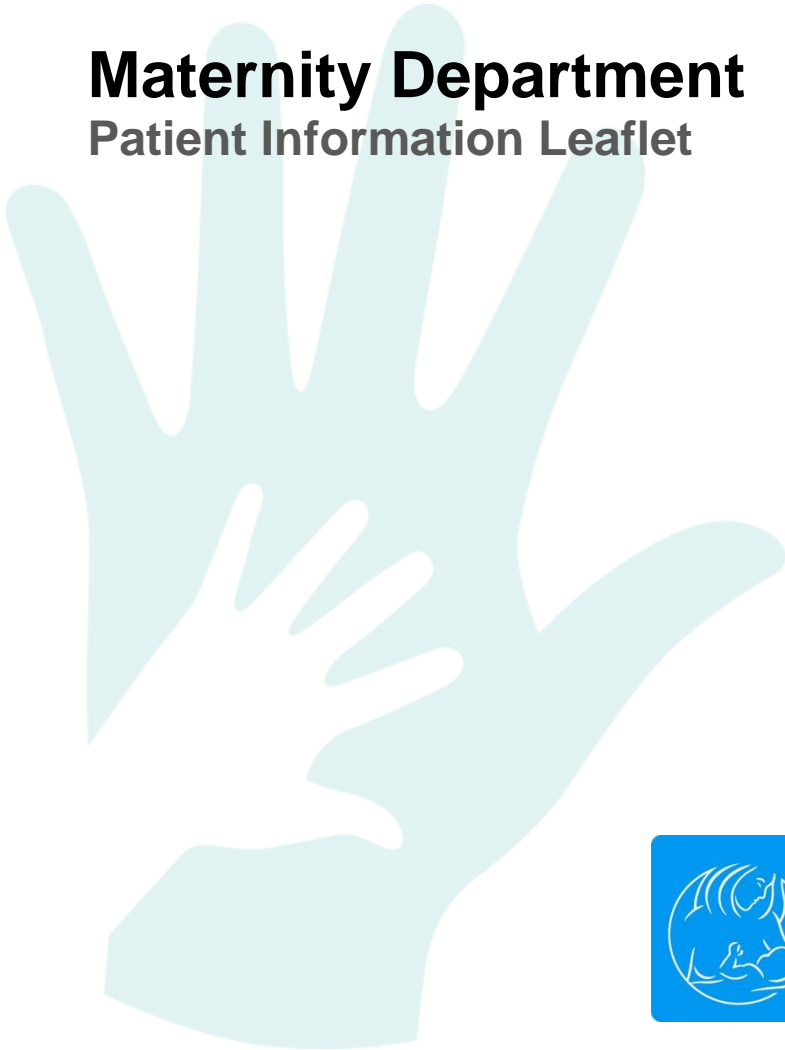


Having your labour induced

Maternity Department Patient Information Leaflet



Introduction

This leaflet explains what induction of labour means and what it will involve. If all your questions are not answered, or you feel anxious about any aspect of this, please do talk to your midwife or obstetrician (doctor who specialises in pregnancy).

What is an induction of labour?

Labour is a natural process that usually starts on its own between 37 and 42 weeks of your pregnancy. Sometimes we recommend assisting the natural process of labour by inducing or starting labour off. This is referred to as induction of labour.

Induction of labour can take some time to actually get your labour started and; therefore, it can be longer before you have your baby. However, some women can experience rapid progress, once labour is established.

Why may I be offered an induction of labour?

Induction of labour is considered necessary:

- To avoid a pregnancy lasting longer than 42 weeks
- If your waters break but labour does not start on its own
- If there are problems in pregnancy which can affect either you or your baby's wellbeing

Your doctor or midwife will discuss with you.

Where will I be induced?

Induction of labour takes place in the Maternity Unit located on the 2nd floor in the east wing of Russells Hall Hospital.

What happens on the day of my induction?

As we are unable to predict the workload in the Maternity Unit, women who are booked for induction of labour must contact the Maternity Unit before travelling to the hospital.

**Please telephone the Maternity Unit on:
01384 456111 ext. 3430 at 4pm**

This telephone call should be made on the day of the planned induction to check that admission is possible.

If we ask you to come in, we know that delays can cause anxiety but please bear in mind that it is possible that your induction may not start as soon as you arrive at the unit. It may have to be delayed until later in the day, or occasionally be postponed until the following day.

If there is not a bed available at that time, we may advise you to come in for monitoring of your baby's heart rate either in Maternity Triage or on the Pregnancy Day Assessment Unit.

If, after this monitoring, admission is still not possible, we will advise you return home and to call at a later time. A midwife may contact you before this agreed time. We apologise in advance for any inconvenience this may cause.

When you come for an induction, you will need to bring your pregnancy green handheld records and the personal items that you will need for your hospital stay.

What will happen before my induction begins?

Following discussion, the midwife will undertake a full examination. This will include: measuring your blood pressure and pulse rate, feeling your abdomen, monitoring your baby's heart rate and a vaginal examination. This will help us decide the best method of induction for you and your baby.

What methods are used to induce labour?

There are a number of methods used which are described in this section. After our examination of you, we will discuss with you which we think is the best one for you and your baby.

Membrane sweeping

This can only be performed at term. It may be offered by your community midwife or at an outpatient appointment before you attend the hospital for a planned induction of labour.

This has been shown to increase the chances of labour starting naturally within the following 48 hours. It can reduce the need for other methods of induction of labour to be used.

Membrane sweeping involves your midwife or doctor placing a gloved finger just inside your cervix and making a circular, sweeping movement to separate the membranes from the cervix (neck of the womb).

Membrane sweeping may cause some discomfort or light bleeding. If you have any questions after having a membrane sweep, please call Maternity Triage on **01384 456111** ext. **3053**.

Propess (prostaglandin) pessary

Usually a Propess vaginal pessary will be used as an initial way to start your labour. This helps to soften your cervix. It can encourage labour to begin and enables your waters to be broken.

We will insert the pessary into your vagina. You will then need to remain on the bed while your baby's heart rate is monitored for a minimum of 40 minutes. After this initial monitoring, you will be able to move around normally.

If your contractions do not start about 24 hours after having Propess, you will need to have another examination to assess your cervix to see if it is possible for us to break your waters. If not, we will leave the Propess to continue to work for another eight hours.

After using Propess, it is very common to experience tightening of the womb, sometimes with or without discomfort and pain. Often this is not labour but the effects of the cervix absorbing the pessary. It is very normal.

Prostin (prostaglandin) 1mg gel

Some women will require Prostin gel instead of Propess. If you have this, you will need to have more regular monitoring of your baby's heart rate. You may need more than one dose. We will discuss with you whether it is best to use Propess or Prostin at the time of induction.

Breaking your waters

If it is possible to do so, your midwife may discuss with you whether we should break your waters. This is known medically as artificial rupture of membranes (ARM).

In order to have this done, you will need a vaginal examination. During this, a slim hook will be used to make a hole in the bag of waters. This will not harm your baby but it can be uncomfortable for you.

This may be during the first vaginal examination or after using prostaglandin. If you have your waters broken, your baby's heart rate will be monitored for a minimum of 40 minutes afterwards.

Syntocinon (hormone drip)

When your waters are broken, if labour has not started after the planned time, we may suggest using a Syntocinon drip (infusion). Syntocinon is an artificial form of a hormone called oxytocin that is normally produced in labour. It will help to get contractions started.

It is given through a vein in your arm. Once you are having Syntocinon, your baby's heart rate will be monitored continuously until birth.

What happens during my induction?

A midwife will care for you during your induction and will answer any questions you may have. The following are common questions that midwives get asked:

Can I have pain relief during my induction?

We would not normally expect you to need pain relief until labour is established. However, pain relief is available throughout induction, if you need it. Your midwife will discuss this with you.

Can I eat and drink?

We will offer you a light diet during the induction. We advise you to drink fluids, mainly water, as this will help you avoid getting dehydrated.

Can my birth partner be with me?

Unfortunately, your birth partner cannot stay with you during the induction period. Your birth partner can attend once labour has become established. Your midwife will tell you when this has happened.

Are there any risks with induction of labour?

Occasionally, some women experience rapid onset of contractions in reaction to either prostaglandin or Syntocinon and may require a drug given by injection to stop the contractions. If this happens, the pessary will be removed or the Syntocinon drip will be stopped.

After being given prostaglandin, some women do not go into labour and are not able to have their waters broken. In these cases, women may need to have a caesarean section delivery of their baby. This will be fully discussed with you by a senior obstetrician.

Can I decide not to be induced?

Yes of course. It is your choice. However, we recommend you discuss this decision with an obstetrician and midwife.

Can I find out more?

You can find out more from the following:

- **National Institute for Health and Clinical Excellence (NICE)** (2008) Induction of labour. Information for people who use NHS services. Clinical Guideline 70. London: NICE
<http://www.nice.org.uk/nicemedia/pdf/CG70publicinfo.pdf>
- **Labour – Active Management and Induction**
<http://www.patient.co.uk/doctor/Labour-Active-Management-and-Induction.htm>
- **WHO** recommendations for Induction of labour (2011)
http://whqlibdoc.who.int/publications/2011/9789241501156_eng.pdf

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Your community midwife; or Maternity Triage on
01384 456111 ext. 3053

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/maternity/>

If you have any feedback on this patient information leaflet,
please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ، ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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