

# Induction of Labour

## Patient Information

Obstetrics & Gynaecology Service

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## What is Induction of labour?

Induction of labour is a process designed to start labour artificially. In most pregnancies, labour will start naturally between the 37<sup>th</sup> and 42<sup>nd</sup> week.

## 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.

At Wrightington, Wigan and Leigh NHS Foundation Trust, we offer induction between 41 and 42 weeks, unless there are medical indications 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 Consultant-Led. A midwife will care for you during your labour.

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

During pregnancy your baby is in a bag of waters known 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. Labour usually begins within 24-48 hours.

If your labour does not start you will be offered an Induction of Labour 24 hours after your waters have broken. This is because the risk of infection increases the longer the waters have been broken.

### 3. Medical reasons

There are a number of 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 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

### 4. 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. The benefit of a Membrane Sweep is that you may go into labour within 48 hours. You may be offered this before any other method of Induction of Labour,

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 without any help

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 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 with regard to your care and management of your labour and delivery.

Your birth partner may stay with you on the maternity ward during the partners' visiting periods if your induction is being performed on the maternity ward. Your birthing partner can remain with you on the maternity ward between: 9am and 10pm

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

**Visiting times for other relatives on the maternity floor are: 2pm to 3pm and 7pm to 8pm.**

### 3. Propess Induction for low risk pregnancies as an outpatient or at home

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 onset 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.

Following administration of the pessary, you will be monitored for 30-60 minutes to observe your baby's well-being. Following this, you will be able to go home and kept under close telephone follow-up for next 24 hours (see Page 6). If you have any concerns you can ring labour ward for advice.

A medical review is undertaken after 24 hours, or sooner if there are concerns to see if it is possible to break your waters. If it is still not possible to break your waters, 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 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 with regard to the care and management of your labour and delivery.

#### Outpatient Propess

If you meet the criteria for low risk inductions, then you may be offered the Induction of Labour (IOL) as an Outpatient. This will involve you attending our Day Assessment Unit (DAU) at 14:00 hours.

The Midwife will discuss IOL, ensure that you are happy to proceed and then will begin the induction process. **DAU is based within the Maternity ward.**

Within a side room on DAU, you will be placed on a Fetal heart monitor for approximately 30 minutes; this will ensure that your baby's heart rate is normal.

Following this, an internal examination will be performed and the propess pessary inserted. You will then be asked to remain on the bed for 30 minutes.

Following this, you will 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 whether you are comfortable to remain at home and answer any queries.

### 4. Breaking the waters – Artificial Rupture of the Membranes (ARM)

Once your cervix is beginning to dilate (open), if your waters have not broken, you will be offered a procedure called Artificial Rupture of the Membranes (ARM) , which is undertaken

on 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 stimulates contractions to start or become more effective.

## 5. Oxytocin (Syntocinon)

If your contractions do not start despite any of the above methods, a drip containing Syntocinon can be used to start them. Syntocinon is an artificial version of the hormone oxytocin that your body naturally produces during labour and 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.

**If you experience any of the following then you are advised to ring our Triage unit 01942 778628 / 01942 778505):**

- Onset of regular contractions - 2 in a 10 minute period
- If your waters break or if you experience any bleeding
- If the propress pessary falls out
- You feel unwell with any side effects such as nausea / vomiting/ temperature / palpitations / dizziness / vaginal irritation
- You have any concerns about your baby's movements.

## Alternative options

If you choose not to have your labour induced after your pregnancy has gone past 42 weeks, you will be offered twice weekly checks of your baby's heartbeat, using an electronic baby monitor and an ultrasound scan to check the depth of the amniotic fluid ('waters' or liquor) surrounding your baby and, also to check the placental blood flow to the baby (Doppler studies).

## Further information

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

## References

National Institute for Clinical Excellence (NICE) – **Induction of Labour (CG70)** – published 2008

## 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

Please use this space to write notes/reminders.

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## 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 to 4pm)

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

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## 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 pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



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## How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: [https://www.wvl.nhs.uk/patient\\_information/leaflets](https://www.wvl.nhs.uk/patient_information/leaflets)

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

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