



St George's University Hospitals

NHS Foundation Trust

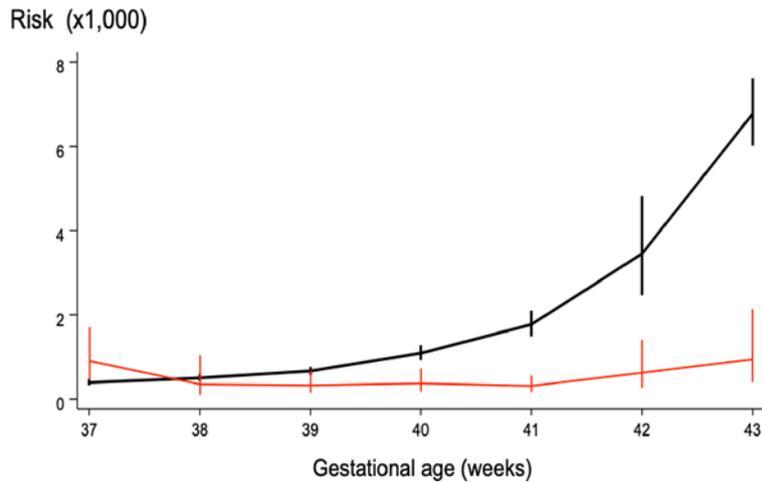
Induction of labour

Our midwives and doctors work closely together to provide excellent care to all mothers, partners and babies and support women centred care. This leaflet provides information about the Induction of Labour process for those women whose labour is to be started artificially. Around 1 in 3 women will have an induction of labour at St George's.

Why do we offer induction?

Pregnancy usually lasts between 37 and 42 weeks, with a due date around 40 weeks. We call this a 'term' pregnancy. Your due date (sometimes called Expected Date of Delivery or EDD) is based on the first day of your last normal period and calculations made from the ultrasound performed in the early part of your pregnancy. For many women, labour starts naturally before 42 weeks.

At St George's we offer all pregnant women an Induction of Labour (IOL) from 41 weeks of pregnancy. This is in line with The National Institute of Clinical Excellence (NICE) Guidelines and World Health Organisation recommendations. This offer is also based on evidence that IOL at or beyond term leads to better outcomes for babies. The graph below shows the risk of a baby dying in pregnancy or just after, where the labour is induced (red line) or where labour starts naturally (black line).



Risks of stillbirth and neonatal death with advancing gestation at term: A systematic review and meta-analysis of cohort studies of 15 million pregnancies. Javaid, Muglu, et al (July 2019).

Why might I be advised to have Induction of Labour (IOL)?

Some of the reasons that the midwives or doctors might offer or recommend an IOL include:

- Your pregnancy has lasted over 41 weeks
- Your waters have broken, but your labour has not started within 24 hours. (There is a very slight increase in risk of infection after 24 hours, so we offer induction and regularly check your temperature during the induction process giving antibiotics if indicated.)
- Your baby is not growing as it supposed to or is showing other signs of not doing well inside the womb. You have a medical condition such as high blood pressure or diabetes.
- You are over 40 years old

The midwives and doctors will explain why they are recommending an induction of labour and you will be given an opportunity to ask questions. It is always your decision to have an induction of labour and if you choose not to have one, your midwife or doctor will make a different plan with you and explain your options.

What types of induction are there?

There are different methods of induction. The type recommended for you will depend on your health, your pregnancy and your baby's well-being. Your midwife or doctor will discuss with you which method is recommended for you. The different options are:

- Membranes sweep (often called a sweep)
- Prostaglandin (propress or prostin)
- Artificial rupture of membranes (breaking your waters) also called ARM
- Syntocinon (hormone) drip

Some of these options follow on from each other. If you have prostaglandin, ARM or syntocinon, you cannot then 'stop' and wait for your labour to start naturally.

There are a few other options considered in specialised cases, such as a balloon induction and insertion of Dilapan into the cervix, both of which help to stretch the cervix without medications.

Membranes Sweep:

Your midwife will offer you the option of having a membrane sweep (a 'sweep') at 40 weeks. It is your choice whether to have this procedure or not.

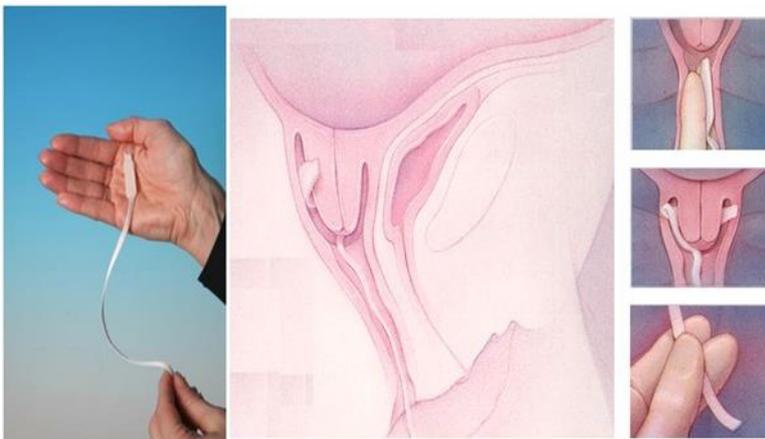
A membrane sweep is a procedure in which the midwife places a gloved finger just inside your cervix (neck of the womb) and makes a sweeping circular movement to separate the membranes (sack around the baby) from the cervix. There is evidence that this can start natural labour hormones for some women.

Some women say that a sweep feels similar to a smear test, it can be a bit uncomfortable but not painful and some say they did feel some pain during the procedure but nothing afterwards. You may have some spotting or cramping after the sweep. Labour may start naturally within a couple of days of the sweep, but if not, your midwife may discuss repeating it.

Prostaglandin:

Prostaglandins (hormone like) are used to encourage your contractions to start. At St George's we use two types of prostaglandin to induce labour, although the most common is Propess. Once you have had prostaglandins, your induction of labour has started and your journey has begun.

Propess looks like a tampon and is inserted in your vagina in the same way as a tampon, by a midwife or a doctor. The string of the Propess may be felt at the opening to the vagina



Before you are given the Propess, your baby will be monitored on a CTG machine for about 30 minutes. Once the propess has been inserted, your baby will be monitored again for a further 60 minutes. After this, you can walk around as much as you want.

After the Propess is inserted, your labour may start straight away, or it may take several days before your baby is born. Both of these reactions are normal as everyone reacts differently to the induction process. The midwives will keep you informed of your progress and offer advice and support. The Propess will remain inside you for up to 24 hours, before being removed easily by pulling on the string. Sometimes a further Propess is advised to help continue the induction process.

The other hormonal option is Prostin. This is only used in special circumstances after a discussion with the doctor on duty. If this is an option for you, your doctor will discuss this in more detail. It is the same medication as Propess but is given for 6 hours and absorbs itself as it softens the cervix.

Artificial Rupture of Membranes (ARM)

Artificial rupture of membranes ('breaking your waters') is when the midwife uses a long instrument (a sterile hook) to break the bag of fluid around your baby. This can only be done if your cervix has already started to dilate and requires the midwife to carry out a vaginal examination to check this. Some women will have an ARM after they have had Propess and are showing signs of labour.

Some women tell us that the procedure is uncomfortable, but is not usually painful. The baby is not harmed by this process.

After you have had an ARM, your midwife will observe you for a period of time. You will be offered a vaginal examination after about 4 hours to check whether there have been any changes to your cervix (an indication that labour has progressed).

If your contractions do not start after an ARM, you will be offered a hormone drip called Syntocinon or Oxytocin.

Oxytocin:

Oxytocin is the hormone that drives labour, making your contractions happen and your cervix to dilate (open). Syntocinon is the synthetic (manufactured) version of Oxytocin used to stimulate labour. It is given via a drip in your hand or arm. Having the drip inserted is similar to having blood taken during pregnancy. The midwife will monitor your contractions and the amount of syntocinon you receive will be adjusted according to this.

Once the drip has started, your baby's heart rate will be monitored using the Cardiotocograph (CTG) throughout the rest of your labour. However, this does not mean you have to lie on a bed. Your midwife will help you to find the most comfortable positions for labour. Some women tell us that the syntocinon drip can be painful, so you may wish to think about your pain relief options before starting the drip. For example, if you think you may wish to have an epidural, this could be requested and sited before the syntocinon drip begins.

Induction of labour outcome

At St George's around 1 in 3 women will have an induction of labour. Of these women, just over half will go onto have their baby vaginally; around a quarter will give birth with the help of instruments

(ventouse or forceps) and about 1 in 5 will have a caesarean section. All of these outcomes are normal and the midwives and doctors will support you to have as much control over your birth as possible.

Some women have told us it was useful to think about the parts of their birth plan which are important to them, regardless of where this happens. At the end of this leaflet is a list of things you may want to consider for your birth.

Side effects of induction of labour

Induction of Labour is a safe procedure for you and your baby. However, there are a few risks associated with it. These are:

- Your contractions may become too frequent which can cause you rapid contraction-like pain and may cause your baby to show signs on the CTG of not coping with the rapid contractions (this is called hyperstimulation). If this happens, the Propess will be removed or your drip will be reduced / turned off.
- Some women experience nausea, vomiting or diarrhoea after the Propess or Prostin is inserted. If this occurs, talk to your midwife who will discuss options with you.

Like any labour, with an induction of labour you may experience significant pain during contractions. Every woman's tolerance of pain is different and you may change your mind about what pain relief you want during your labour. You can discuss pain relief options with your midwife throughout the process and change your mind. Some of the options for pain relief are shown below.

Pain Relief:

- Oral pain relief (tablets taken by mouth such as paracetamol)
- Gas and Air
- Injection called Pethidine
- Epidural
- TENS machine

Please look at the labour pains website for more information: www.labourpains.com

On the day of induction

After discussion with your midwife and/or doctor you may decide to opt for an induction of labour. They will talk to you about when and where this will happen. Depending on the reason you are having an induction, there are three locations where this can take place – as an outpatient from the Day Assessment Unit, on Carmen Antenatal Ward or on Delivery Suite. Your midwife will discuss with you which is the safest and most suitable option for you.

Outpatient Induction:

All local, low risk women who are offered induction at term will be given the option to have an outpatient induction of labour. If you would prefer to stay in the hospital talk to your midwife about this.

Your midwife will give you an appointment date and time to attend Day assessment Unit/ Carmen Antenatal suite/ Birth centre Carmen. When you arrive, a midwife will check your observations (blood pressure, temperature, heart rate), check your urine and will review your notes. Your baby will be monitored on a CTG for 30 minutes and if all is well, you will then have the Propess inserted into your vagina. You will be asked to lie down for 60 minutes after the insertion and during this time the baby will be monitored again.

If everything is fine with your and your baby's observations, you can go home. You will be given an information leaflet and must call the Delivery suite phone number (020 8767 4654) if you have any signs of:

- fresh bleeding
- reduced fetal movements
- regular contractions
- constant abdominal pain
- waters breaking
- if the Propess falls out.

Many women tell us that they feel more relaxed at home and that this helps their labour to progress.

Many women will go into labour within 24hrs, but if not, you should come back to the hospital as instructed where the next stage will be discussed with you.

Inpatient induction (Carmen Antenatal or Delivery Suite):

If your doctor or midwife recommends an inpatient induction, you will be given a date or time to come to the hospital. Depending on your and your baby's needs and risk factors, you will come to either Delivery Suite or Carmen Antenatal Ward. Your midwife will agree this with you.

When you are admitted to the ward, your blood pressure, pulse temperature and urine will be checked. Your baby will be monitored using a CTG prior to the induction starting and will be monitored again after the propess is inserted.

In most cases you will start off in a four bedded bay area with other women also having an Induction of Labour. Once you are in established labour (when your cervix is more than 4cm dilated) you will be moved to a private birthing room. Some women say that it is frustrating to see other women leaving the bay in labour whilst their contractions have not started. All women react differently to the IOL process, if someone's labour starts before yours it does not mean that you are doing anything wrong.

On some occasions, your induction may need to be delayed due to the workload across the maternity unit. This is to ensure that all of our women are safe. Your midwife will discuss options with you and provide reassurance regarding your and your baby's wellbeing.

What to bring

You may be in the hospital for a number of days during the Induction of Labour process and you may have periods when you feel quite bored. You should bring your hospital bag with you when you come to the hospital (even if you are planning an outpatient induction). For what to pack in your hospital bag, please see your handheld notes

In addition, we asked women who have had an IOL what things they would recommend to others going through the process. They told us:

- A device to watch films / box sets on (you can access Trust WiFi for free)
- A way to play music and headphones
- Books / magazines / newspapers / colouring books and pens
- Games to play with your partner
- Eye mask and / or ear plugs to help you sleep
- Snacks

Your choices for birth

Some women who have had an IOL say that they felt disappointed that their labour did not start naturally whilst others felt it was the right thing for them. You may have many feelings about the Induction process and you can talk to your midwife about these.

We want to support women to have a positive birth experience regardless of how their labour starts or where the baby is born. You may find this list helpful in thinking about choices for your birth. Your midwife and doctor will try their best to support your choices.

- G**ender:
- I already know my baby's gender
 - I would like to be shown my baby's gender
 - I would like my birth partner to tell me my baby's gender
 - I would like the midwife /doctor to tell me my baby's gender

Ambience: What music and lighting would you like?

Partner: My birth partner would like to cut the cord

Extras:

Vitamin K	Oral	<input type="checkbox"/>	Injection	<input type="checkbox"/>
Delayed Cord Clamping				<input type="checkbox"/>

Skin to skin:

- I would like immediate skin to skin with my baby
- I would like my baby to be checked first, then skin to skin
- I would like my birth partner to have skin to skin with my baby
- I don't want skin to skin

Birth stories

“I had an induction of labour with my second child (the first time I had a spontaneous labour). I had two sweeps at 40 and 41 weeks, but my baby did not want to come out! After talking to my midwife, I decided to have an induction of labour. I had always said I didn’t want an induction, but by that stage I had had enough. I came into hospital on the Thursday morning and had the propess fitted about 10am. I don’t remember the procedure hurting, but it was a bit uncomfortable. Then I just had to wait. My main memory was just that it was boring. We had brought our laptop so we just watched DVDs all day – it was ER which the doctors and midwives thought was very funny. I tried to read books and magazines but couldn’t really concentrate. I was worried about my son who was at home with my parents, but they kept me up to date. I didn’t have any pain all day, so went to sleep as normal that evening. In the middle of the night I woke up as I needed a wee – I pressed the call bell as I was attached to a monitor and the midwife was very disappointed that I hadn’t gone into labour! By the morning I was frustrated because nothing had happened, and I knew that it could still be some time before I met my baby. I sent a text to my Mum about 11.30 to say nothing was happening, but then suddenly it did! The propess was taken out and my contractions started soon after. They came really strong! I tried to breathe through them – I remember I just wanted them to be over with as I was bored. I felt an urge to push and within a few minutes my son was born. I rang my Mum to tell her the baby had arrived and she was so shocked because 3 hours before nothing had happened! My anxieties about induction were allayed. It wasn’t the birth I had planned, but it was a positive experience in the end and I also went on to have an induction for my third child.”

Useful Links

Who can I talk to about my options?

Your midwife in your community team

Antenatal Clinic Midwives (Monday to Friday 0900-1700): 020 8725 1707

Fetal Medicine Unit (Monday -Friday 0900-1700): 020 8725 3664/0080

Day Assessment Unit (Monday-Sunday 1000-1800): 020 8725 0863

Consultant Midwife for Normality (Arezou.rezvani@stgeorges.nhs.uk)

Professional Midwifery Advocate (PMA) pma@stgeorges.nhs.uk

Further information

National Institute of Health and Clinical Excellence (NICE)

Guideline 132: www.nice.org.uk/cg132

Royal College of Obstetricians and Gynaecologists: www.rcog.org.uk

Royal College of Midwives, Blue Top Guidance No.2 September 2019: www.rcm.org.uk