Women’s Services

Outpatient induction of Labour: (IOL) guidance for women (Prostin®)

What is outpatient induction of labour?
Outpatient induction of labour refers to returning home after the induction of labour process has been started and returning after six hours for re-assessment. If labour contractions begin before this, you will be advised to return to the hospital.

Why have an outpatient induction of labour?
- Reduces the amount of time you will need to stay in hospital before your labour begins
- Allows you to stay at home and wait for labour to start
- Makes the process of induction more ‘normal’

Who can have outpatient induction of labour?
You will be offered an outpatient IOL at The Rosie if:
- Your pregnancy is considered ‘low-risk’
- You have no relevant medical or obstetric problems
- You have not had any uterine surgery
- You have had no bleeding after 24 weeks of pregnancy
- You have a telephone
- You live within a 30 minute drive from Rosie Hospital
- You have a relative who will be with you at all times
- You have transport to bring you to the hospital
- Your midwife will have a discussion with you about the outpatient IOL process and if you meet all of the criteria you will be offered this method of induction.

What happens once the decision is made to induce my pregnancy?
You will be asked to attend clinic 23 in the morning your induction is planned. The midwife will read your notes and confirm that you are suitable for outpatient IOL. She/he will also discuss the process of induction with you and answer any questions you may have.

The midwife will examine and measure your abdomen to check your baby’s size and the way the baby is laying. She/he will also check that your baby is well by monitoring the baby’s heart beat on a cardiotocograph (CTG) machine for about 20-30 minutes.
When the midwife is happy with the observations and the CTG monitoring she/he will perform an internal examination (vaginal examination) to check the neck of the womb (cervix) to see if your cervix is ripe and beginning to open.

**What does ripe mean?**

Your cervix is the bottom part of your uterus (neck of the womb) that opens to allow the baby to move from your uterus and down the birth canal to be born. During pregnancy your cervix is closed and firm. Towards the end of pregnancy, it softens, or ripens. As you go into labour it will soften even more, get shorter and open up. However, if your cervix is not quite ready, we will attempt to ripen the cervix using a tablet called Prostin®. Prostin® tablets contain the active ingredient dinoprostone, which is a naturally occurring female hormone also known as prostaglandin. This tablet is inserted high in the vagina during an internal examination by the midwife or doctor. Once inserted into the vagina your body will absorb the hormone to ripen your cervix.

After the Prostin® is inserted you will need to be sitting up on the bed to be monitored for 30 minutes on the CTG machine.

Once the CTG recording has been completed the midwife will assess it. If it is a normal recording and you feel ok you will be free to go home.

You can continue with your day-to day activities and eat and drink as normal. We encourage you to be as mobile as possible. Please also monitor your baby’s movements.

**You will need to return to the hospital to be admitted on Sara Ward six hours after the Prostin® tablet has been administered**

**What to expect/what is ‘normal’?**

You can expect to feel period like pain/ache, backache, dull ache at the tops of your legs, and maybe some tightening (painless or mildly painful contractions of the uterus). These are the effects of the prostaglandin softening, shortening and beginning to open your cervix.

**Are there any side effects?**

Prostin® can occasionally produce some side effects which are usually mild and include:

- Nausea, vomiting, dizziness or rarely palpitations and fever.
- There is a very rare chance that you may be very sensitive to Prostin® and start contracting very frequently and strongly: More than 5 times in 10 minutes.
- A run of contractions each lasting more than 2 minutes
- Severe abdominal pain
If any of this happens you must phone 01223 217217 and you will be asked come into hospital to have a full assessment.

**When to contact the hospital**

You must call the Rosie on 01223 217217 if any of the following occurs:

- **Onset of labour** - If your contractions are becoming very regular, frequent (more than one every three minutes), long and/or very painful, then we may ask you to come back to the hospital. Phone and talk to a midwife first.

- **Fresh red bleeding from the vagina** (other than a ‘show’ which is a blood-streaked mucous discharge common after a vaginal examination when the cervix is ‘ripening’; this is normal) however if you are uncertain then please phone to discuss.

- **‘Waters break’** – this is known as the membranes rupturing: the colour may be clear, tinged with pink if you have also had a show, or stained green/black indicating that the baby has passed the first stool (meconium).

- **Baby not moving** - If you feel that your baby is not moving as much as normal.

- **If you are worried and need advice over the telephone.**

**What happens if my labour starts within 6 hours of the Prostin® being inserted?**

If you start having regular painful contractions you must contact the hospital on 01223 217671 immediately and make your way in.

You will be seen in Clinic 23 initially and your baby’s heart rate will be monitored for approximately 30 minutes. If this is normal, you will have an internal examination to confirm you are in established labour. If everything remains normal and labour is confirmed, you may be offered to be transferred to the Rosie birth centre. If you prefer to stay in the delivery unit or there are any complications which makes it unsafe for you to go to the Rosie birth centre, you’ll be transferred to the delivery unit. If you are not in labour you may be transferred to Sara ward to be admitted.

**What happens if my labour does not start within 6 hours of the Prostin® being inserted?**

If you have not started your labour within 6 hours of having Prostin® you will be asked to return to Sara ward for admission. Following admission, the midwife will assess you and your baby’s wellbeing.
The midwife will also ask to examine you internally to feel your cervix. If your cervix is ripe and starting to open you will be offered to have your waters broken on delivery unit.

If this does not make you go into labour, we may advise that you have an intravenous drip to make your contractions come. If the neck of your womb is not ready, you may need to have a second Prostin® tablet. If this is the case, you will be admitted to Sara Ward where your induction of labour will continue.

**Time to attend Clinic 23**  
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**Time to return to Sara Ward**  
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**Please feel free to ask any questions before you go home.**

**Useful telephone numbers**

Clinic 23/ Delivery unit 01223 217217  
Antenatal ward (Sara ward) 01223 217671  

**More information is also available from:**

- National Institute for Clinical Excellence [www.nice.org.uk](http://www.nice.org.uk)
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Other formats:**

If you would like this information in another language, **large print** or audio please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department which has authored the leaflet.

**Document history**

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Contact number: 01223 245151
Publish/Review date: November 2016/November 2019
File name: Outpatient_induction_of_labour_Prostin.doc
Version number/Ref: 1/100144