



We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

**Ashford Hospital**  
London Road  
Ashford, Middlesex  
TW15 3AA  
Tel: **01784 884488**

**St. Peter's Hospital**  
Guildford Road  
Chertsey, Surrey  
KT16 0PZ.  
Tel: **01932 872000**

Website: [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk)

# Induction of Labour

## Women's Health

---

### **Further Information**

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [pals@asph.nhs.uk](mailto:pals@asph.nhs.uk). If you remain concerned, PALS can also advise upon how to make a formal complaint.

---

**Author:** Louise Emmett

**Department:** Women's Health Group

**Version:** 4

**Published:** Nov 2014

**Review:** Nov 2017

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Midwife, Supervisor of Midwives or Manager on duty.

# Induction of Labour

## Introduction

This leaflet is designed to give you information on what Induction of labour is, how and why it is performed and what some of the benefits and disadvantages there are. If you have any other questions please ask your midwife or doctor for further explanations.

## What is Induction of labour?

Induction of labour is a process of artificially starting a labour.

## Why is labour induced?

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of the baby. Research has shown that the placenta will become less efficient in a number of pregnancies after the 41st week and at this point, the baby does not get as much oxygen.

A date for induction will be offered to you when you are around 12 days overdue.

Induction of labour may also be offered when

- You have a medical condition eg high blood pressure or diabetes
- There is concern for the well being of the baby
- The membranes (waters) have broken: often labour will start when this happens but in some cases it does not. The midwife will advise you in this situation

### **What happens if I need to be induced?**

Your midwife or doctor will arrange a date for you to come to either Joan Booker ward or Labour ward to start the induction process. Before this date you may also be offered a "membrane sweep".

### **Useful Contact Numbers**

Joan Booker ward: 01932 722291, 01932 722378  
Labour ward: 01932 722399

## **Postponement or Delay**

### **Can I choose not to be induced?**

Should you not wish to be induced you should discuss this with your midwife or doctor. It will be recommended that you attend the hospital to check you and your baby's well-being. This may entail listening to your baby's heartbeat on the monitor and may involve a scan to check the water around the baby.

How often you need to come to the hospital will be dependent on individual circumstances and the midwife or doctor will discuss this with you.

### **Why might my induction be postponed or delayed?**

Midwives and doctors understand that, when your Induction of labour is either postponed in the first place or delayed whilst you are in hospital, that you will be very upset. However the safety of you and your baby is paramount and distressing though the event may be a delay may be the safest option.

Your induction of labour may be postponed if

- The work load on Labour ward means there is no midwife available to care for you at the time and provide safe care
- The midwives and doctors have to prioritise mothers and babies for induction of labour, and another mother may have a greater need at the time than you due to her clinical risks

## Can I choose to be induced?

No, the decision to induce a labour is a medical one.

If you are booked under Midwifery Led Care then your Midwife will organise an induction date for you when you are approximately 12 days overdue.

Any requests for an earlier date for induction will be considered on an individual basis by an obstetrician and will be reviewed against the risks and disadvantages as outlined above.

## Alternatives to Induction of Labour

There is limited evidence about the usefulness of complementary therapies, reflexology, and 'old wives tales' to start labour in a healthy pregnancy. If you intend to use complementary therapies to encourage labour to start, it is wise to wait until at least 37 weeks of pregnancy, and hence reduce the risk of a preterm birth. All treatments have benefits and disadvantages; do not use any treatment that you do not understand fully and have not consulted with a professional trained in their use.

The following are likely to be more beneficial than harmful

- Methods to encourage release of natural prostaglandins; nipple and/or clitoral stimulation, sexual intercourse.
- Stimulation of the muscles of the womb; acupuncture on points which link to the womb, raspberry leaf tea.

## How is labour induced?

The following methods can be used to induce your labour

- Membrane sweep
- Prostaglandin gel
- Artificial rupture of the fetal membranes (breaking the waters)
- Syntocinon augmentation

It is usual to begin with a membrane sweep, and then follow this with one of the other methods. The suitability of each depends on what is happening to the cervix; a vaginal assessment is needed to provide this information. In certain situations, some methods are less suitable and the midwife/obstetrician will inform you of those which are inadvisable in your particular circumstances.

## Membrane Sweep and Prostaglandin

### What is a membrane sweep?

A Membrane sweep is a process where the midwife or doctor places a finger just inside your cervix and makes a circular, sweeping movement to separate the membranes from the cervix. A sweep increases the chances of labour starting naturally within the following 48 hours. It should be the first method used if induction of labour is advised, unless your membranes have already broken.

## Benefits

- Can be performed at the community antenatal appointment, in the antenatal clinic or in your own home (depending upon the reasons for suggesting a membrane sweep).
- Does not involve drugs
- Is likely to have the desired effect within 2-5 days (NICE, 2008)
- Can be repeated if you wish

## Disadvantages

- The examination does not involve medical instruments of any kind but may be uncomfortable; this discomfort should not persist after the examination.
- It is not uncommon to have a "show" later in the day. The "show" is a plug of mucous (sometimes quite blood stained) which is released as the cervix begins to open.

## Prostaglandin

Prostaglandin is a drug that induces the labour by encouraging the cervix to soften and shorten. Your baby's heartbeat will be monitored before prostaglandin which is given by either a gel, pessary or tablet inserted into your vagina. The type of prostaglandin required in your individual case will be discussed with you.

- You may require additional pain relief, including an epidural
- Whilst on Joan Booker ward, your birth partner may stay with you for visiting hours (8am to 10pm) but they are not usually able to stay overnight unless your labour starts and you are transferred to Labour ward.

## Risks and Choice

### Risks associated with Induction of Labour

The process of induction of labour may not work, if this happens to you the doctor will discuss the options with you - one of which is Caesarean Section.

The risk of failure for a first time mother is 1:4

The risk of failure for subsequent pregnancies is 1:20.

Over-contracting of the womb may occur with either Prostaglandin or Syntocinon; drugs can be given to reverse over-contracting in extreme cases.

Induction of labour may increase the possibility of an instrumental delivery (vacuum or forceps) or a caesarean section. The indications for an Induction of labour will therefore be carefully considered and discussed with you beforehand.

## Disadvantages

- Monitoring the baby's heartbeat means that you are restricted in walking around as you can only go as far as the length of the lead.

## Advantages and Disadvantages of Induction of Labour

### Benefits of Induction of Labour

- Induction of labour may relieve a medical condition (such as pregnancy induced hypertension) which may otherwise worsen
- Pregnancy is not prolonged beyond a date when the placenta may not function as well as it did earlier in the pregnancy
- Induction of labour may be performed to prevent you getting an infection if your waters have broken and labour has not yet started
- Some women feel less anxious when they have a date for induction

### Disadvantages of Induction of Labour

- Induction of labour may take up to 48 hours or even longer. This is especially the case when Induction of labour is attempted before term +12 days without any specific medical reasons
- You will not be able to have your baby at home

Sometimes Prostaglandin is sufficient to start a labour. If labour has not started and your cervix does not start to open the process may need to be repeated. In some cases even after 2 or 3 doses of prostaglandin, it may not be possible to break the waters and the obstetrician will discuss a plan of care with you

## Benefit

- The Prostaglandin may encourage the cervix to become softer and open; this can allow for your waters to be broken.
- Sometimes the gel works so well that the first dose makes labour start. You will be re-examined after 6 hours if you have the gel or tablet and 24 hours if you have the pessary
- The prostaglandin is absorbed into the tissues around the cervix and not into the blood stream. There is no direct effect to the baby.

## Disadvantages

- You will need to lie down for one hour to encourage the Prostaglandin to be absorbed.
- You will need to have the baby's condition monitored closely for the first hour after the Prostaglandin is given.
- Sometimes more than one dose of Prostaglandin is required, so it may take some time for labour to start.
- You will need to stay in hospital from the time that the first dose of Prostaglandin is given

- Period type pains are common and can be managed with pain relief tablets and warm baths.

## **Breaking the Waters and Syntocinon Infusion**

### **Artificial Rupture of Membranes (ARM)**

This is also known as "breaking the waters" and can be used when the cervix has started to ripen and dilate either by itself or by using Prostaglandin.

The procedure will only be carried out on Labour ward

It involves an internal vaginal examination during which a small plastic hook is passed through the vagina and a hole is made in the membranes surrounding the baby. This releases natural prostaglandins and encourages the baby's head to make close contact with the cervix. It also stimulates the release of natural prostaglandins.

The procedure will not harm you or your baby although it might be uncomfortable; having the membranes broken should encourage more effective contractions.

#### **Benefits**

- The stimulation effects may be enough to encourage contractions to start.
- no drugs are involved

#### **Disadvantages**

- The amniotic fluid from around the baby will drain from the vagina, so you will need to wear a sanitary towel.

### **Syntocinon**

Sometimes Prostaglandin and/or breaking the waters is sufficient to start a labour, but many women require Syntocinon.

This is a drip which contains synthetic oxytocin; Oxytocin is a hormone which causes contractions.

This drug is given using a drip into a vein in your hand or arm. It is only administered on Labour Ward. Syntocinon is carefully administered by a pump and the dose slowly increased as necessary. The aim is for the womb to contract regularly until you give birth.

When using this method of induction your baby's heartbeat will need to be continuously monitored.

#### **Benefits**

- Will help stimulate contractions and start labour