



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

PATIENT INFORMATION

INDUCTION OF LABOUR

Maternity Services

What is Induction of Labour?

Induction of labour is the process of starting labour artificially using various methods such as vaginal hormones, artificial rupture of membranes or a hormone drip. This is usually only offered when clinically indicated due to concerns regarding either yourself or your baby. At this Trust, it is also offered when your pregnancy reaches 41 weeks and 5 days gestation.

Why may I be offered Induction of Labour?

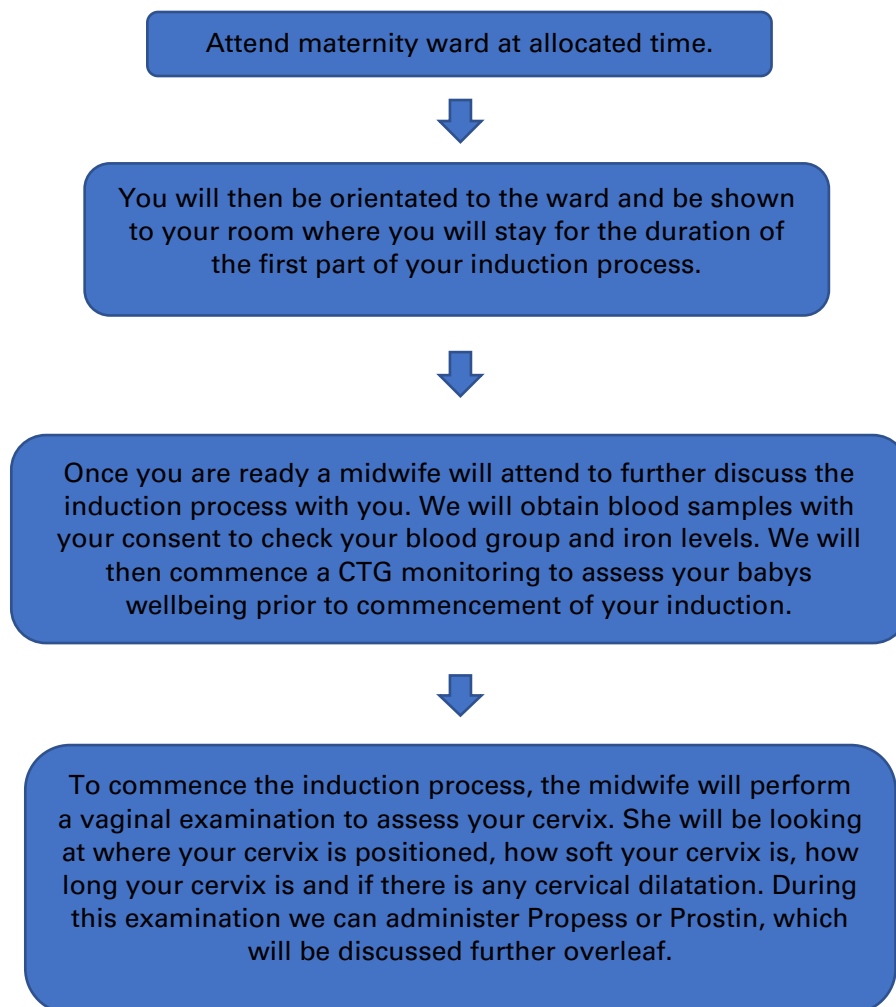
Induction of labour is offered when it is thought that having your labour started off artificially would be of benefit to either you or your baby. This could include:

- If you have a pre-existing medical condition such as diabetes or high blood pressure.
- If you have an obstetric condition such as gestational diabetes, pregnancy induced hypertension, pre-eclampsia.
- Your waters have broken.
- Your baby is not thought to be growing as expected.
- There are concerns around your baby's movements.
- At this trust, if your pregnancy has lasted 41 weeks and 5 days.
- If you are expecting more than 1 baby.

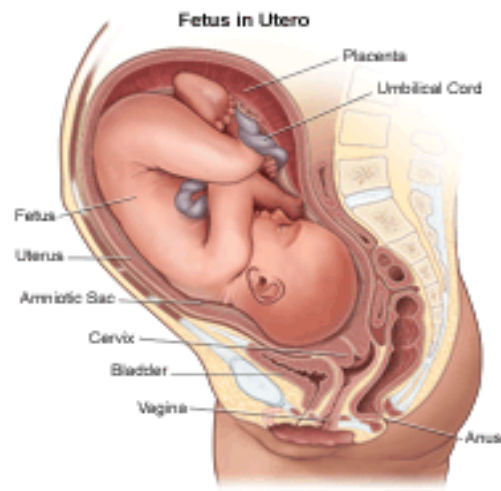
All of the above reasons are dependent on an individualised care plan and discussion with your midwife and obstetrician. The timing for this conversation may vary from patient to patient and we aim to have this conversation with enough time for you to be able to make an informed choice.

What is the process?

When your induction of labour is booked we will arrange for you and your birth partner to have swabs taken for covid-19. You will be asked to attend maternity ward at an allocated time to commence the induction process.



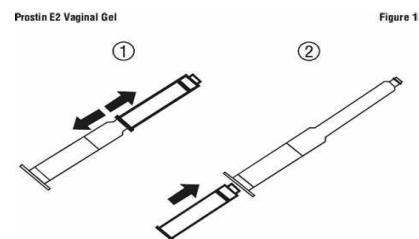
For your information and to help digest a lot of the information we have given you, here is a diagram of the anatomy of a pregnant uterus.



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Methods of Induction

| | | PROPESS | PROSTIN |
|-------------------------|--|--------------------------------------|--|
| FORM | | Pessary | Gel |
| DURATION | | 24 hours | Every 6 hours, maximum of 3 doses |
| FETAL MONITORING | | Every 6 hours whilst propess in situ | Before and after administration of gel |



The above images show what each method of induction looks like.

Propress Pessary:- This is a small pessary containing prostaglandin (a hormone used to prepare your cervix) which is inserted vaginally and positioned behind your cervix. The aim of this pessary is to encourage your cervix to become softer, shorter, come forward and eventually start to dilate. It has a lot of jobs to do, so please don't be disheartened if subsequent examinations show minimal cervical dilation as this can be normal. This usually stays in place for 24 hours although this duration can be changed by many things. For example, if your waters break or you start having regular contractions. We also monitor baby via CTG every 6 hours or sooner if required.

Prostin gel:- This is a gel containing prostaglandin. Like the propress, it is given vaginally and administered behind your cervix. It is given via an applicator as pictured above and has the same aims: to soften your cervix, make it shorter, bring the cervix forward and eventually start to dilate. We can start the induction process with prostin gel instead of propress if required. This will be decided in conjunction with yourself at the time of induction of labour as this is dependent on findings from the vaginal examination. We can also give prostin after propress has been used. We can give a maximum of 3 doses, 6 hours apart. We monitor your baby before and after administration of prostin, or sooner if required, this is via CTG monitoring.

How long will the process take?

The first part of the induction process as discussed above can take up to 3 days, you will need to remain in the hospital for the duration of your induction. This means you could potentially be on our Maternity Ward for this time before being transferred to labour Ward to start the next part of the process. So if you are coming for induction, make sure you

have plenty of activities such as magazines, books, TV shows, films etc. to keep yourself occupied! Also feel free to bring some of your own home comforts with you such as pillows, positive affirmations or lights. Occasionally your induction may be delayed due to emergencies or levels of high activity across the maternity unit. If this does happen, we will try our best to let you know at the earliest opportunity and arrange an ongoing plan of care for you. Please be assured we will only do this in the interest of safety for all our mothers and babies that we are providing care for.

What are my pain relief options?

Induction of labour can be more uncomfortable than a spontaneous labour, we have a wide variety of pain relief options. We can give you paracetamol and codeine if you feel the need to use pain relief. We also encourage you to use a warm bath to help ease any discomfort as well as mobilising, active birth positions and use of birthing balls. We also have stronger pain relief in the form of injections but please discuss these options with your midwife. Once you are on labour ward, pain relief options include gas and air and an epidural. All pain relief options should be discussed with your midwife when discussing your birth plan at approximately 36 weeks.

What happens after propess/prostin?

Once you have had these medications and you are at a point where we feel as though we could comfortably break your waters you will be transferred to Delivery Suite. Here we will usually continuously monitor your baby via CTG. The

midwife can break your waters during a vaginal examination using an amniotomy hook, pictured below.



If after 2 hours, contractions have not started regularly then we can commence a hormone drip called Oxytocin. This is given intravenously through a pump and can be gradually increased and adjusted until regular contractions are achieved until your baby is born.

Is the birthing pool still an option if I have my labour induced?

If you go into labour after receiving the medications above or following artificial breaking of your waters, you may be suitable to use the birthing pool. This is a decision that should be made on an individual basis as some women may not be suitable to use the pool following induction of labour, for example if your baby is preterm or there are concerns about your baby's heart rate. If you require the hormone drip, then unfortunately the pool is not advised. Please discuss your individual circumstances with your midwife and obstetrician.

Are there any risks to Induction of Labour?

As with any intervention there are risks to having your labour induced and these must be balanced with the potential benefits. The following are some risks that you should be aware of prior to having an induction. Please be

reassured that all our midwives and obstetric team are highly skilled and trained to deal with these sorts of emergencies. This list is not exhaustive.

- Some women may react to the medications quickly and experience 'hyperstimulation', this is when the uterus contracts too frequently without a break in between and can lead to abnormalities of baby's heart rate. If you feel as though you are having very frequent contractions please inform your midwife who can perform a full assessment of you and your baby. In this circumstance, your midwife may remove the pessary if it is still in situ, you may need some medication to reduce the contractions and in some urgent cases birth by caesarean section may be indicated.
- Induction means you are more likely to need help to birth your baby. Women who are induced have a greater chance of needing to have an emergency caesarean section. 40% of first time mums will need a caesarean birth following induction of labour compared with 16% who do not have an induction. 10% of women who have given birth vaginally before may need a caesarean birth during induction compared with 3% who spontaneously labour.
- There is also a risk that your induction is unsuccessful. If this happens your midwife and doctor will explain your options. This may include resting a for a day before commencing the process again or having a caesarean section.

- In rare cases, when artificially breaking your waters, a cord prolapse may occur. This is when the cord presents before your baby's head. This is an obstetric emergency which our midwives and obstetricians are skilled to manage.

Is there anything I can do to help or avoid the induction process?

Membrane sweeping:- Membrane sweeping involves you having a vaginal examination whereby your midwife or obstetrician places a finger just inside your cervix, makes a circular sweeping movement to separate the membranes (bag of waters) from your cervix. It can be carried out at an outpatient appointment from 40 weeks of pregnancy. This can reduce the need for induction of labour, 1 in 8 women will go into labour within 24 hours. You may find the vaginal examination uncomfortable and could experience some light vaginal bleeding similar to a 'show'. This can be normal as the sweep involves stretching your cervix, but if you have any concerns please contact our triage department on 01695656604.

Nipple stimulation :- For some women nipple stimulation may help labour to start by itself. This is because it releases natural oxytocin which can help to initiate labour.

Are there any alternatives? Am I able to decline?

Yes, you can decline an induction of labour following conversation and assessment with your midwife and obstetrician. We encourage you to take this leaflet home and discuss with your partner, family and friends if you wish, to come to a fully informed decision. We can then discuss

an ongoing plan of care with you. If your induction was recommended due to you being overdue, you will be offered additional monitoring within the Maternity Assessment Unit. This will include regular CTG monitoring and twice weekly scans until birth. These tests will help us to monitor the health of your baby at the time but cannot reliably predict future complications. During conversation with your obstetrician, you may wish to consider a planned caesarean birth.

Further information.

For further information about induction of labour and all other aspects of pregnancy and childbirth, please talk to your midwife or obstetrician. The following links below may also be helpful in assisting you with your decision making.

- NICE induction of labour guideline (NG207) [Overview | Inducing labour | Guidance | NICE](#)
- NHS England Saving babies lives care bundle 2 [NHS England » Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality](#)
- NHS Inducing labour [Inducing labour - NHS \(www.nhs.uk\)](#)
- Birth rights [Birthrights Home Page - Birthrights](#)

If you have any questions about induction or anything in this leaflet please discuss with your community midwife.
Alternatively if you have an urgent query call our Maternity Assessment Unit on 01695656604.

FINALLY,
We hope you have a positive birthing experience with us here at Ormskirk Maternity and wish you luck with the journey of parenthood.

This leaflet was co-produced with



During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have questions or concerns.

MATRON

A Matron is also available during the hours of 9am to 5pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

NOTES

SPECIAL INSTRUCTIONS

If you have any queries regarding Caesarean Section wound care, please contact our Maternity Ward on (01695) 656920

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

- Bleeding from your vagina
- Reduced fetal movements
- Very frequent Contractions
- Constant Intense Abdominal Pain

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

- Maternity Triage (01695 656604)
- Maternity Ward (01694 656920)

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) – 0300 100 1000

Stop Smoking Helpline (West Lancashire) – 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

Southport and Ormskirk Hospital NHS Trust

Ormskirk & District General Hospital
Wigan Road, Ormskirk, L39 2AZ
Tel: (01695) 577111

Southport & Formby District General Hospital
Town Lane, Kew, Southport, PR8 6PN
Tel: (01704) 547471

FOR APPOINTMENTS

Telephone (01695) 656680
Email soh-tr.appointments@nhs.net

We would welcome your feedback about your experience
at Southport and Ormskirk Hospital NHS Trust.
Please access the Friends and Family Test at the following
link:

[https://www.southportandormskirk.nhs.uk/patients-and-
visitors/fft/](https://www.southportandormskirk.nhs.uk/patients-and-visitors/fft/)

Thank you

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