

Information for Women on Induction of Labour

This leaflet is designed to provide you with information to prepare you for induction of labour.

What is `induction of labour`?

Most women go into labour between 37-42 weeks of pregnancy. Sometimes labour needs to be started artificially for the safety of women and/or that of their babies; this is called induction of labour.

Why am I being induced?

The most common reasons for induction of labour are:

- If your pregnancy is overdue.
- Because of concerns about the health of the mother or baby.
- If your waters have broken but contractions have not yet started

What does it involve?

Firstly, if induction is being considered you will be offered a vaginal examination to assess your cervix (neck of the womb). This is an internal examination and the midwife/doctor uses his/her fingers to gently separate the membranes away from the cervix. This may help start labour spontaneously.

However, if your labour does not start spontaneously you may need to be induced artificially. Inducing your labour takes time, sometimes a couple of days. There are three main methods used to induce labour;

- 1) A drug such as **Propess** can be used to soften (or ripen) your cervix.
- 2) **Amniotomy** (breaking the waters)
- 3) **Intravenous hormone drip** (Syntocinon)

1. Propess

If you require Propess you will be admitted to the hospital at 6am on the morning of induction. Your midwife will carry out a detailed assessment of you and your baby's well-being. Your baby's heartbeat will be recorded electronically for 20-30minutes using a cardiotocograph machine (CTG).

With your consent, the doctor/midwife will insert the propess pessary (which is like a small tampon). This is inserted vaginally into your cervical canal. Once

inserted the pessary will remain in place for 24 hours, slowly releasing dinoprostone (prostaglandin) with the aim of ripening your cervix. The string of the pessary will be placed at the opening of the vagina.

Care after administration of proposs

- After the pessary has been inserted, you will be asked to remain in bed and lie on your side for 30 minutes
- A call bell will be provided to you so you can alert your midwife if you experience any pain, contractions, bleeding or rupture of membranes.
- Following this you are encouraged to mobilise and eat and drink as normal.
- Your midwife will monitor you and your baby's wellbeing while you are waiting to go into labour.
- You must be careful not to pull or drag on the string of the pessary as it may cause the pessary to fall out. Please take special care when moving on and off the bed and while wiping yourself after using the toilet. If the pessary comes out inform your midwife immediately as it will need to be reinserted.

If labour starts within 24 hours of the pessary being inserted?

If there are signs of labour ie: strong, regular contractions/membranes rupture your midwife will assess you. If you are deemed to be in labour, the proposs pessary will be removed. You will be transferred to the delivery suite as soon as a space becomes available.

If labour does not start within 24 hours of the pessary being inserted?

- If labour has not started within 24 hours you will be reviewed by the doctor. The doctor will examine you to assess if your cervix has ripened and is suitable for amniotomy.
- If you are not suitable for amniotomy a decision may be made to administer another drug such as 'prostaglandin' to further assist successful induction. Your midwife will continue to monitor you and your baby's wellbeing. You will be reassessed vaginally 6 hours later.

2. Amniotomy

When your cervix is ripe, your waters can then be broken. This is known as artificial rupture of the membranes (ARM) and is carried out on the delivery suite. The midwife/doctor will perform a vaginal examination and break the waters using a small plastic instrument, shaped somewhat like a crochet hook.

3. Syntocinon drip

Oxytocin is a hormone that is released naturally by your body when you start labour. It causes contractions, which open your cervix and help you to give birth to your baby. For labour to establish it is usually necessary to administer a synthetic (man-made) form of oxytocin known as syntocinon. It is given intravenously (into a vein) as a drip in your arm, administered via a pump. Your baby will need to be monitored by cardiotocograph machine (CTG) during labour/birth so as to ensure that your baby is tolerating the syntocinon drip.

Can my partner stay with me?

If you are being induced with Propess, your partner will be able to stay on the ward throughout most of the day with the exception of meal times and quiet times. Regular visiting hours apply while you are on the ward. However, once you are transferred to the delivery suite your partner can stay with you at all times.

What if the induction process is not successful?

A plan may be made for caesarean section. If so, this will be discussed with you and your doctor and midwife.

Can complications occur with induction of labour?

Some babies do not tolerate medications used to induce labour and there can be increased risk of a baby becoming distressed, which may result in procedures such as assisted delivery (ventouse or forceps) or a caesarean section. If you have any questions or concerns feel free to discuss them with your midwife/doctor who will be happy to provide you with more information.