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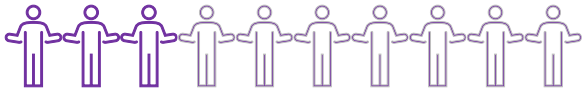
Induction of labour
A guide

This information leaflet is designed to give you information about induction of labour, when and how it is offered, and contains some questions you might like to ask. This has been written by a collection of midwives, doctors, and our Maternity Voices Partners to make sure the information is accurate and useful.

Induction of labour is a process to make your labour start to birth your baby. At the Whittington, approximately 3 in 10 women will have induction of labour.



Why might I be offered induction of labour?

Induction of labour is offered when it is beneficial for your health or your baby's health. There are a few reasons why your midwife or doctor may offer or recommend inducing your labour.

The most common reason is because your pregnancy has gone past the estimated due date by a week (7 days). This is because from this stage the risk of your baby developing health problems increases. It is known that in some cases the placenta may not function as well after this time. We will discuss this with you at your 40-week appointment and offer to arrange a plan in case your pregnancy goes past 41 weeks.

Other reasons we may offer induction of labour include:

- concerns about your baby's growth.
- if you are having twins.
- medical issues such as high blood pressure or diabetes.
- if you are more than 37 weeks pregnant, your waters break, and you have not gone into labour within 24 hours.
- if your age is 40 years or older.

Your Induction Pathway

Below are the most common scenarios you may experience with induction of labour which are covered in this leaflet. Every birth is unique, and every induction journey is unique so your path may differ. Ask us if you need more information.

Starting Induction: In the hospital

The midwife will discuss options for induction, and you will be offered either Dilapan (page 5), Propess or Prostin (page 6)

Establishing labour: On the ward

Depending on the method of induction you will later move to Labour Ward. Your waters may have broken by themselves, or we will offer to break them and contractions will soon start (page 7)

Labour progressing

If needed, we may offer the hormone drip to strengthen your contractions. During this we recommend that we continuously listen to baby's heartbeat (page 7)

Birth of your baby

We will monitor you throughout induction, and aim for vaginal birth of your baby, or caesarean birth if this is the safest option at any point.

Membrane Sweep

A membrane sweep can be offered at antenatal appointments when you have gone past your due date. It increases the chances of labour starting naturally within 48 hours and reduces the need for other ways of inducing labour.

Membrane sweeping involves your midwife or doctor placing a finger inside your cervix (neck of the womb) during a vaginal examination and making a circular sweeping movement to separate the membranes from the cervix. This may cause some discomfort or bleeding and it is your choice whether you choose to have a membrane sweep.

Where will my induction of labour happen?

You will be given a date and time come to the Antenatal Ward, Maternity Day unit or the Labour Ward for your induction of labour to start. Depending on the reason for induction and your pregnancy history, some women will attend the hospital to start the induction process and then go back home, whereas others may remain in the hospital for the induction. This will be discussed at the time your induction is booked.

How is labour induced?

At the Whittington, we choose from three methods to induce labour. The method used will depend on your preference, details of your pregnancy and the condition of your cervix.

On arrival, the midwife or doctor will offer a vaginal examination to assess whether your cervix has started to make the changes needed to go into labour. Based on this, they will advise the best pathway for you.

It is difficult to predict how long it will take to induce your labour. Some women give birth to their baby on the day their induction starts whilst others may take 2-3 days before they give birth.

Dilapan

DILAPAN–S® is a drug free method for induction of labour. It is the first choice offered to most women at The Whittington. It is a small rod made of hydrogel, which absorbs the fluid from the cervical tissue. The thin rod can expand to 15 mm which allows it to dilate and soften the cervix gradually, usually using a set of 3–5 rods inserted together.

Dilapan is very safe for you and your baby and does not contain hormones therefore will not stimulate uterine contractions. Dilapan is inserted into your cervix during a vaginal examination. It will take approximately 5–10 minutes. Your legs will be raised on the bed and the Dilapan rods will then be inserted into your cervix. The procedure can be a bit uncomfortable, but generally it is well tolerated by most women, and we can offer you Entonox gas if needed during the procedure.

Shortly before and after the procedure, your baby's heartbeat is monitored using either a handheld doppler or cardiotocograph (CTG). Some minor bleeding might occur during or after insertion; this is common and should not be a concern.

Following insertion, you can go to the toilet, shower, and perform your normal daily activities. You will need to avoid sexual intercourse and baths while the rods are in place. If your waters break, or if you have any concerns (such as excessive bleeding or pain) while Dilapan is in, please report to your doctor or midwife immediately. Under no circumstances should you try to remove the rods yourself.

Dilapan rods are removed 12-15 hours after insertion. Your midwife or doctor will offer a vaginal examination, remove the Dilapan, inform you of the next steps and hopefully be able to break your waters.

Prostin and Propess

You may be offered induction with 'Prostin' gel, or a pessary called 'Propess'. These are inserted into the vagina to help encourage the cervix to soften and open. They both contain 'prostaglandins' which are hormones. This method aims to achieve regular contractions (unlike Dilapan which aims to dilate the cervix).

Before this treatment, your midwife will check your baby's heartbeat using CTG. You will then be offered a vaginal examination and the prostaglandin will be inserted. After this, you will need to lie down for about half an hour and during this time the baby will continue to be monitored.

Once everything is okay, the monitor will be discontinued, and you will be able to walk around. It may cause you to experience some contractions. We will listen to your baby's heart beat every four hours if you are not feeling any contractions.

Once your contractions are regular, we will listen to your baby more frequently. If you have been induced with the pessary (Propess), you will not be offered another examination until 24 hours later, unless you are experiencing contractions.

After 24 hours, you will be offered an examination and the Propess removed. If you have been induced with the gel (Prostin), more than one dose of the gel may be needed to induce labour. The doses are usually given 6 hours apart. If at any point we are worried that you are having too many contractions, we will monitor your baby and give you an injection to reduce the contractions if needed.

After Dilapan, Propess or Prostin

What is next?

After Dilapan, Propess or Prostin, a vaginal examination will be offered to check whether your cervix has softened and dilated enough to be able to break your waters artificially (known as ‘rupture of membranes’), or they may break on their own before this time. A plan will then be made between you and the doctor or midwife about next steps.

Rupture of Membranes

Artificial rupture of membranes involves breaking the waters around the baby by performing a vaginal examination and making a small hole in the membranes to allow water to leak out. This is called artificial rupture of membranes (ARM). It may cause you some discomfort but is not harmful to you or your baby. You will then wait up to 4 hours to see if contractions start naturally on their own. If contractions have not started after this period, an oxytocin (called ‘syntocinon’) infusion may be started at this stage.

Syntocinon infusion

Syntocinon is a drug that is given on the Labour Ward, and it causes the womb to contract. It is given through a drip (a tiny tube into a vein in your arm) and enters the bloodstream. It may be necessary to use this drip if you have not gone in to labour with the gel or the contractions are not regular, and labour is not progressing. This will only be done if your waters are already broken.

Once contractions have begun the rate of the drip can be adjusted so that your contractions occur regularly until the baby is born.

While you are having Syntocinon the midwife will monitor your baby’s heartbeat continuously.

What will happen if induction does not start my labour?

If labour does not start after the induction process, or if it is not possible to break your waters, you will be reviewed by a doctor and the plan and options moving forward will be discussed with you.

How do I know if Induction of Labour is right for me?

B **Benefits** - Induction of labour helps start your labour and birth to avoid the risks associated with waiting (such as going past your due date, or the risk of a medical condition you might have developed in pregnancy).

R **Risks** - There are some risks associated with having your labour induced. These need to be weighed against the risks to you and to your baby in waiting for labour to start naturally.

- Induction may not work. Your doctor will discuss further options with you, taking into consideration the reasons you are being induced.
- If induction is before 41 weeks, you are more likely to need a caesarean section than if you start labour naturally. Over 41 weeks the chance of needing a caesarean section is the same whether the labour is natural or induced.
- You are more likely to need assisted vaginal delivery i.e., forceps or ventouse (a suction cap applied to the baby's head) and may need more pain relief.
- There is a chance of over stimulating the uterus with Propess, Prostin gel or Syntocinon drip. We have clear guidelines on how much to give and how often and will monitor baby's heartbeat to ensure contractions are not stressing baby.
- If baby's head is not engaged (well down in your pelvis) when your waters break, there is a small chance of the cord coming out in front of baby's head ('cord prolapse').
- Your place of birth may change from your original plan – this is because we often need to monitor your baby more closely.

A **Alternatives** – You can choose to request a caesarean section at any point during or instead of induction. You can also delay induction (see 'Nothing' below).

I **Intuition** - What does your intuition say you should do?

N **Nothing** – What if you do nothing? In this case we will offer regular checks on the maternity assessment unit including monitoring baby's heartbeat and scan to check the amount of fluid around baby. You can change your mind at any time.

Questions you might like to ask the people caring for you

Why am I being offered induction and why now?
What pain relief options will be available to me?
What will be the effect for my baby?
What steps above are specifically being offered to me?
What is the impact on my place of birth?
What happens if induction doesn't work for me?

You may like to write other questions you have below:

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If you have any further **questions or concerns**, please contact our team:

- **Community Midwives Base - 020 7288 3482**
- **Labour Ward - 020 7288 5502**
- **Maternity Assessment Unit (Triage) - 020 7288 5880**

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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