NORTHAMPTON GENERAL HOSPITAL

Patient Information

Induction of Labour (IOL)

Date and Time for your induction:

Please note that this is a provisional date and time to attend the hospital, not the definite date and time you will be induced.

NHS
Northampton General Hospital
NHS Trust

What is an Induction of Labour?

Induction of labour (IOL) is the process of starting your labour artificially and in the UK almost one third of births are induced for a variety of reasons (NICE, 2021). Induction can be a lengthy process that can often last 3 to 5 days from admission to hospital and the birth of your baby. Do not worry, you are not in active labour for 5 days!

For a baby to be born the cervix (the neck or opening to the womb) has to shorten, soften and open and there must be contractions. Your womb has a powerful muscular wall that tightens and then relaxes; these contractions gradually open your cervix. In most pregnancies this starts naturally between 37 – 42 weeks and is called 'spontaneous labour'.

Before or during labour, the membranes containing the fluid "waters", in which baby is surrounded may break and the fluid may be released through the vagina. This process can lead to the birth of your baby.

Throughout the whole process you will be provided information by midwives and doctors regarding what is happening and what your options are to make sure that you can make a plan that is suitable for your individual needs. This may include providing adequate pain relief should you want it, further assessments of progress and next steps taking into account the health and safety of both you and your baby.

Your midwife will have a discussion with you about the Outpatient IOL process and if you meet all the necessary criteria you will be able to choose this as your IOL preference.

Why am I being induced?

Induction of labour is recommended when it is felt that the health of either you or your baby will benefit. There are three main reasons why induction of labour is offered:

- **Prolonged pregnancy -** After 41 weeks there is a slight increase in the risk of your baby developing health problems. Induction of labour is therefore recommended between 41 and 42 weeks. At Northampton General Hospital we start IOL at 40 weeks and 12 days over your expected date of delivery (due date), which has been determined by your initial dating scan. For more detailed information regarding the risks of a “postdates” pregnancy, please speak to your midwife or obstetrician (pregnancy doctor).
- **Pre-labour rupture of membranes -** (the waters around the baby breaking) if spontaneous labour does not happen approximately 24 hours after the waters break there is a small risk of infection to the mother and / or the baby. If your waters break after 37 weeks, providing an initial assessment of you and your baby is satisfactory, you will be offered the choice of induction of labour either as soon as possible or wait until after 24 hours; in most cases (60%) labour will start spontaneously before this. National guidelines recommend offering induction of labour before 24 hours and it is recommended that you stay in hospital with your baby for at least 12 hours after the birth for your

baby to be monitored for signs of infection. This may be for longer than 12 hours if your baby is showing any signs of infection. If you are known to have Group B streptococcus (GBS), or a previous poorly baby due to GBS you will also be offered intravenous (in the vein) antibiotics in labour to help prevent risk of infection for your baby.

- **Medical reasons -** If it is felt that your health or your baby's health is at increased risk if the pregnancy continues.

Induction following previous caesarean section

If you have had a caesarean section in the past and need or choose induction you will have the opportunity to discuss this with a consultant.

This discussion will include how labour is induced and the potential risks and benefits of each method. Using medications (pessary +/- oxytocin) to induce labour when you have had a caesarean section before, increases the chance that a uterine rupture will occur. It is therefore important that your options are discussed so that you are fully informed regarding your options and plan of care.

Can I choose not to be induced?

After considering all of the facts around IOL, if you decide you do not want to be induced, you should tell your midwife.

You can be offered an appointment to attend hospital so we can check that you and your baby are well. There will be an opportunity to discuss with a midwife or doctor why you do

not want to be induced and a plan will be put into place to support your decision.

It is usually recommended that we keep a closer eye on you and your baby in these circumstances. How often you come to the hospital for checks depends on your situation. The midwife or doctor will discuss this with you.

Methods used to prepare the cervix:

These are used to soften and open the cervix in order to be able to 'break the waters' around the baby. They may sometimes cause contractions to start as well.

You may need just one or all of these methods.

Membrane Sweeping:

This is not a formal method of induction of labour but may be offered firstly to increase your chances of labour starting naturally. It is performed on women whose waters have not broken and involves your midwife or doctor placing a finger just inside the cervix (located inside the vagina) and, using a circular movement, separating the membranes (bag of waters) which surround your baby from the cervix, releasing a hormone called prostaglandin which may start labour.

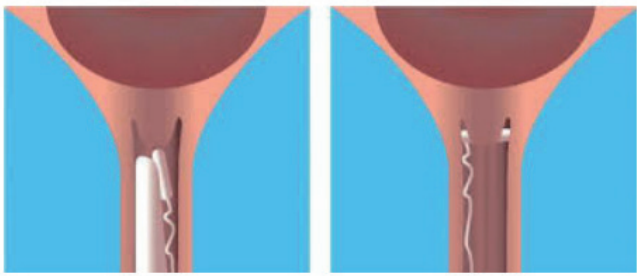
You may be offered a vaginal examination for membrane sweeping from 39 weeks at your community antenatal visits, or earlier if that is the plan from your consultant. Membrane sweeping is not associated with an increase in infection for you or your baby and does not cause your baby any harm,

but it may cause you some discomfort and minimal bleeding afterwards. Occasionally if your cervix is not open membrane sweeping cannot be performed.

Vaginal prostaglandins (Propess):

Prostaglandin is a hormone that is naturally produced by the body and it is involved in starting labour.

Propess is a small pessary which contains Prostaglandin and it helps to soften, shorten and dilate the neck of your womb. It is inserted into your vagina and placed behind your cervix. It has tape attached so that it can be removed easily. It releases the hormone slowly over 24 hours, but will be removed earlier if labour starts or there are any concerns about you or your baby's health.



You will need to lie down for at least 30 minutes after the insertion of Propess to allow the pessary to swell up inside your vagina. This reduces the chance of the Propess falling out.

Your baby's heartbeat will be monitored again using the CTG machine and if all is well you will be encouraged to mobilise as being active can help to encourage labour to start. Your midwife can offer you pain relief if requested

and you may find using the 'birthing ball' or a warm bath or shower eases your discomfort.

You will need to:

- Take care when visiting the toilet not to pull on the tape which is on the end of the Propess pessary.
- Inform a member of the midwifery team immediately if the pessary falls out (retrieval and reinsertion may be possible if appropriate).

Both you and your baby's wellbeing will be regularly assessed throughout the process and after 24 hours of having had the Propess, you will be reviewed by a doctor to discuss a plan going forwards.

Whilst you stay with us in hospital, refreshments and meals will be provided. We encourage you to get up and dressed and access the garden spaces and hospital outlets (M&S/ Costa/Subway).

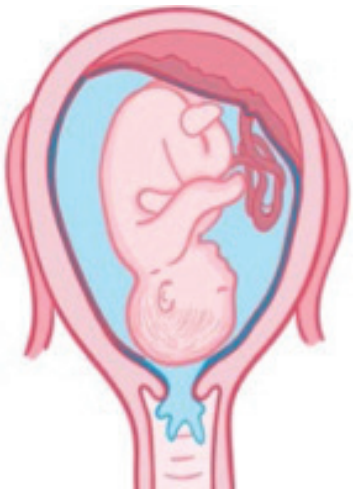
You can leave to go home at any point during this process of course, however please speak to your Midwife/Doctor as you may have risk factors that could mean this is not advised.

It is important to be aware that the process of softening and opening the cervix can take up to three days if you are over 41 weeks and up to five days if we are inducing you earlier than 41 weeks. It is also important to know that it may fail completely.

Artificial Rupture of the Membranes (ARM - breaking your waters):

When the cervix is soft, open to around two to three centimeters and the baby's head has gone down into your pelvis, it should be possible to 'break the waters' around the baby.

This procedure involves your midwife or doctor performing a vaginal examination and is carried out by using a small plastic hook which releases the water and allows the pressure of the baby's head to press on the cervix and stimulate contractions. It will not harm you or your baby.



You may be advised to mobilise or access a birthing ball, to encourage contractions to start or maintain already existing contractions. If contractions are not adequate after this time Oxytocin will be commenced (see below).

You may be given some time to see if contractions start or we may use an artificial hormone called Oxytocin straight away. The timing of the commencement of this will be decided by the Obstetric registrar after discussion with you and the midwife.

Oxytocin Infusion

This is the final stage of the induction process and involves a drug called Oxytocin being given as a drip. Oxytocin is a natural hormone, but this is a synthetic version which can encourage your contractions to start.

A small tube will be inserted into the back of your hand, which your drip will be connected to. The drip is increased very slowly by your midwife until you start experiencing regular contractions. The drip will usually be continued until your baby is born. This method of induction takes place on labour ward and requires continuous monitoring of your baby's heartbeat.

In some instances, it can be difficult to monitor the baby's heartbeat through your tummy. The midwife or doctor may recommend a fetal scalp electrode (FSE). This is a clip that is placed on the baby's head, through the vagina and cervix and attached to the CTG monitor. The risks and benefits of this will be discussed with you if this is considered necessary to support you to make an informed choice.

Movement and upright positions can encourage contractions and labour, however being attached to the drip and the monitor (which records your baby's heartbeat) means your ability to move around can be somewhat limited. The midwife will offer you guidance throughout labour to maximise your freedom of movement and comfort.

The IOL process is often considered more painful and your midwife will discuss and help you plan any pain relief you may require.

- Massage – these are techniques you and your birth partner may have practiced in pregnancy
- Deep breathing and relaxation – including hypnobirthing techniques practiced in pregnancy
- Movement – such as kneeling, walking around, rocking backwards and forwards, using a birthing ball, can all help ease your discomfort
- Warm bath or shower
- TENs machine – uses electrical impulses during a contraction to block pain (bring from home or use ours if available)
- Paracetamol or dihydrocodeine administered by the Midwife
- Once on labour ward your pain relief options, benefits and risks can be discussed with you. These include:
- Entonox (gas and air) – this is a short acting medicine that works by breathing it in using a mouthpiece during a contraction
- Injections of synthetic opioids (pethidine) – injected into the buttock lasting between 2-4 hours
- Epidural – a type of local anaesthetic that numbs the nerves in the back that carry pain signals, until the birth of the baby

More information is available from: Pain relief in labour – NHS (www.nhs.uk)

What are the benefits of induction?

Induction of labour has the following benefits:

- To reduce the risk of infection in pregnancies where the waters have been broken for more than 24 hours
- Prevent longer pregnancies as the rate of stillbirth increases from <1 in 1000 at 40 weeks to 3 in 1000 beyond 41 weeks
- May reduce the risk of your baby requiring transfer to the special care baby unit
- Increases the chance of your labour starting within the following 48 hours after starting the process
- May reduce the risk of caesarean section compared to waiting for labour to start without induction

What are the risks or downsides?

Prostaglandin (Prostin®)
Inserting the prostaglandin pessary can be uncomfortable. Prostaglandin can cause dryness and soreness in and around the vagina. It can also cause strong contractions, which can be painful; having these contractions does not always mean you are in labour. Your midwife will discuss ways to help you manage this.

On rare occasions prostaglandins can cause the uterus to contract too frequently and this may affect the pattern of your baby's heartbeat. This is usually treated by giving a drug that helps the uterus to relax. Sometimes the uterus continues to contract too frequently, which may mean an emergency caesarean section is necessary.

Oxytocin (Syntocinon®)
As with prostaglandin, the main risk is that the uterus can contract too strongly/frequently and affect the baby's heartbeat. Reducing the rate of the Oxytocin can have an immediate effect on easing the contractions, which will improve the baby's heartbeat. If the baby's heartbeat does not recover, the senior doctors will decide what is required. This may mean an emergency caesarean section is necessary.

Using an oxytocin drip requires continuous monitoring of your baby's heartbeat. This will limit your mobility and can be more painful so you might be more likely to request an epidural for pain relief.

- Around 17% of women require assistance to birth their baby following IOL, including the use of forceps or ventouse (suction cup on the baby's head), which may cause more trauma to the vagina and perineum.
- Your hospital stay may be longer than with a spontaneous labour

What happens if induction of labour fails?

In a small number of cases induction of labour is not successful following repeated attempts. Your management will then be discussed with your consultant obstetrician and a plan for birth put into place. It may be that we can rest you for 24 hours and try again, or a caesarean section maybe recommended.

What are my alternatives?

An induction of labour may be advised to you to benefit the health of you and your baby, however it remains your choice. Should you choose to decline or delay your induction, a plan of care will be made between you and your consultant/ midwife to closely monitor you and your baby. This may include daily hospital appointments to monitor you and your baby, and/or ultrasound scans.

How long will I be in hospital?

The process of induction can be lengthy and take between 3 to 7 days. You may not be transferred to labour ward in the order that you have arrived for induction, as this is dependent on individual reasons for induction of labour. We will do everything we can to avoid delays, however they can occur due to the activity of the maternity unit at the time.

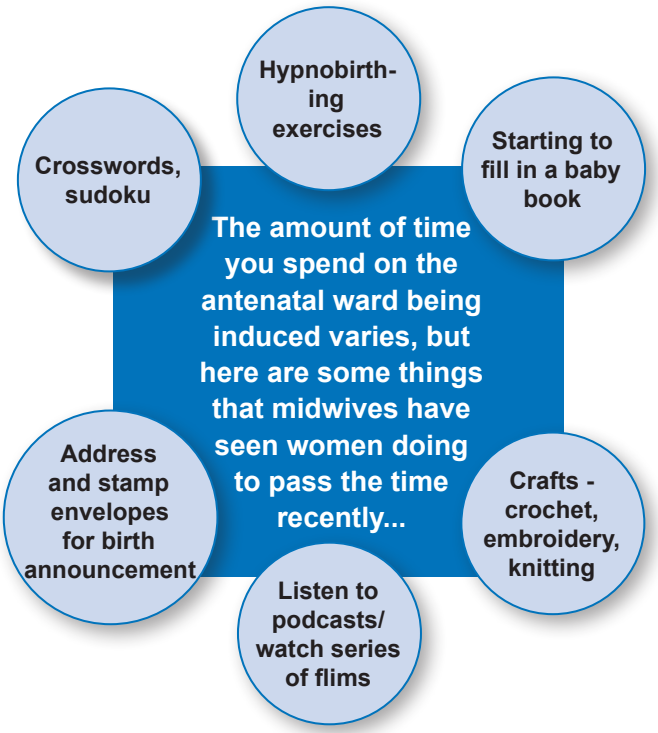
For your comfort we would recommend the following:

- Eye mask
- Ear plugs/headphones
- Chargers
- Home comfort (pillow/blanket that smells like home)
- Toiletries
- Towel (hospital towels come up a bit short)
- Favorite snacks
- Grippy easy on shoes/flip flops/slippers

- Dressing gown
- Something to read/watch/listen to
- You may wish to bring a TENs machine

After the birth you will be transferred to our postnatal ward (Robert Watson) for recovery and your stay can vary dependent on the type of birth and you and your baby's wellbeing. The maternity team can offer you support with feeding and caring for your baby.

Induction of labour
Keeping occupied!



Don't forget to pack your phone charger and headphones!

Can my birth partner stay with me?

The ward areas (Maternity Observation Ward (MOW) / Robert Watson) will have visiting times which we ask your birth partner to respect, please check with the visiting times with the specific ward. Whilst your birth partner is with you in hospital, we request that they remain within your allocated bedspace, be respectful of the privacy of others and use hospital public toilet facilities (not the patient toilets). At the time you are transferred to labour ward your birth partner can remain with you for the duration of your labour until your baby is born.

Where will I be induced?

At Northampton General Hospital, we perform inductions of labour both in the hospital or as an outpatient. Your midwife will have a discussion with you about the Outpatient IOL process and if you meet all the necessary criteria you will be able to choose this as your IOL preference.

An **Outpatient IOL** will only be offered if your pregnancy has been **low risk** - you will be offered this option of IOL if your pregnancy is 12 days past your due date.

What happens on the day of my induction?

Your midwife will arrange for you to attend either our Sturtridge Ward (Area M) for your hospital based IOL or the Maternity Day Assessment Unit (MDU) (Area L) if you meet the criteria for an Outpatient IOL.

You will be given an appointment time to attend – please attend on time so that your IOL process can begin as soon as possible.

Remember to bring your green pregnancy records or any documents relating to your pregnancy

Your birth partner can come along with you and you will need to bring a weekend bag with you. PLEASE leave the car seat in the car.

If you have symptoms of covid-19 on the day of your induction, please contact the labour ward to notify them.

HOSPITAL Induction:

On arrival to labour ward, you will be greeted by the reception team, provided with a hospital wristband and advised to take a seat. Due to ward activity, there may be a wait before going into labour ward.

The midwife or maternity support worker will take you through to the labour ward for the initial assessment which can take up to an hour. The midwife will confirm with you that you are happy to go ahead with the IOL and you will be able to ask any further questions that you may have. The midwife will then ask your permission to perform the initial assessment.

The assessment will include:

Recording your observations: this includes your pulse, blood pressure, temperature and a urine sample dip.

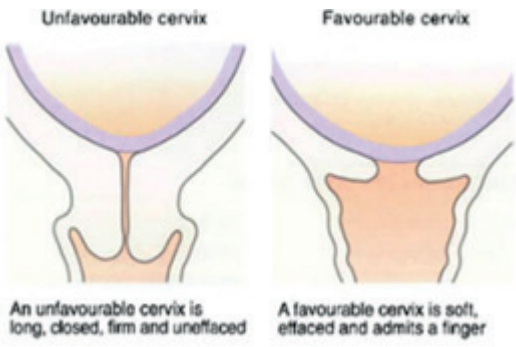
An examination of your abdomen to check the size and position of your baby to confirm your baby is cephalic (head down).

A monitoring of your baby's heartbeat for approximately 30 minutes using the cardiotocograph (CTG) machine. This machine will also monitor any contractions or tightening's of your womb that you may be having.

A doctor will review your medical and pregnancy history and write a plan with you for your induction. Depending on your individual circumstance, you will then be welcomed to one of our wards (Maternity Observation or Robert Watson Ward). Due to ward activity, there can be a delay in the doctor review or transfer to the induction bay / ward. Please be patient as you and your baby are important to us.

Once settled and activity on labour ward allows, your induction can commence with your consent.

If your assessments are all normal, the midwife will ask your permission to perform an internal examination (vaginal examination) to check the neck of your womb (cervix) and administer the Propess pessary if required. The more favorable your cervix, the more likely you are to go into labour following the insertion of the Pessary.



During this examination, the midwife will insert the Propess pessary that is used to induce your labour as above.

If your cervix is already favorable to have the waters around your baby broken when you come to Sturtridge labour ward, or if the waters have already broken, you will be placed on the waiting list to be induced on the labour ward. Admission to the Labour Ward will be managed according to individual needs and this may happen straight away or more likely you will be admitted to one of our wards.

Depending on your individual circumstances, you may have the option to wait at home until you are called to attend labour ward.

Please be aware that breaking the water around the baby can only be done on Labour Ward.

OUTPATIENT Induction:

An Outpatient IOL will only be offered if your pregnancy has been low risk. You will be offered this option of IOL if your pregnancy is 12 days past your due date.

On arrival to MDU the midwife will confirm with you that you are happy to go ahead with the IOL and that you are still suitable for your IOL to be as an outpatient.

The initial assessment and vaginal examination will be offerred as above.

Following the insertion of the pessary, your baby's heartbeat will be monitored again using the CTG machine and if all is normal you will be encouraged to mobilise around the hospital for 30 minutes before returning to MDU to ensure all is well.

You will need to:

- Take care when visiting the toilet not to pull on the tape which is on the end of the Propess pessary.
- Inform a member of the midwifery team immediately if the pessary falls out (retrieval and reinsertion may be possible if appropriate). You will then be able to return home if all remains well.

Your time at home

- After 12 hours following the insertion of the pessary, please call Triage on **01604 523529** for a wellbeing check
- You can continue your normal day to day activity
- Eat and drink as normal
- Note any changes in your baby's movements and call Triage on 01604 523529 if you are concerned

- Please DO NOT attempt to remove the Propess pessary yourself
- Please avoid any sexual intercourse while the Propess pessary is in place, however nipple stimulation and intimacy is encouraged as this will release natural oxytocin!
- The Propess stays in for a total of 24hours and you will be given a date and time to return to the hospital.
- Keep mobile with gentle walking or use a birthing ball
- Rest if you feel tired.

Are there any side-effect from the propess?

You may experience mild period-type cramps. You can take Paracetamol and have a warm bath to help with your pain.

Rarely you may get the following side-effects:

- Vaginal irritation
- Contractions of 5 or more in 10 minutes
- Nausea
- Vomiting
- Dizziness and palpitations

Remember to contact Triage on 01604 523529 or MDU on 01604 545435

Immediately

If you experience any of the following:

- You think your waters have broken
- You have any vaginal bleeding
- Your Propess falls out
- You are worried about your baby's movements
- You experience tightening's / contractions that are strong and regular
- You experience constant Abdominal pain
- You are concerned at all

What will happen when I return to hospital after 24 hours of Propess?

After you return to the hospital the midwife will ask to remove the Propess and assess your cervix. Once your cervix has dilated enough for your waters to be broken, you and your birth partner will then be transferred to labour ward to continue with your induction of labour. This may not be immediately due to activity on the unit, but you will be transferred to labour ward as soon as possible.

Useful contact numbers

In a life-threatening emergency dial **999**
Maternity Triage (24hr number) – concerns regarding yourself or baby or you think you may have gone into labour
01604 523529

Sturtridge labour ward (including MOW) reception
01604 545898

Balmoral ward
01604 545434

Robert Watson Ward
01604 544819

Community midwives' office
01604 523274

Maternity Day Unit
01604 545435

Please be aware that we are unable to share information about you over the phone to anyone, including if family members or partners contact these numbers to access information regarding you, this is to ensure your confidentiality.

Tours of the maternity Unit

Unfortunately, we are unable to facilitate tours at this time, however there is a video on YouTube (85) where a midwife takes you on a tour of the maternity wards at NGH - YouTube https://youtu.be/7WDwzvI4ook which gives you a tour of our maternity unit, although the information on the video has changed (as this was produced in 2020).

Useful further information

This leaflet has been made using national recommendations including the National Institute for Health and Care Excellence.
Overview | Inducing labour | Guidance | NICE

The NHS UK website has information about induction of labour Inducing labour - NHS (www.nhs.uk)

You can see everything NICE says on this topic in the NICE guideline Inducing Labour (NG207) and quality standard Inducing Labour (QS60)

If you have any questions about any of the information contained in this leaflet, please do not hesitate to contact your midwife.

References

Kelly, A J, Alfirevic, Z, Ghosh, A (2013) Cochrane Database of Systematic Review Outpatient versus inpatient induction of labour for improving birth outcomes. Issue 11

Dowswell T,Kelly A,Livio S, Alfirevic Z (2010) Cochrane Database of Systematic Review Different methods for the induction of labour in outpatient settings

Useful websites

www.nhs.uk

www.northamptongeneral.nhs.uk

Other information

Northampton General Hospital operates a smoke-free policy. This means that smoking is not allowed anywhere on the Trust site, this includes all buildings, grounds and car parks.

Leaflets, information, advice and support on giving up smoking and on nicotine replacement therapy are available from the local Stop Smoking helpline on 0845 6013116, the free national helpline on 0300 123 1044, email: smokefree@northnorthants.gov.uk and pharmacies.

Car parking at Northampton General Hospital is extremely limited and it is essential to arrive early, allowing ample time for parking. You may find it more convenient to be dropped off and collected.

This information can be provided in other languages and formats upon request including Braille, audio cassette and CD. Please contact (01604) 523442 or the Patient Advice & Liaison Service (PALS) on (01604) 545784, email: ngh-tr.pals@nhs.net

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