delayed for safety reasons. If this happens you will be offered an appointment to come into hospital for an assessment to check that all is well with yourself and your baby and a likely timeframe for the start of your induction.

Delays can be very upsetting for you but please be assured we only delay for the safety of you and your baby. We will proceed with the induction process as soon as we can.

- **Delivery Suite, William Harvey Hospital, Ashford**
  Telephone: 01233 61 61 24

- **Delivery Suite, Queen Elizabeth the Queen Mother Hospital, Margate**
  Telephone: 01843 22 55 44

This leaflet has been produced with and for women and their families

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation

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