Lancashire Teaching Hospitals
NHS Foundation Trust

Information for patients and carers

Inpatient induction of labour

My induction date: _____

My induction time: _____

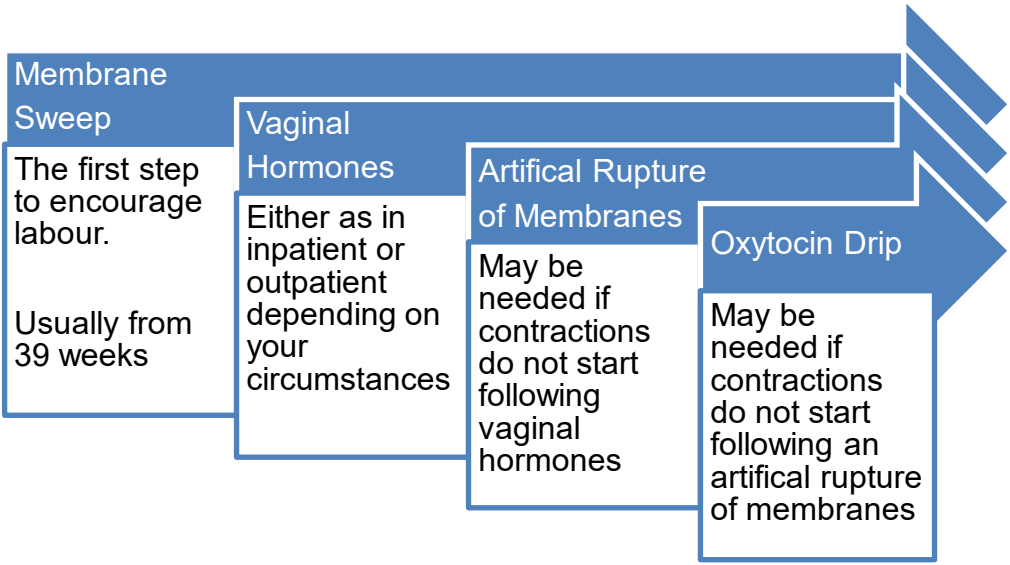
Induction of labour

Induction of labour (IOL) is the process we use to start labour artificially. We use different methods to help your cervix (the neck of the womb) to soften and dilate and help your uterus (womb) to start contracting. This leaflet is to let you know what to expect during the inpatient induction process.

Why is labour induced?

IOL is a common procedure. Approximately 30% of labours in the UK are induced per year. There are many reasons a woman may be offered an IOL. One of the most common is a pregnancy that goes overdue to 42 weeks. IOL is offered when it is felt delivery is in the best interest of the mother and baby compared to continuing the pregnancy.

What does IOL involve?



Membrane sweep

Whenever possible a membrane sweep would be offered to you as the first part of the induction process. This procedure may stimulate contractions in the following couple of days.

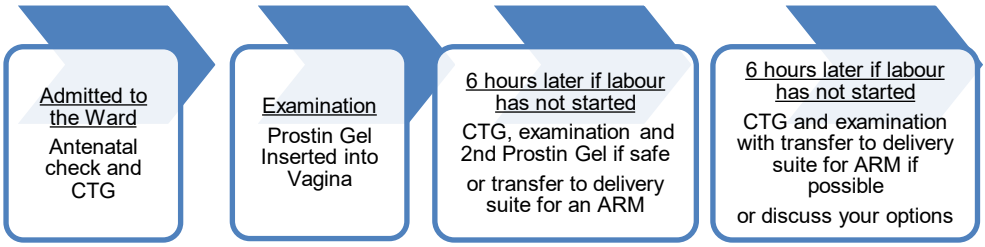
A membrane sweep involves your midwife or doctor performing an internal examination to allow a sweeping circular movement in your cervix to separate the membranes surrounding your baby's head. It can be carried out at home or in a clinic. You may find it a little uncomfortable, but it should not be painful. It is common to experience pink vaginal loss or 'show' afterwards.

Fresh bleeding however, should be reported to maternity triage on **01772 524495**. A membrane sweep can be offered after 39 weeks. Additional membrane sweeps may be offered if needed.

Vaginal hormones

Prostin and Propess contain synthetic prostaglandins. These encourage labour by causing the cervix to soften, shorten and start to open. This process can be carried out as inpatient or outpatient (see outpatient induction of labour leaflet). Your doctor or midwife will discuss which the safest method is for you and your baby.

Inpatient IOL process



Artificial Rupture of Membranes (ARM)

Once the cervix has opened an ARM can be performed. This may encourage the uterus to contract so that labour begins. You will be examined vaginally and using a small plastic hook the membranes are caught and broken. This procedure is not painful, although the examination may be uncomfortable. Following this, the baby's heart rate is monitored continuously for 30 minutes, after that you will be encouraged to get up and walk around to help labour start.

If you develop contractions (3 or 4 strong contractions in a ten-minute period) then regular assessments will be carried out to monitor your labour progress. You can discuss these with the midwife.

If strong and regular contractions do not follow an ARM you will be offered an oxytocin drip.

Oxytocin drip

Oxytocin is used to start or strengthen contractions for labour. It is given by a drip into a vein in your arm. It is increased gradually until you are having regular and strong contractions. Once an oxytocin drip has started, your baby's heart rate will need to be monitored continuously until birth.

Inpatient induction of labour

On the Day of your Admission

You will receive a call on the day of your admission between 09.30 + 10.30 am and you will be given a time to come to Maternity A for your induction of labour.

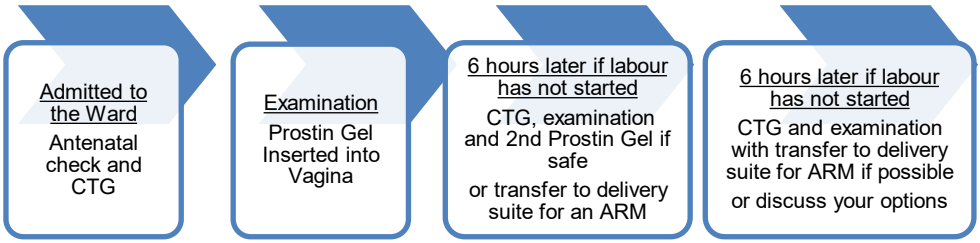
The time given may be late afternoon or into the evening depending on the unit activity.

On occasions when the unit is particularly busy, we may delay your induction and give you a new date. This decision is always made with a Consultant Obstetrician involved.

We may give you the option to go to another unit in the local area to have your induction if we are busy and another unit can facilitate this.

Your birth partner can stay with you at all times.

What will happen next?



In addition to the antenatal checks you are familiar with an electronic tracing (CTG) of your baby's heart beat will be taken. This involves positioning two elastic belts around your abdomen. Two small transducers are attached to the belts; one monitors your baby's heartbeat and the other records any contractions or tightenings. The recording will last until it meets our Dawes Redman criteria which may be approximately 30 minutes.

A vaginal examination and insertion of Prostin Gel will happen after this. The vaginal examination is essential to find out whether your cervix has already started to change naturally. This information allows the induction process to be planned to meet your specific needs.

The changes that are assessed are:

- Effacement (shortening) of the cervix
- Dilatation (opening) of the cervix

After the Prostin Gel insertion you will be advised to stay on your bed for 30 minutes. Your midwife will listen to your babys heartbeat with a sonicaid. If all is well after this period, you will then be able to move around freely.

If you develop regular contractions following your Prostin Gel your midwife will assess you and transfer you to the birth centre or delivery suite as appropriate when one to one care can be provided.

What will happen next?

If contractions have not started six hours from the first Prostin Gel you will have a CTG, antenatal check and be examined. Your midwife will again assess for effacement and dilatation.

- If it is not possible to perform an ARM you will be offered a second Prostin Gel followed by a CTG
- If an ARM is possible you will transferred to the delivery suite, when a room and midwife are available, where one to one care can be provided

If you develop regular contractions following your second Prostin Gel your midwife will assess you and transfer you to delivery suite when one to one care can be provided.

What will happen next?

If contractions have not started following your second Prostin Gel you will then be assessed by an obstetric doctor. After a CTG they will examine you and decide if an ARM can be performed.
If an ARM is not possible, they will discuss your options which may include further hormones after a period of resting or performing a Caesarean section.

Each woman is different, and your wishes will always be taken into account.

Please be aware that if the delivery suite is very busy the steps of your induction process may be delayed.

Women who require emergency or urgent treatment take priority.

We thank you for your understanding.

Frequently asked questions

What is Prostin gel?

Prostin Gel contains prostaglandins which are hormones that act directly on your cervix to efface and dilate it.

Is induced labour more painful than natural labour?

In natural labour the intensity and strength of contractions usually builds up gradually and allows you time to become accustomed to coping with the discomfort. When contractions are induced they can occur frequently and strongly from an early stage. However, after this early stage induced contractions should not be any more uncomfortable than those that occur naturally.

Will I be able to walk around?

In the early stages you will be actively encouraged to walk around as this helps to start and strengthen the contractions. Moving around later in labour will depend on whether you are on an oxytocin drip or needing continuous electronic monitoring.

What pain relief is available to me?

You can use TENS, aromatherapy, gas and air, diamorphine, remifentanil or epidural analgesia. Your midwife and doctors can advise and guide you with these decisions.

You may be able to use the birth pool please discuss this with your midwife.

Are there any risks associated with induction?

Like any drug or medical procedure, induction carries risks, which must be balanced against the potential benefits.

Rarely, women may experience an unusual reaction to the medication and experience strong contractions without a break in between. This is called ‘hyperstimulation’ and can lead to a disturbance in the baby’s heartbeat.

Induction of labour can also be associated with an increase in intervention in births, such as requiring an assisted birth (e.g. forceps) or a Caesarean section.

Occasionally, despite trying all the induction methods, labour may not begin. If this happens to you, a doctor will come and discuss the next steps with you.

What if I choose not to have my labour induced?

Your health and that of your baby will continue to be closely monitored. For example, if you choose to let your pregnancy continue after 42 weeks you will be offered ultrasound scans weekly and CTG monitoring twice weekly. These assessments provide a guide to how well the placenta (afterbirth) is continuing to nourish your baby. Any risks will be discussed with you by your obstetric doctors.

You can change your mind and opt to have your labour induced at any stage. Always report a change or reduction in fetal movements.

Contact details

Should you require further advice or information please telephone:

Maternity A: **01772524959**

Emergency: **Dial 999** and ask for an ambulance.

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk

References: NICE (2023) Clinical guideline – Induction of labour. For information about NICE clinical guidelines programme you can visit their website at www.nice.org.uk

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.
This information can be made available in large print, audio, Braille and in other languages.

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