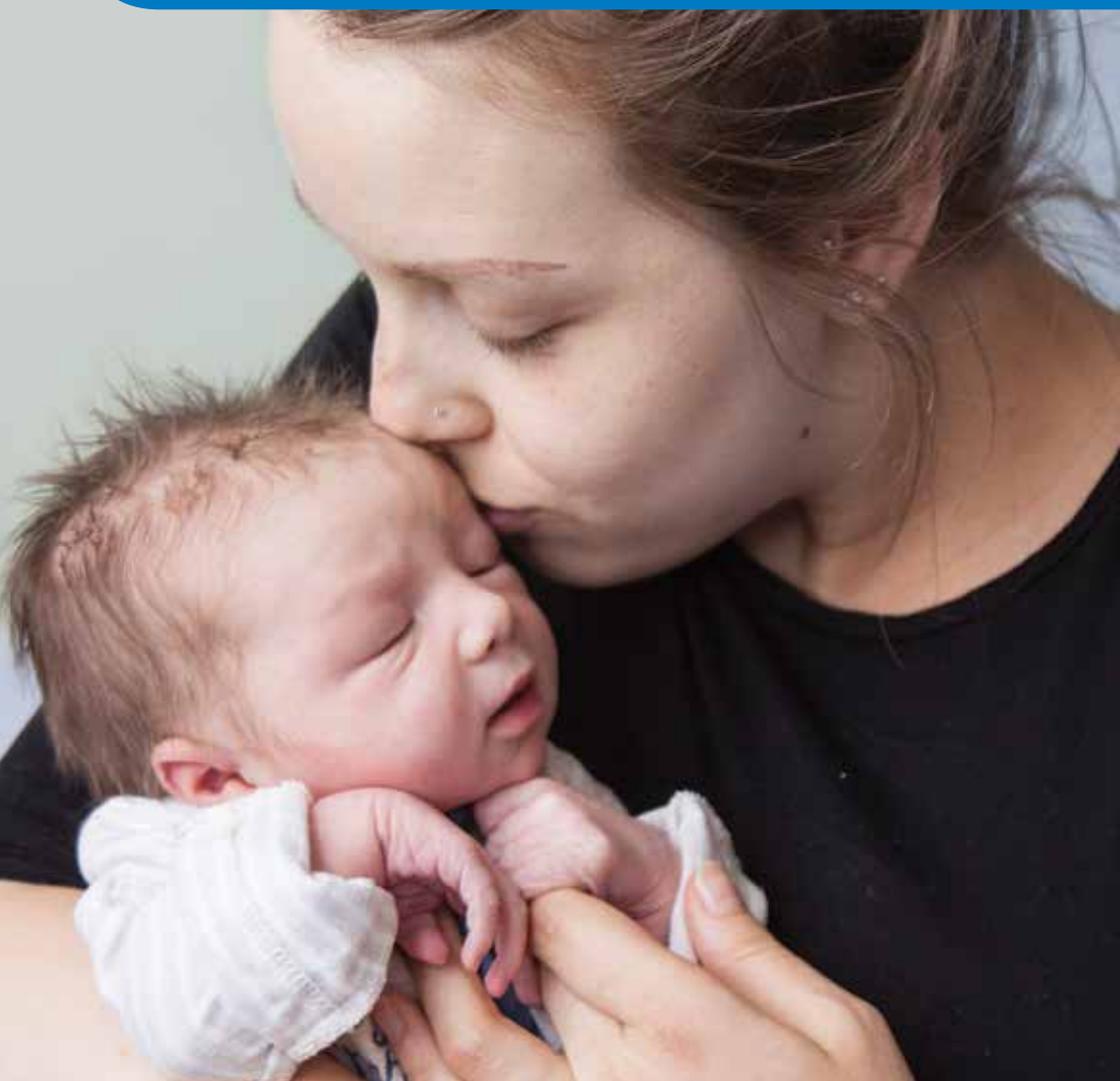




University Hospital  
Southampton  
NHS Foundation Trust

# Induction of labour



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# What is induction of labour?

Labour is a natural process which usually starts between 37 and 42 weeks of pregnancy. It is sometimes necessary to start the process of labour artificially. This is known as induction of labour. Every year, approximately 29% of women in the UK have their labour induced (NHS Digital 2017). Induction of labour is only recommended when it is thought it will benefit the health of you or your baby.

It may be beneficial to induce your labour if:

- you are overdue
- there are concerns about the well-being of you or your baby
- your waters break before your labour starts

## Reasons for induction

### 1. If you are 12 days over your due date

National guidance recommends induction of labour to avoid the risks of a prolonged pregnancy (pregnancy lasting beyond 42 weeks).

These risks include:

- a very small but significant increase in the likelihood of your baby needing help with their breathing at birth
- your baby needing care in the neonatal unit
- stillbirth
- neonatal (baby) death

It is not possible to reliably predict which babies are at increased risk so the Department of Health recommends induction of labour to all women between 41 and 42 weeks of pregnancy (NICE 2008), usually when you are 12 days over your due date.

## Before you are induced

It is important to begin discussing the options available to you with your midwife when you are 38 weeks. This will give you the opportunity to discuss:

- the option of a membrane sweep and its potential to make spontaneous labour more likely
- the risks associated with pregnancies that last longer than 42 weeks
- the advantages and disadvantages of induction
- the options available to you if you choose to decline induction when you are 12 days overdue
- when, where and how your labour can be induced
- how an induced labour differs from a normal labour
- what happens if induction is unsuccessful

## Membrane sweep

A membrane sweep may increase the chance of labour starting naturally and therefore reduces the need for other methods of induction of labour. The midwife places a finger inside your cervix and makes a sweeping, circular movement to separate the membranes from the cervix. This can be carried out at home, in the antenatal clinic or in hospital.

Some women report discomfort during this procedure. If it is painful please tell your midwife. You may also experience some contractions or spotting (a very small amount of blood loss) in the 24 hours after the sweep. If you have any concerns please call Labour Line on 0300 123 9001. Membrane sweeps are not associated with increased rates of infection or an increased likelihood of your waters breaking before labour begins. They do not cause any harm to your baby.

You should be offered a membrane sweep at your 40 and 41 week antenatal appointments during your first pregnancy, or your 41 week antenatal appointment if you have had a baby before. If labour does not start after this, you can ask for additional membrane sweeps. A membrane sweep is not recommended if your waters have broken.

## Declining induction when you are 12 days overdue

Your midwife will discuss the advantages and disadvantages of induction of labour with you when you are 38 weeks and answer any questions you may have. If you choose not to have your labour induced when you are 12 days overdue your midwife or obstetrician will discuss additional assessments of your baby's wellbeing with you. You will be offered:

- assessment of your baby's heartbeat using an electronic fetal heart monitor (a cardiotocograph also known as a CTG). This will take place twice a week.
- an ultrasound scan to check the amount of amniotic fluid (the waters) surrounding your baby. This is usually carried out at the Princess Anne Hospital

These tests will help your midwife and obstetrician monitor the health of your baby. Any concerns will be discussed with you by an obstetrician.

If you are induced because you are overdue this will not increase your chance of requiring an instrumental birth (forceps or ventouse). It may reduce the likelihood of you needing a Caesarean section when compared to waiting for labour to start. It is also associated with a very small but significant decrease in the likelihood of stillbirth or neonatal death (baby death shortly after birth), 3 per 1000 compared to 1 per 1000 with induction of labour (Cochrane Review 2018). After induction of labour, fewer babies are cared for in the neonatal unit when compared to babies born after women wait for labour to start (83 per 1000 compared to 95 per 1000).

## 2. If your waters break before labour starts

### Before 37 weeks of pregnancy:

If your waters break before 37 weeks of pregnancy, there is a chance you may go into labour prematurely. This happens to about 2 to 3% of women. Induction may be discussed with you if you are around 36 weeks pregnant. Otherwise it may be safer for your baby to wait.

After your waters have broken, your obstetrician will:

- recommend you take oral antibiotics for 10 days to reduce the likelihood of infection
- discuss steroid injections to help mature your baby's lungs and reduce the likelihood of breathing problems at birth

You will also be offered intravenous antibiotics (given through a drip in your hand) when you are in labour. Your obstetrician will discuss your care with you in more detail and answer any questions you may have.

### **After 37 weeks of pregnancy:**

Your waters may break before labour starts. This happens to approximately 1 in 12 women after 37 weeks of pregnancy and is known as pre-labour rupture of the membranes.

If your waters break before your labour starts, you may feel a slow trickle of fluid from your vagina or a sudden gush that you cannot control, or you may just feel damp. If you think your waters may have broken, wear a maternity sanitary towel (not a tampon) and make a note of the colour and amount of fluid leaking from your vagina. Please phone Labour Line on 0300 123 9001 for advice from our team of midwives.

Most women go into labour soon after their waters break:

- 60% of women go into labour naturally within 24 hours
- 91% of women go into labour naturally within 48 hours

If you are more than 37 weeks pregnant and your waters break but you do not go into labour, you will be offered an appointment for induction of labour approximately 24 hours after your waters broke. This is because there is a small risk of an infection developing in the amniotic fluid surrounding your baby. This may affect you and/or your baby. As the length of time between your waters breaking and your baby being born increases so does the likelihood of an infection developing.

It is important to remember the risk of infection developing in the first 24 hours after your waters break is low and the likelihood of labour starting naturally is high. You can either 'wait and see' if your labour starts naturally, a choice supported by the 'Department of Health' (NICE Guidelines 2014) or request an induction of labour if you prefer. If you choose to take a 'wait and see' (or 'expectant management') approach, you can go home while you wait for labour to start. There is no greater risk to you or your baby at home and you will probably be more relaxed and comfortable than you would be in hospital.

You will need to take care to prevent infection and look out for any warning signs:

- Pay attention to your baby's movements. They should be moving normally, the same as they were before your waters broke.
- Check your temperature using a thermometer (if you have one) every four hours, during waking hours
- Check the fluid on your sanitary towel regularly. It should be clear and without an offensive smell.

**Telephone Labour Line (0300 123 9001)** if your temperature is above 37.4°C, there are any changes in the colour or smell of your waters, if your baby's movements are reduced or if you have any other concerns.

If you choose not to be induced 24 hours after your waters have broken, additional assessments of your baby's well-being are recommended. Please discuss this with your midwife.

You are advised to read the booklet 'If your waters break before labour starts: Information and advice for women who are more than 37 weeks pregnant' for more information about the implications of your waters breaking before your labour begins and the recommendations for your care before, during and after labour. It may also be helpful to read 'What to expect in early labour'. Both of these factsheets are available from your midwife or can be downloaded from [www.uhs.nhs.uk/maternity](http://www.uhs.nhs.uk/maternity).

## Group B streptococcus infection

Induction of labour within four hours of your waters breaking is recommended if:

- you have been told that you carry Group B streptococcus or have done at any time
- you have previously had a newborn baby who became unwell due to Group B streptococcus
- you have previously had a newborn baby who was found to carry Group B streptococcus within the first seven days of life

This reduces the likelihood of your baby developing an infection. Please discuss this with your midwife when you phone Labour Line and arrangements will be made for you.

## 3. Induction of labour to protect the health of you or your baby

Your obstetrician may recommend induction of labour to protect the health of you or your baby. This may be due to diabetes, high blood pressure or poor growth of your baby, among other reasons. Your obstetrician will discuss this with you.

# How is labour induced?

The method of induction depends on the reason for you being induced. The midwife looking after you will ensure that you understand the process of induction and give you the opportunity to ask any questions.

## Prostaglandins

Prostaglandins are drugs that help to induce labour by softening and shortening the cervix. This in turn can help stimulate the muscles in your womb (uterus) causing and encourage labour to begin. Prostaglandins are given as a tablet (Prostin) or pessary (Propess) that is inserted into the vagina.

## Prostaglandins

### Prostaglandin tablet (Prostin)

You will be offered a Prostin tablet if your cervix is already starting to show signs of changes. It is usually possible to break your waters approximately six hours after you have had Prostin. However, for some women another one or two tablets may be necessary. This may mean you need to stay in the hospital overnight.

### Dinoprostone pessary (Propess)

Propess is a pessary similar in shape to a small tampon, which is inserted into your vagina. The pessary contains the drug dinoprostone, which is released slowly over 24 hours. This has the same effect as the naturally occurring hormone prostaglandin (which is involved in starting labour). Dinoprostone stimulates the muscles in your cervix, causing your cervix to open (dilate). This in turn stimulates the muscles in your womb (uterus) causing them to start contracting and labour to begin.

Propess may be offered if:

- your cervix does not show signs of change before labour
- you are being induced because you are overdue
- you are eligible for outpatient induction of labour.

Some women find it uncomfortable when the prostaglandin pessary is inserted, and prostaglandin can cause soreness in and around the vagina.

Starting labour artificially can be a long process. It can take one or two days for labour to begin. Most women do not experience any discomfort until labour begins, but some women do experience strong contractions, which can be painful. Having these contractions is normal and it is an effect of the hormone in the Prostin tablet or Propess pessary. Unfortunately it does not always mean you are in labour.

After inserting the Prostin tablet or the Propess pessary:

- your midwife will continue to assess your baby's heartbeat for approximately another hour, using an electronic fetal monitor (CTG). Very occasionally prostaglandins can cause the uterus (womb) 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. An unplanned Caesarean section may become necessary if your baby's heartbeat pattern does not return to normal.
- you will be asked to remain in a reclining position for approximately 20 minutes to allow the tablet or pessary to soften (this allows the process of hormone release to begin).

**After the prostaglandin is inserted, your midwife will discuss your on-going care with you.** Your midwife will encourage you to eat and drink normally during induction of labour with prostaglandins. The hospital provides regular meals for you, but you may want to supplement this with your own snacks and drinks.

Some women also experience feelings of nausea (feeling sick) or diarrhoea. Please let your midwife know. Your midwife will discuss ways to help you manage this with you.

For some women, going home to await events may be appropriate, while for others staying in hospital overnight will be recommended. If going home is appropriate for you, a midwife will phone you between six and eight hours after you have had the pessary to check that all is well. During this time your contractions may start or your waters may break.

If you go home you will also be given an appointment to return to the induction of labour suite 24 hours after the Propess pessary was inserted. This will ensure the wellbeing of you and your baby is reviewed if your labour has not started.

If your labour has not started after 24 hours your midwife will discuss your options with you. These may include:

- inducing your labour with prostin
- breaking your waters
- use of the hormone drip
- resting and then repeating the induction
- planning a caesarean section (birth of your baby through an incision (cut) to your lower abdomen)

A review by an obstetrician (specialist doctor) may also be arranged.

### Concerns during prostaglandin induction of labour

#### **Please tell the midwife caring for you immediately if:**

- your baby's movements are reduced
- you experience very frequent contractions (more than four times in ten minutes) or constant abdominal pain
- you have any bleeding from your vagina
- you feel unwell or feverish
- you experience nausea, vomiting or diarrhoea
- your waters have broken and/or have an offensive smell or are brown or green in colour
- (if you had a Propess pessary), the pessary falls out or drops into your lower vagina

**If you are having outpatient induction of labour, phone the Labour Line (0300 123 9001) You may need to be seen by a midwife or obstetrician straight away**

## Breaking your waters

If your waters have not broken, your obstetrician or midwife may recommend that the membranes are broken deliberately. Making a small break in the membranes and releasing the fluid surrounding your baby (during an internal examination) allows your baby's head to press more firmly on your cervix and aims to increase the strength of your contractions.

If you are having your first baby, it is likely a hormone drip will be required to help start contractions and so this is usually started soon after your waters have been broken. Otherwise, your midwife or obstetrician may suggest waiting two to four hours before starting the drip.

## Hormone drip

This drip contains a drug called Syntocinon, an artificial form of the hormone oxytocin that causes your uterus (womb) to start having contractions. Syntocinon is only given in the hospital in the Labour Ward. It is given via a thin plastic tube (a cannula) in your hand. The oxytocin drip is started very slowly and is increased every 30 minutes until your uterus is contracting regularly and strongly. Women respond differently to Syntocinon and this will influence how well the drip works on contractions and it also depends upon how ready your body is for the labour process.

During labour, your baby's heart rate will be monitored continuously using a cardiotocography (CTG) machine. Your ability to walk around will be limited by the syntocinon drip and your baby's heart rate monitor, although you may choose to stand up or sit on a chair or birthing ball. Please speak to your midwife about the use of telemetry (wireless) monitoring as this will enable you to remain more upright and mobile.

Once the hormone drip is in progress, you will be advised not to eat. Drinking clear fluids (water or isotonic drinks) is recommended.

As with prostaglandins, the main risk is that your uterus contracts too strongly/frequently and affects your baby's heartbeat. Reducing the rate of the drip can

have an immediate effect on easing the contractions, which will improve your baby's heartbeat. Your obstetrician may also give you other medication to help relax your uterus. If your baby's heartbeat pattern does not return to normal an unplanned caesarean section may be recommended.

## Your induction of labour appointment

An appointment will be made for your induction. Please come to the Induction of Labour Suite at the time you are given. This is a four bedded suite on D Level at the Princess Anne Hospital that cares for women undergoing induction of labour. **It is very important that you bring your antenatal notes to your appointment.**

Please be aware that if the Labour Ward is busy, your induction of labour may be delayed until it is safe to proceed. This is to protect the wellbeing of you and your baby as well as that of other women being cared for in the hospital

Before you begin the induction process, your midwife will need to:

- confirm your baby is in a head down position
- assess your current wellbeing through assessment of your temperature, pulse and blood pressure. You will also be asked to provide a urine sample.
- examine your abdomen with their hands (known as palpation) to assess your baby's position and find out if you are experiencing any contractions
- listen to your baby's heartbeat continuously for approximately 20 to 30 minutes using an electronic fetal monitor. The exact length of time may vary and will be determined on an individual basis.
- perform an internal (vaginal) examination to assess the length and dilatation of your cervix

## Pain relief in early induction

Your labour pains may start gradually with period pain, backache and tightenings. Simple painkillers such as paracetamol or having a warm bath may help. Please talk to your midwife about TENs hire and other pain relief options that are available during early labour. You may wish to use gas and air if you find examinations very uncomfortable.

Women often describe induction of labour as being more painful than a labour that starts naturally. You will be offered support and whatever pain relief is appropriate for you. Please discuss your options with your midwife. You can also find helpful information at [www.labourpains.com](http://www.labourpains.com).

## What about my birth partner?

Your midwife will encourage your birth partner to support you during the induction process. It is important that they bring plenty of snacks and have adequate food, fluids and rest. Please speak to your midwife about the refreshment facilities available at the Princess Anne Hospital and Southampton General Hospital.

## Next steps

Once your labour has become established (when regular contractions are opening your cervix and it is more than 3cms dilated) your midwife and obstetrician will review your plan of care. If you need a hormone drip to maintain your contractions or you are being induced due to concerns about the health of you or your baby they will advise you to stay on Labour ward to give birth.

If you have had an uncomplicated pregnancy and there are no concerns about the wellbeing of you or your baby you may wish to transfer to Broadlands Birth Centre to give birth. Here you will be able to use the pool and mobilise. You will be encouraged to keep labour and birth as natural as possible. Transferring to the New Forest Birth Centre or having a home birth is not advisable after induction of labour.

You may have one or two birth partners with you once you are in established labour and have your own single room.

If the induction is not successful your obstetrician will discuss your options with you. This may include resting and then repeating the induction or planning a Caesarean section.

## Additional information

There may be good reasons why your care differs from the recommendations in this booklet, depending on your individual circumstances and wishes. If you would like any further information about induction of labour or have any questions, please discuss them with your midwife or obstetrician. They will be happy to answer any queries you may have.

### [National Collaborating Centre for Women's and Children's Health, 2008](#) **Induction of labour (NICE guideline).**

Available from: [www.nice.org.uk/guidance/cg70/evidence/full-guideline-pdf-241871149](http://www.nice.org.uk/guidance/cg70/evidence/full-guideline-pdf-241871149)  
[www.nice.org.uk/](http://www.nice.org.uk/)

### [National Collaborating Centre for Women's and Children's Health, 2014](#) **Intrapartum Care: care of healthy women and their babies during childbirth (NICE guideline).**

Available from: [www.nice.org.uk/guidance/cg190/evidence/full-guideline-pdf-248734770](http://www.nice.org.uk/guidance/cg190/evidence/full-guideline-pdf-248734770)

### [National Childbirth Trust](#)

#### **Overdue baby – what happens if my baby is late?**

Available from: [www.nct.org.uk/birth/what-happens-if-my-baby-%E2%80%98late%E2%80%99](http://www.nct.org.uk/birth/what-happens-if-my-baby-%E2%80%98late%E2%80%99)

### [NHS Choices](#)

#### **When would I be induced and what's involved?**

Available from: [www.nhs.uk/conditions/pregnancy-and-baby/induction-labour/#video-when-would-i-be-induced-and-whats-involved](http://www.nhs.uk/conditions/pregnancy-and-baby/induction-labour/#video-when-would-i-be-induced-and-whats-involved)

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