Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Induction of Labour

Patient Information

Obstetrics & Gynaecology Service

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What is Induction of labour?

Labour is a natural process that usually starts on its own. Sometimes it needs to be started artificially: this is called 'induced labour'. About a third of women in the UK have their labour induced. This is often because they are overdue, or their waters have broken, but labour has not started. Inducing labour can be the best option if there are health risks to the mother or baby. But it may affect other choices women have made, such as where they give birth and their options during the birth, so it is important that all women can choose for themselves whether to have an induction.

We want this leaflet to help women who may have their labour induced, and also help their babies, partners and families, by making sure:

- better information and support are given in pregnancy to help women understand their birth options and when induction of labour might be offered
- the benefits and risks of inducing labour are explained clearly, including how it might affect the woman's personal choices about giving birth
- women know they can choose not to have their labour induced, and what this means for their care.

Why is it done?

The most common reasons for having an induction are:

1. Prolonged pregnancy

Available evidence tells us that after 41 completed weeks of pregnancy, the risk of a baby developing health problems increases slightly, because the efficiency of the placenta starts to decrease.

Evidence shows that some risks associated with a pregnancy continuing beyond 41+0 weeks may increase over time; these include:

- increased likelihood of caesarean birth
- increased likelihood of the baby needing admission to a neonatal intensive care unit
- increased likelihood of stillbirth and neonatal death.

At Wrightington, Wigan and Leigh NHS Foundation Trust, we offer induction from 41 weeks (NICE 2021) unless there are medical reasons to induce labour earlier.

If you have been booked under Midwife-Led Care, and are offered Induction of Labour, your care will need to be transferred to a consultant, who will take over your care. A midwife will care for you during your labour.

2. Pre-labour rupture of membranes at term (waters breaking before labour establishes)

During pregnancy, your baby is in a bag of waters knows as amniotic fluid. Sometimes, the membrane around these waters breaks before labour starts. This happens in 1 in 20 pregnancies and is called Pre-Labour Rupture of Membranes. In most patients' natural labour may start within 24hrs after waters have gone.

If your waters break at or after 37 weeks, you will be offered a choice of either waiting for up to 24 hours for labour to start naturally, or induction of labour as soon as possible. Benefits and risks of these options will be discussed with you, taking into account your individual circumstances and preferences. If you wish to wait beyond 24 hours, an individualised plan of care will be made, after discussion with you.

3. Preterm prelabour rupture of membranes

If your waters break before 37 weeks, we usually recommend close monitoring until 37 weeks (unless there are signs of infection, or your baby is in difficulty). **A few factors need to be considered** when deciding to induce labour at less than 37 weeks. These include certain risks to you, such as infection/ sepsis, and the possible need for a caesarean birth if induction fails. The risks to the baby include general risks connected with being premature, and also infection/sepsis and admission to a neonatal unit (thus the need to check the local availability of neonatal intensive care facilities). Your individual circumstances and preferences will be considered when making a shared plan of care.
If your waters break after 34+0weeks, and you are known to have a positive group B streptococcus test result (GBS) at any time in this current pregnancy, you will be offered immediate induction of labour or Cesarean section.

4. Medical reasons

There are several medical reasons why induction of labour may be considered. These include diabetes, high blood pressure, persistent bleeding during pregnancy, and your baby being smaller than we would expect for the stage of pregnancy.

If it is of benefit to you and/or your baby to give birth earlier than expected for a medical reason, then the risks and benefits will be explained to you.
You will then be able to make an informed decision regarding having an Induction of Labour, and an individualised plan of care will be made.

5. Previous caesarean section

If you have had a previous caesarean birth, we recommend a mechanical method of induction of labour. Currently in our unit we use Dilapan-S (see below section 6). Induction of labour is associated with the increased risk of emergency caesarean birth and could lead to an increased risk of uterine rupture (tear of the womb). You would be 3 times more at risk of this if traditional drugs (like Prostins) are used. Use of mechanical methods such as Dilapan-S doesn't increase the risk significantly. If labour needs to be induced, a choice of induction of labour, **or** a planned caesarean birth will be discussed with you and an individualised plan of care made.

6. Maternal request

We do consider your requests for induction of labour even if there is no medical problem. In this case, we will discuss the benefits and risks of induction and also consider your circumstances and preferences before making an individualised plan of care.

How is labour induced?

Depending on your individual circumstances, there are several ways your labour may be induced. You may need only one, or possibly all of them:

1. Membrane sweeping

Membrane sweeping (or a 'cervical sweep') is when the midwife or doctor places a finger just inside your cervix and makes a circular, sweeping movement to separate the membranes from the cervix. It can be carried out from 37 completed weeks by a doctor, or 39 completed weeks by a midwife. The benefit of a Membrane Sweep is that you may go into labour within 48 hours; however it has a low success rate. You may be offered this before any other method of Induction of Labour. This can be discussed and offered from 39 weeks by a midwife or 37 weeks by a doctor

Membrane sweeping can be carried out at home, in the antenatal clinic or in hospital; it may cause you some discomfort. Afterwards, it is not uncommon for you to have a blood-stained loss from your vagina, or a mucous show. This will not cause any harm to your baby, and it does not increase the risk of infection to you or your baby.

If your waters have broken, membrane sweeping is not recommended because of the risk of infection.

2. Prostin gel Induction

Prostin E2 Vaginal Gel contains a hormone (prostaglandin) that is used to "induce" labour. This means that the gel will encourage the cervix to soften and shorten (known as ripening) and encourage your uterus (womb) to start contracting. When this happens, your cervix will begin to open. The Prostin in the gel is similar to the natural prostaglandins which are made in your body when labour starts naturally.

Before you are given this gel, you will be examined by your doctor or midwife. They need to know the position of your baby's head and how dilated (open) your cervix (neck of the womb) is. You will be given a numbered score after you have been examined. This is known as the "Bishop score". The lower your Bishop score, the less ready you are to go into labour on your own.

Prostin E2 Vaginal Gel will be inserted high up in your vagina while you are lying down. You will then be asked to lie on your side for at least 30 minutes. The insertion of the gel can be repeated up to a maximum of 3 doses at 6 hourly intervals if needed, until your cervix is dilated enough to break your waters.

If the maternity unit is busy, it may not be safe to start your induction of labour.

Any delays will be fully explained to you on the day, and we always encourage you to ask any questions about the care and management of your labour and delivery.

Your birth partner may stay with you in the Induction of Labour Bay (located in delivery suite) during the partners' visiting periods.

There are currently no facilities for birth partners to stay on the maternity ward overnight while induction of labour is being performed.

3. Propess Induction for low-risk pregnancies as an outpatient-I don't think we have started this yet

Propess is a pessary which is inserted into the vagina and left for a period of 24 hours. It releases a prostaglandin similar to the natural prostaglandins which your body produces at the start of labour. This is released gradually over 24 hours. It encourages the cervix to soften and shorten (known as 'ripening'). Once this has happened, contractions will usually start, and the cervix will begin to open.

If you meet the requirements for a low-risk induction, then you may be offered the Induction of Labour (IOL) as an outpatient. This will involve you attending our Induction Bay at 14:00 hours.
The midwife will discuss IOL, make sure that you are happy to proceed, and then will begin the induction process. You will be placed on a heart monitor for approximately 30 minutes; this will ensure that your baby's heart rate is normal. After this, an internal examination will be performed and the Propess pessary inserted. You will then be monitored for 30-60 minutes to observe your baby's wellbeing. You will then be discharged home, with an appointment to return to the Maternity Ward at 14:00 hours on the following day. A midwife will contact you later in the evening to enquire to check if you are comfortable to remain at home, and to answer any queries.

Till your appointment, we will keep in touch with you by phone. **If you have any concerns, or if you experience any of the following, then we advise you to ring our Triage Unit on 01942 778628 / 01942 778505 for advice:**

- If you start regular contractions - two in a 10-minute period
- If your waters break, or if you have any bleeding
- If the Propess pessary falls out
- If you feel unwell with any side effects, such as nausea / vomiting/ high temperature / palpitations / dizziness / vaginal irritation

  If you have any concerns about your baby's movements.

A medical review is done after 24 hours, (or sooner if there are concerns), to see if it is possible to break your waters. If this is still not possible, then you may need up to 2 doses of

Prostin gel, given 6 hours apart. There may be a delay if the maternity unit is very busy, preventing it from being safe to continue with your Induction of labour. Any delays will be fully explained to you on the day, and we would always encourage you to ask any questions about the care and management of your labour and delivery.

Breaking the waters – Artificial Rupture of the Membranes (ARM)

Once your cervix is beginning to open, if your waters have not broken, you will be offered a procedure called Artificial Rupture of the Membranes (ARM), which is performed in the Delivery Suite (labour ward). This is when the midwife or doctor breaks your waters using a slim plastic instrument called an Amnihook. The procedure involves an internal examination, during which the Amnihook is passed through the vagina and cervix, and a small hole is made in the membranes surrounding the baby. This allows the fluid surrounding the baby to drain away. This procedure, although it may be slightly uncomfortable, will not harm you or your baby, and it stimulates contractions to start or become more effective.

1. Oxytocin (Syntocinon)

If your contractions do not start despite any of the above methods, a drip containing Syntocinon can be used. Syntocinon is an artificial version of the hormone oxytocin that your body naturally produces during labour, and which makes your uterus contract. You and your baby will be closely monitored whilst the drip is running. The drip is adjusted throughout labour, so that your contractions are strong enough to help your labour progress.

2. Dilapan- S (Mechanical method)

This is a mechanical cervical dilator used to dilate and soften the cervix. It's recommended for women with one previous caesarean section who opt for induction of labour. It involves putting 4-5 silicone rods into the neck of your womb and they are left for 12 hrs. The rods work by absorbing fluid from the cervix, and so dilating it to help break your waters. It's safe and effective and doesn't increase the risk of a tear of the womb.

Pain Relief during Induction of Labour

It is normal to experience some pain as part of the induction process. This is because induced labours involve medication, and usually take place in an environment that is not as comfortable as your own home; therefore the pain can sometimes be more difficult to cope with than natural labour.

After the Prostin gel/tablets have been inserted, you may feel abdominal tightening and pains in your back. These may develop into contractions, or they may simply be pains that are preparing the cervix for labour.

The early labour pain you may have following the use Propess pessary/ prostin gel can last for a long time, but there are several options for pain relief during the early stages of an induction; these can differ from the pain relief options you will be offered when you are in full labour. You can ask for painkillers (such as paracetamol and dihydrocodeine); a warm bath may help, as can moving around; or you can bring in a TENS machine for your induction. A TENS machine is a small, battery-operated device that can help manage pain. You should be offered

emotional support and whatever pain relief is appropriate to you – in the same way as if labour had not been induced.

Occasionally, full labour can happen very quickly once the induction procedure has begun. If you are experiencing intense pain that you feel unable to cope with, please inform your midwife, who will assess you further

Alternative options

If you choose not to have your labour induced, an individual plan of care will be made by the clinical team. This may include additional monitoring while you await the start of natural labour or having a caesarean section. This will be decided on an individual basis, considering your current and previous pregnancy and any complications.
You can contact your midwife or maternity unit if you have concerns about your baby (for example, if the baby's movements are not as frequent, or if they are different).

Further information

If you require any further information, please discuss this with your midwife or doctor.

References

NICE Inducing Labour NG 207 published 4th November 2021.

Contact Numbers

Delivery Suite 01942 778505

Maternity Ward 01942 778506

Antenatal Clinic 01942 774700 (Thomas Linacre Centre)

Antenatal Clinic 01942 264242 (Leigh Infirmary)

Community Midwifery Office 01942 778630

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

Call 111 first when it's less urgent than 999.