Induction of labour

Information for pregnant women
This booklet provides information on induction of labour, which is based on national guidelines.

**Your appointment**

Please come to Level 6, Women’s Centre at the John Radcliffe Hospital

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on .......................................................................................................................................................................................................


What is induction of labour?
Labour is a natural process which usually starts on its own. Sometimes labour needs to be started artificially; this is called induction of labour or ‘induced labour’.

Why might I be offered induction?
Most women will go into labour naturally. However, sometimes it can be best to induce labour rather than let it start naturally. The reasons for this are:

- To avoid the pregnancy lasting longer than 42 weeks (known as a prolonged pregnancy)
- If your waters have broken but labour does not start
- If it is safer for you or your baby
- Your obstetrician may recommend induction earlier for other reasons.

The most common reason for induction is to avoid a prolonged pregnancy. Allowing a pregnancy to continue for more than 42 weeks is slightly more risky for the baby. Your midwife or obstetrician should offer to discuss this with you at your 38 week antenatal appointment. If you are offered induction for this reason, it will take place at the John Radcliffe hospital.
If you are offered induction
Your midwife or obstetrician should explain why you are being offered induction. They should also talk with you about the risks and benefits, and explain the alternatives.

They should talk to you about when, where and how labour can be induced and about how pain relief options may vary depending on how you are induced. Although we may recommend a method of induction of labour, you may prefer an alternative option, for example you may prefer prostaglandin induction to mechanical induction (described below). Also if we offer outpatient induction of labour and you would prefer to stay as an inpatient, we will support this request (see further information later in this leaflet).

You should be told what your options will be if inducing your labour doesn’t work. These might include the option of a caesarean section.

You should be given plenty of time to discuss induction with your partner or family before making a decision. Your healthcare professionals should support you in whatever decision you make. If you choose not to go ahead with induction, your midwife or obstetrician will discuss your care options with you.
Before you are offered induction

Before you are offered induction, to help you go into labour you should be offered a membrane sweep (sometimes called a ‘stretch and sweep’) at least 2-3 days before the date of your induction. This involves your obstetrician or midwife doing an internal examination and placing a finger into the neck of your womb (called the cervix). They will make a circular, sweeping movement to separate the membranes that surround the baby, or will massage the cervix if this is not possible. It may cause some discomfort, pain or bleeding, but makes it more likely that you will go into labour naturally. 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. This may be earlier if we are recommending induction earlier than 42 weeks of pregnancy. If you go into labour after a stretch and sweep before your induction, you will attend your chosen birth environment unless there are any concerns about you or the baby.
Inpatient or Outpatient Induction

**Inpatient**: If you are considered to have a higher risk pregnancy, we recommend you stay in hospital from the start of the induction until after the baby is born. This may require you to stay in hospital for up to 24 hours before you are in established labour; however this is considered the safest place for you and your baby.

**Outpatient**: If you have a lower risk pregnancy, we will invite you to come to the hospital the day before your planned induction of labour. We will assess you and the baby to ensure you are still suitable for outpatient induction; part of the assessment is a vaginal assessment. If your cervix is less than 3 cm dilated, we will recommend a ‘mechanical induction’ (see ‘What are the methods of induction’ below). If you consent to this then we will be able to start it straight away and then you can be discharged home to return the following day at a set time for your waters to be broken. If your cervix is assessed as more than 3 cm or you choose to have prostaglandin induction, the midwife will perform a stretch and sweep and discharge you home to return the following day at a set time for your waters to be broken or the prostaglandin to be administered. You will be in hospital for about an hour before you can go home to return the following day. You can decline outpatient induction and choose to stay as an inpatient.

We offer outpatient induction of labour to women who are expecting their 1st, 2nd or 3rd baby.

We are unable to offer outpatient induction if:

- You have any medical health issues that you have seen a consultant obstetrician for during pregnancy (this may depend on what the issues were and whether they have resolved)
- You are expecting more than one baby
- You have had any surgery to your womb
- You have had any vaginal bleeding in the last 2 weeks
- We have any concerns about your baby
- You are less than 37 weeks or greater than 42 weeks pregnant
- You do not speak or understand English
- You have no telephone
If you are suitable for outpatient induction, you will be discharged home with a time to return the following day and the following information:

Contact the Maternity Assessment Unit (number below) as soon as possible if you experience any of the following whilst at home:

- If your waters break
- If you have any bleeding
- If you have any concerns about the baby’s movements
- If you are unable to empty your bladder (pass urine)

**When you attend hospital for induction**

You will meet the midwife on arrival and she will talk to you about the process and answer any questions you may have before they proceed with the induction. Please be reassured that we will not undertake any procedure without your consent.

The midwife will check your baby’s heartbeat using a Cardiotocograph (CTG). This involves two sensors being attached to your tummy by elastic straps. When they are reassured that the baby is ok and you have consented to the induction, the midwife will carry out an internal examination to check your cervix. By making this assessment she will know what is the most appropriate way to commence your induction.
What are the methods of induction?

**Mechanical**

Mechanical induction is the preferred option to induce most labours and can be done as both inpatient and outpatient. You can decline to be induced this way and we would induce your labour with prostaglandins instead. Mechanical induction refers to a process where we insert a catheter into your cervix which has a small balloon that can be filled with water; commonly referred to as a cervical ripening balloon (CRB). This catheter is a soft, flexible tube that sits comfortably inside your cervix to gently put pressure on your cervix causing it to soften and open. This will enable us to be able to break your waters once it falls out or is removed. The balloon will remain in place for up to 24 hours. As the cervix changes, your womb may start to contract. This may start your labour off without further intervention. If the balloon falls out and you go into labour you can attend your chosen place of birth that was agreed before starting the induction.

Once the catheter is inserted and the balloon filled with water, the catheter is secured to your leg with a piece of tape under gentle traction. The baby’s heart rate is listened to again by a hand held device like your community midwife uses in antenatal clinic. If there are no concerns about you or the baby, you are either discharged home with a time to return the following day or admitted to the antenatal ward if you are advised to stay in hospital.

Why is mechanical induction the preferred option?

Mechanical induction is as effective as induction with prostaglandins; however it is considered to be less stressful for the baby and therefore considered to be the safer option for your baby.

**Prostaglandins**

During induction, you will be given drugs which act like the natural hormones (prostaglandins) that kick-start labour. A gel containing these prostaglandins will be inserted into your vagina during an internal examination. Your cervix should then be re-examined again 6 hours later to see if it has softened and shortened; the aim of prostaglandin is to enable us to be able to break your waters
if you haven’t gone into labour following the gel. As the cervix changes, your womb may start to contract. This may start your labour off without further intervention. If there are no changes, you may either then be given another application of gel or have arrangements made to have your waters broken (this is called an Amniotomy – see next section). Your baby’s heartbeat will be checked again when contractions begin. Your midwife may then switch to using a small hand-held device (Sonicaid) to check your baby’s heartbeat at regular intervals.

If your pregnancy is otherwise low risk and you go into labour without requiring the hormone (Oxytocin) drip, you may be able to use the birthing pool and/or give birth in the Spires Midwifery Unit.

**Why use prostaglandins if mechanical induction is considered safer for the baby?**

Some pregnancies are considered higher risk and there is a need for the baby to be born quicker than can be possible with mechanical induction. It is still a safe option and the baby is monitored very closely to ensure that they are ok.

**Amniotomy (breaking the waters)**

This is a method of induction in which a healthcare professional artificially breaks your waters during an internal examination. The timing of this will depend on how busy the delivery suite is which may sometimes mean you could experience a delay. If your pregnancy is otherwise low risk and you go into labour without requiring the hormone (Oxytocin) drip, you may be able to use the birthing pool and/or give birth in the Spires Midwifery Unit.

**Oxytocin drip**

If you are not in labour 2-4 hours after the amniotomy, this drug will be given to you as an intravenous infusion (i.e. via a continuous drip into a small plastic tube in your vein). It is an artificial hormone designed to cause contractions. The midwife will increase the dose slowly until you are contracting regularly and strongly. Your baby’s heartbeat will need to be continually monitored on a CTG if you are given Oxytocin and you won’t be able to use the birthing pool. The monitors are wireless to enable you to be upright and move around freely.
Pain relief

Induced labours are often considered to be more painful than natural labours. This is because the contractions come on more quickly with the Oxytocin drip and it doesn’t give you the gentler build up that natural contractions do. You should be offered support and whatever pain relief is appropriate to you in the same way as if your labour had started naturally. You should be encouraged to use your own coping strategies for pain relief as well. Labouring in a birthing pool can be helpful if your pregnancy is otherwise low risk and you go into labour without requiring the Oxytocin drip. Some women opt for an epidural. Your obstetrician or midwife will be able to give you more detailed advice on the pain relief options available to you.

If induction doesn’t work

If you don’t go into labour after induction, your midwife or obstetrician will discuss this with you and check on you and your baby thoroughly. If your waters are still intact it may be possible to stop the induction process and allow you to go home after a period of monitoring. Alternatively, they may offer you a further dose of prostaglandins.

In some circumstances (particularly if your waters have been broken and you have had an Oxytocin drip for some time) a caesarean section may be recommended.
What happens if I choose not to be induced?

If you decide you would prefer to continue your pregnancy beyond the date that your induction of labour is recommended, we will discuss a plan of care with you. This plan will include:

- An explanation of the risks
- A request that you should continually monitor your baby’s movement pattern and report any deviation from normal as soon as possible
- An arrangement to meet a doctor or consultant midwife who will help to develop your plan of care
- An appointment at the Day Assessment Unit for monitoring of the baby.

Further information

John Radcliffe Maternity Assessment Unit

Tel: 01865 220 221
24 hours a day / 7 days a week
If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.