

For further information please talk to your Midwife or Doctor who will be more than happy to answer any questions you may have.

Please feel free to write her any questions you may have about your labour induction and ask your Doctor or Midwife at your next appointment.

Useful Walsall contact numbers :

Delivery Suite: 01922 656283

Primrose Ward: 01922 721172 ext 6965

Foxglove Ward : 01922 721172 ext 7718

If have internet access you may wish to visit: the following websites for further information:

www.nice.org.uk

www.rcog.org.uk

www.womens-health.co.uk

Induction of labour What does it involve?

This leaflet is for women and their families to discuss the reasons and the process involved in having your labour induced.

Your Induction day.

You will be given a date and time of expected admission for your induction to start. Please contact the admitting ward at 7:30am on the date booked to check for bed availability. It is sometimes necessary to delay admission due to bed shortages/demands on the Delivery Suite. If this occurs you will be given an appointment to visit the Fetal Assessment Unit for an antenatal check. A new appointment time for your induction will be arranged. The whole process of inducing your labour may take up to 48 hours depending on the type of induction required (as discussed further in this leaflet).

Visiting time for your relatives when you are being induced are:-

- Once you are in labour and in a delivery room, two birthing partners will be allowed to stay with you in the Delivery Suite. No other visitors will be allowed into the Delivery rooms whilst you are in labour.
- Visiting time for other relatives until you are in a single delivery room are:- 3pm-4pm and 6.30pm-8pm. (Maximum 3 visitors to a bed).

What is induction of Labour?

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of the baby. In preparation for labour the cervix (opening at the neck of the womb) naturally starts to soften and become shorter, this is sometimes called 'ripening the cervix'.

Occasionally before or during labour the fluid filled sac around your baby (membranes) ruptures (or break) releasing the fluid, this is often called 'your waters breaking'. During labour the cervix dilates (widens) and the uterus contracts to push your baby out—felt as 'labour pains'.

Induction of labour is a process designed to start labour artificially, this can be achieved in several ways.

When is induction recommended?

When it is felt that either your health or your baby's health is likely to benefit, induction will be recommended by your Midwife or Doctor. For example if you have:

- Diabetes,
- Blood Pressure problems in pregnancy,
- Other medical or past pregnancy reasons in pregnancy,
- If your pregnancy is over 41 weeks,
- If your waters have broken before labour has started.

All procedures and the care involved including any risks will be discussed with you by your Midwife or Doctor.

How is labour induced (started)?

There are a variety of methods that can be used to induce your labour. You may be offered one or all of the methods described below dependant upon your individual circumstances.

1. 'Membrane sweeping'

This has been shown to increase the chances of your labour starting naturally within 48 hours and may reduce the need for other methods of induction of labour. Membrane sweeping' involves your midwife or doctor placing a finger just inside the cervix and making circular, sweeping movements to separate the membranes from the cervix. 'It can be performed in hospital or in your own home. The procedure may cause some discomfort or slight bleeding, but will not cause any harm to your baby and it will not increase the chance of your baby getting an infection.

2. Using prostaglandins

Prostaglandins are drugs that help to induce labour by encouraging the neck of the womb to soften and shorten. They are given in hospital as a pessary or gel and are inserted into the vagina. More than one dosage may be needed to induce labour and the whole 'ripening' process may take overnight.

Before giving any prostaglandins your midwife will record a tracing of your baby's heartbeat. This will be for 20-30 minutes. After being given prostaglandins you will be asked to stay on your bed for at least 30 minutes. Your baby's heartbeat may then be monitored at regular intervals depending on the reason for your induction.

When you are in labour the midwife will record your baby's heartbeat using either a hand held Doppler machine as your Community Midwife does or an electronic heart rate monitor machine to check how your baby is coping with labour.

Occasionally prostaglandins can cause the uterus to contract too much, which may affect the pattern of your baby's heartbeat. If this happens the midwife will ask you to lie on your left side and you may be given medication to help relax the uterus.

3. 'Breaking the water's'

If your waters have not already broken, a procedure called Amniotomy may be recommended. This is when your Midwife or Doctor makes a hole in the sac of waters surrounding your baby to release the water. This is done through your vagina and the neck of the womb using small instrument. This will cause no harm to your baby, although the vaginal examination needed to perform this may be a little uncomfortable.

4. Using Oxytocin

Oxytocin is administered in the delivery room, through a drip and enters the bloodstream through a tiny tube placed into the hand or arm.

It is an artificial form of a hormone which encourages the womb to contract. Once contractions have begun, the rate of the drip will be adjusted so that your contractions occur regularly until your baby is born.

During administration of Oxytocin your Midwife will need to continuously record your baby's heartbeat using the electronic heart rate monitor. This will limit your ability to move around, and whilst you will still be able to stand or sit will not be possible for you to have a bath or leave the delivery room.

Occasionally Oxytocin can cause the uterus to contract too much, which may affect the pattern of your baby's heartbeat. If this happens the Midwife will ask you to lie on your left side and the drip will be turned off to reduce the frequency and strength of the contractions.

Occasionally, another drug may also be needed to help reduce frequency of contractions.

Your Doctor and Midwife will discuss fully these options with you before any decision is reached. They will explain any care and procedures that will be involved and any risks to you or your baby.