NHS
Lancashire Teaching Hospitals
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Information for Pregnant Women, their Family and Carers

Induction Of Labour (IOL)

What you need to know

Your guide to understanding the process, options and what to expect.

What is IOL?

IOL- Induction of labour is the process of starting labour artificially. It is your choice as to whether you would like your labour to be induced. Your midwife or doctor will explain the reasons IOL is recommended and help you decide. Reasons you may be offered IOL:

- Pregnancy overdue by 41 weeks or more
- Maternal age over 40 years
- Concerns about baby's growth or movements
- Medical conditions (high blood pressure, diabetes)
- IVF
- If your waters break at 37+ weeks before labour starts
- Obstetric Cholestasis

Please see the information sheet that is relevant to your situation, so you can start to make a fully informed decision on whether you would like an IOL.

IOL statistics:

- Approximately 37% of all births at Lancashire Teaching Hospitals are an IOL
- Around 64% of women who undergo IOL achieve a vaginal birth at Lancashire Teaching Hospital
- Unsuccessful IOL often leads to caesarean section birth

Factors influencing success:

- An already soft, thinned and dilated cervix (neck of the womb)
- Weeks of pregnancy
- Type of IOL method
- Previous birth history

Membrane sweep before formal IOL

Membrane sweep is a procedure used to encourage labour to start naturally. It's often offered before formal IOL methods, typically after 39 weeks of pregnancy. It may not be suitable for everyone; your midwife or doctor will advise according to your individual situation.

How is it done?

A midwife or doctor performs a vaginal examination. They insert a gloved finger into the cervix (neck of the womb) and make a gentle circular sweeping motion.

How does it work?

The sweeping motion can stimulate the cervix to release labour inducing hormones called prostaglandins, which are naturally produced by the body.

It is not possible to say whether the membrane sweep causes you to go into labour or whether labour was going to start at that time anyway. However, recent studies have suggested that membrane sweeping is probably effective in promoting spontaneous labour within 48 hours and reducing the need for medical induction.

In-patient versus Out-patient induction

If you have any medical conditions or if your baby's health is a concern, you may be advised to stay in hospital for the duration of the induction. This is called 'Iin-patient IOL'.

If your pregnancy has been uncomplicated, you may prefer an 'Out-patient IOL' which means returning home after the initial IOL and continuing with normal activities until labour starts.

Differences in the In-patient and Out-patient IOL process

Aspect	In-patient Induction	Out-patient Induction
Where it happens	In the hospital, usually on the maternity ward	Begins in hospital, but you return home during early stages
Who is eligible	Suitable for all, especially more complicated pregnancies	Suitable for uncomplicated pregnancies
Common methods used	Propess, Prostin, Balloon, Dilapan, Artificial Rupture of Membranes (ARM), Oxytocin	Propess, Balloon, Dilapan
Monitoring	Continuous or regular monitoring of baby and contractions	Initial monitoring in hospital, monitoring of fetal movements and any contractions by woman at home and return to hospital if concerns, otherwise return at a later planned time.
Comfort	Hospital environment, may feel more clinical and is busy	Home environment, more relaxed and familiar
Length of stay	Longer hospital stay before active labour	Shorter hospital stay
Support	Birth partner can stay 24/7 during initial stages and 2 birth partners once on delivery suite but limited visiting hours for others	More time with family and friends at home

Next steps	If labour doesn't start, further IOL steps (e.g. ARM or oxytocin) are done in hospital	You return to hospital for reassessment or next steps as per inpatient IOL if labour doesn't start

What to expect during the process

Initial assessment (Both settings):

- A midwife performs a vaginal examination to check your cervix
- A continuous fetal monitor (CTG) is used to check your baby's overall wellbeing
- Your chosen IOL method is inserted (e.g. Prostin, Propess, Balloon, or Dilapan)

In-Patient pathway

- You stay in hospital for monitoring
- Midwives or Doctors check your progress regularly
- If labour starts, you will transfer to the delivery suite
- If not, further steps may be considered such as ARM or oxytocin. You would then transfer to the delivery suite when it is deemed appropriate to do so. If ARM is not possible, either a repeat or alternate induction method will be offered.

Out-Patient pathway

- After monitoring, you may go home with a plan for next steps.
- You're advised to return if:
    - Contractions start
    - Waters break
    - You have concerns about your baby's movements

- You return for reassessment after 12–24 hours or sooner if needed
- Once readmitted you can expect to follow the in-patient pathway

We would like you to telephone Maternity Ward A on **01772 524959** after six hours to discuss with a midwife yours and your baby's well-being to check the IOL is proceeding safely. If there are no concerns, you can remain at home until you are in labour or further IOL is needed.

Types of IOL

After membrane sweep the next step in the formal IOL process is to use cervical ripening options aimed at softening and opening the cervix to get ready for birth. Your midwife or doctor will discuss the options with you and help you to choose the best method based on your medical history, pregnancy, and preferences.

Propess pessary (Pharmaceutical, suitable for out-patient or in-patient)

- A small pessary containing prostaglandin is placed near the cervix during a vaginal examination
- The pessary slowly releases a synthetic hormone over 24 hours to soften and open the cervix
- You may go home (out-patient) or stay in hospital (in-patient) depending on your circumstances

Prostin gel (Pharmaceutical, used mostly for women having an in-patient induction)

- A gel is inserted into the vagina to soften the cervix during a vaginal examination
- Re-assessment will be offered after 6 hours and a repeat gel may be offered if the cervix remains unfavourable

- Used if the cervix remains unfavourable after other forms of induction or if your waters have broken

Dilapan-S (Non-pharmaceutical, suitable for out-patient or in-patient)

- Small synthetic rods are inserted into the cervix during a vaginal examination. These rods absorb moisture and gradually expand, gently dilating the cervix over 12–24 hours

Cervical ripening balloon (non-pharmaceutical, suitable for out-patient or in-patient)

- A soft balloon is inserted into the cervix and inflated with fluid
- It applies gentle pressure to help the cervix open
- Typically used for women who have had a previous caesarean section or where medication is not suitable

Artificial rupture of membranes (ARM)

- ARM involves a midwife or doctor using a small instrument (called an amnihook) to make a small hole in the amniotic sac during a vaginal examination, allowing the waters to break
- Also known as "breaking the waters"
- Often performed to progress labour once the cervix is already open enough
- May be followed by a hormone drip to start contractions

Oxytocin infusion

- Oxytocin is a man-made version of a natural hormone that helps start contractions. It’s given through a drip in your arm
- It is commonly used once your cervix is soft and open, your waters have gone but labour has not started

- The infusion starts at a low dose and is gradually increased. It encourages regular and effective contractions
- Contractions can become more intense and painful, often leading to a higher need for pain relief or epidural
- Stronger, more frequent contractions can sometimes reduce blood flow to the baby, which may cause changes in the baby's heart rate. This is why continuous monitoring is recommended during oxytocin infusion
- Prolonged use with large fluid volumes can cause water intoxication
- Not suitable for all women particularly those with previous uterine surgery or certain medical conditions

IOL methods - advantages and disadvantages

Method	Advantages	Disadvantages
Membrane Sweep	No medication involved May encourage natural labour onset Can reduce need for formal induction Can be repeated	Can be uncomfortable or painful May cause cramping or spotting Risk of accidental rupture of membranes
Propess Pessary	Slow, controlled hormone release Can be used as out-patient Easily removed if needed	May take longer than other methods Can cause the uterus to contract too much (uterine hyperstimulation)
Prostin Gel	Faster onset of action compared to propess Can be repeated every 6 hours if needed Often used when quicker response is needed	Requires regular inpatient monitoring Cannot be removed once inserted Can cause uterine hyperstimulation

Dilapan-S	No drugs or hormones Low risk of hyperstimulation Suitable for women with previous caesarean	Can be uncomfortable May take longer than pharmaceutical methods May cause cramping or dizziness
Cervical Ripening Balloon	Non-hormonal method Low risk of hyperstimulation Can be used in out-patient setting Suitable for women with previous caesarean	Can be uncomfortable during insertion May take longer to ripen cervix May require follow-up with other methods
Artificial Rupture of Membranes (ARM)	May encourage labour to start as part of the IOL of labour pathway Can shorten labour duration	Can be uncomfortable Risk of fetal heart rate changes Risk of cord prolapse if baby's head not engaged
Oxytocin Infusion	Effective when labour is slow or not progressing Dose can be adjusted based on maternal or fetal response. Can leads to regular contractions quickly	Requires close maternal and fetal monitoring Can cause intense contractions and a higher need for analgesia such as epidural. Risk of water intoxication with prolonged use

What to Expect During Induction.

This timeline shows the typical steps involved in your induction of labour. Every journey is unique, and your care team will guide you through each stage.

Antenatal consultation

Discuss the reasons IOL is recommended and any evidence base, signpost to further information and agree a plan.

Membrane sweep

May start labour and reduce the requirement for other IOL methods.

In-patient or out-patient Induction

Depends on your individual circumstances, including your health, the reason for induction, and your preferences.

Reassessment 6 hrly or at 24hrs

Regular assessments are performed to monitor the progress of labour, including cervical dilation and effacement, and to address any concerns

2-3 days - transfer to birth area

Transfer will be facilitated if you continue in labour. Transfer will be facilitated at a safe time for ARM/oxytocin if required

3-4 days - Labour

Induction of labour can take two or three days, and up to five days from the start of the induction to the birth of your baby. Labour is variable in length

Birth

After induction of labour, whether in-patient or out-patient, the most common type of birth is a vaginal birth but it is variable in time and type

Discharge to home

The discharge timeframe from the hospital varies depending on the type of birth and the mother and baby's health

Induction is not an immediate event, and it's important to be prepared for a process that may take some time.
Your induction plan will be tailored to your specific circumstances and preferences.

What to Expect - this is different for everyone

- Period type discomfort
- Back ache
- Regular contractions that build in intensity and frequency
- Your waters may "break"
- You may not notice any immediate changes - this is normal
- Labour may start within hours or several days.

What You Can Do

- Have a bath or shower
- Stay hydrated and eat light meals.
- Stay active: gentle walking and upright positions can help
- Take paracetamol (keep a note of the timings)
- Use TENS machine
- Wear pads to monitor any vaginal loss
- Take care not to dislodge the propess or balloon on wiping after the toilet
- Ask questions and share your preferences with your care team

When to call for help or advice

- Regular painful contractions
- Your waters break
- You baby's movements reduce in frequency
- Paracetamol, bathing and TENS machine is inadequate.
- Bleeding
- If you have any concerns or feel unwell
- You have changed your mind about staying at home.
- The Propess or balloon has fallen out

If you experience the rare symptoms of constant or severe abdominal pain or any vaginal bleeding you may be advised to remove the pessary. To do this hold the string and pull down firmly. In an emergency it is acceptable to call an ambulance.

A framework to help you make the decision about IOL - BRAIN

The BRAIN decision making framework can help you decide whether IOL is the right option for you. Using this structured way of thinking may also help you during your labour and birth, when different options may be offered to you, for example, pain relief options, vaginal examinations, or the way in which your baby is born. It will also help you to ask questions.

B – Benefits

What are the benefits of this option?

Example: IOL may reduce the risk of stillbirth if your pregnancy has gone beyond 41 weeks.

R – Risks

What are the risks or downsides?

Example: IOL can sometimes lead to stronger, more painful contractions and may increase the chance of needing further interventions like a caesarean section.

A – Alternatives

Are there other options available?

Example: Instead of IOL now, I could choose to wait a few more days with regular monitoring of my baby's wellbeing.

I – Intuition

What is your gut feeling telling you?

Example: I feel anxious about being induced right now. I'd like to talk more with my midwife before deciding.

N – Nothing

What happens if I do nothing or wait?

Example: If I wait, I'll continue to be monitored closely, and labour might start naturally.

If you choose to decline IOL

If you're unsure whether IOL is the right choice for you and your baby, it's important to know that you have options. You can discuss your thoughts and preferences with your midwife or doctor who will support you in making an informed decision.
Your care plan will be tailored to your individual circumstances, especially the reason IOL was initially recommended. You can discuss the timing of induction with your doctor or midwife. If you choose to wait, your healthcare team will likely suggest closer monitoring of your baby's wellbeing. This may include:

- CTG monitoring to check your baby's heart rate and movements
- Ultrasound scans to assess growth and amniotic fluid levels
- Doppler studies to evaluate blood flow between the placenta and your baby

Paying attention to your baby's movements is a vital part of monitoring their health. If you notice any changes, it's important to seek advice promptly.

Frequently asked questions

1. **How long does IOL take?**

The length of time it takes from IOL to labour is very variable. Labour may start within a few hours of induction, for others it can take a few days,

depending on how ready your body is. For some it can take 48 hours or longer to get to a point when you are able to transfer to the delivery suite and have your waters broken or commence the oxytocin drip, this can be due to the time it takes for your body to get to this point, sometimes it is due to balancing your safety and the maternity unit activity.

Bring plenty to do and be aware that walking around is helpful too.

2. **Are there any risks with induction?**

Like any drug or medical procedure, IOL 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 usually happens within the first hour after the pessary has been inserted. This is called 'hyperstimulation' and can lead to concerns in the baby's heartbeat.

IOL is associated with an increase chance of requiring an assisted birth (e.g. forceps) or a caesarean section.

Occasionally, IOL does not work, and labour may not begin. If this happens to you, a doctor will come and discuss the next steps with you.

3. **Can my partner stay with me for inpatient induction?**

Yes, one birth partner is welcome to stay with you throughout the IOL process. However, we are unable to provide them meals. We ask that your birth partner does not share your bed as this may cause it to break (there are safe weight limits for each bed); and sharing your bedspace in hospital can increase your chance of developing an infection. Please use the overnight stay sleeper chairs available at each bedside.

4. **Can I use the Birth Centre?**

It is possible to use the Preston Birth Centre after IOL if your pregnancy is considered uncomplicated, and your labour establishes without the requirement for further medications or monitoring. Speak to your midwife or obstetrician regarding what would be recommended for you.

5. **How many rounds of IOL will I be offered (whilst awaiting my body to start labour)?**

This depends on your personal circumstances. You will be offered a medical assessment at each step. Your midwife or doctor will discuss your options, which could be to have a rest before trying again or to go on to a different method.

6. I have heard that an induced labour is more painful – is that true?

Your body does not produce natural pain killers in the same way as when labour starts by itself, this is because synthetic oxytocin bypasses the body's natural endorphin pain relief system, making contractions feel stronger and more intense.

At home, there are several pain relief options you could try:

- Keep mobile and use active, upright positions to help your baby into an ideal position for birth
- Heat packs, hot water bottles or massage on your lower back may help relieve any cramping
- Warm bath or shower
- TENS machine
- You can take 1000mg paracetamol every 4-6 hours (maximum four doses in 24 hours).

On the antenatal ward, oral pain relief such as paracetamol and dihydrocodeine will be offered to you.

If you are in a single room, aromatherapy can be used. An aromatherapy trained midwife can advise you and guide you to do this safely. Unfortunately, aromatherapy oils cannot be used in a four bedded bay as they might not be suitable for other people in the bay.

When you have transferred for care in labour you may use the forms of analgesia available in that area.

7. Will I still be able to remain mobile?

We encourage you to keep mobile and upright as much as possible. Your movements may be restricted if you or your baby are being monitored but

your midwife will be able to show you positions that are safe and can help your labour to progress.

8. **Can I decline IOL and request an elective caesarean?**

The decision to have an IOL or not is yours and will be respected. We recommend you talk to your midwife or doctor about the reasons why an IOL is being offered and to discuss all your options with them.

Contact details

Should you require further advice or information please telephone:

Maternity A: **01772524959**
Maternity Triage: **01772 524495.**
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
www.lancsteachinghospitals.nhs.uk/veteran-aware
https://bepartofresearch.nihr.ac.uk/

References: National Institute for Health and Care Excellence (2021). *Inducing Labour*. For information about NICE clinical guidelines programme, you can visit their website at www.nice.org.uk

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

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This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:
patientexperienceandinvolvem@LTHTR.nhs.uk

Department: Maternity
Division: Women and Children
Production date: December 2025
Review date: December 2028
JR 1425 v1