

Induction of labour



Induction of labour is the process used to encourage labour to start artificially.

There are two main reasons why induction of labour is offered:

- When you have progressed 10-14 days past your estimated due date. If your pregnancy lasts longer than 42 weeks your baby's health could be at greater risk because your placenta may not work as well.
- If the obstetrician or midwife looking after you feels that either you or your baby's health would benefit from earlier delivery. Common worries are diabetes in pregnancy, high blood pressure, concerns for your baby's growth or problems that have been identified on your baby's scans.

You will normally be asked to come in to Sara ward for your induction (although some inductions are performed on the delivery unit.)

If you have a low-risk pregnancy and live within 30 minutes of The Rosie, you could be offered an induction of labour as an outpatient, if it is appropriate for you. This means you'll come to hospital to begin the induction process, but will then go home, returning in 24 hours or until your labour starts. Being at home will help you have a more comfortable experience. This is a safe way to help you go into labour and some women will still be able to use the Rosie Birth Centre.

There are three methods of inducing labour; you may have one or a combination depending

on your individual circumstances.

Prostaglandins

Prostaglandins are hormone-like substances that help to induce labour by encouraging the cervix to ripen, soften and shorten. Prostaglandins can be given in a tablet form called Prostin®, or a pessary (medicated vaginal suppository) called Propess® inserted into your vagina. Induction of labour may take many hours or even days to achieve, please be patient and prepared. The average length of stay on the Sara ward before going to delivery unit is between 24 - 72 hours. Your midwife will be able to discuss your plan of care with you.

Prostin®

This is a tablet form of prostaglandin and is inserted high into the vagina behind the cervix.

Propess®

This prostaglandin comes in the form of a pessary which is also inserted vaginally and sits high in the vagina behind the cervix.

Before and after prostaglandins are given, your baby's heart beat will be monitored using a cardiotocograph (CTG) machine.

You will remain on Sara ward until either labour establishes or an ARM (artificial rupture of membranes) can be performed. However, there may be circumstances where you may go home with instructions to follow after your Propess®, please discuss this with your midwife

Breaking the waters - Artificial rupture of the membranes (ARM)

Artificial rupture of membranes, or breaking the waters, may be performed when the cervix has ripened and opened up. This is performed by a midwife or an obstetrician on delivery unit. During a vaginal examination a slim hook is introduced and a small hole is made in the membranes/sac around the baby to release the amniotic fluid. Breaking the waters releases natural prostaglandins and encourages the baby's head to make close contact with the cervix; this further stimulates the release of natural prostaglandins. The stimulation effects may be enough to encourage contractions to start.

After your waters have been broken, you will be encouraged to mobilise for a few hours in order to help labour start. If labour does not start an oxytocin drip will be offered to stimulate contractions.

Oxytocin drip (Syntocinon®)

If your contractions have not started or they are not sufficient in strength and length despite breaking your waters, a drip in your arm containing Syntocinon® will be offered. Syntocinon®

is an artificial hormone containing oxytocin which starts contractions. When the Syntocinon® drip is started the contractions aren't necessarily more painful; your midwife will regulate the dose of Syntocinon® and monitor your contractions. The frequency, strength and length of contractions, as well as the baby's heartbeat, will all need to be monitored.

Delays

Due to the nature of maternity care, there are occasions when your induction of labour has to be delayed or postponed, or there may be some delay in transferring you to the delivery unit. This is because it is impossible to predict the number of women who will go into labour at any one time, or when emergency admissions occur. If this happens we will keep you informed as much as possible and try to continue with your induction as soon as we can. Occasionally we may offer monitoring of your baby in the maternity assessment unit while you are waiting to be admitted.

We therefore advise that you make preparations and childcare arrangements not just for the day of your induction but for several days afterwards. Please note that your partner may stay during the day and overnight however at present, only a comfortable chair can be offered for rest.

If you choose not to be induced at 10 - 14 days past your estimated due date and the pregnancy is prolonged, after this time you will be offered a consultant appointment to discuss with you further plans of care which may include:

- an ultrasound scan to check your baby's growth and amount of fluid (waters) around the baby
- a check of your baby's heartbeat using a CTG machine