Induction of Labour – intact membranse

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NHS
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Patient information

Induction of Labour with Intact Membranes

Excellent patient care, together

What is Induction of Labour?

Most women will start labour spontaneously by 42 weeks of pregnancy. Induction of labour is the process designed to start labour artificially. In the UK, on average 34% of labours are induced. There are a number of reasons why induction may be offered and recommended. For example, if you have a medical condition in pregnancy such as diabetes or high blood pressure, or there comes a time when it is clinically indicated that giving birth would benefit the health of you and/or your baby.

How your body prepares for birth

There is still not enough research to be completely certain about why your body chooses to go into spontaneous labour when it does. What we do know is, as your body is preparing to get ready for labour, the neck of the womb softens, moves forward, shortens and begins to open. We often refer to this as the 'ripening of the cervix' and this can take anything from a few hours to a few days to occur.

At some point before or after the start of labour the membranes around your baby will break (rupture) releasing the amniotic fluid or 'water' which protects your baby whilst they are developing in the womb (uterus). The process of labour involves the cervix opening (dilating) and the uterus contracting to push your baby down.

During the induction process we use methods to encourage your body's natural processes to begin.

When is induction recommended?

The most common reasons to recommend the induction of labour are:

- to avoid your pregnancy lasting more than 42 weeks,
- if your waters break but your labour does not start within 24 hours,
- there are risks identified where doctors think there is evidence that starting labour early is safer for you and your baby.

When induction of labour is being considered your midwife or obstetrician will talk to you about the induction process and the clinical reasons for induction at an antenatal visit. They will talk to you about the risks and benefits of induction, explain the alternatives and advise you about ways of finding out more information. This gives you time to talk about induction with those close to you and ask any questions before the possibility of induction of labour is recommended.

If you have had a healthy uncomplicated pregnancy, induction of labour will be offered at 41 weeks. This will give you time to start labour naturally.

Membrane sweeping

Before you are offered an induction, you will be offered a membrane sweep. This has been shown to increase your chance of starting labour natural within 48 hours and can reduce the need for other methods of induction.

Membrane sweeping involves a vaginal examination during which your midwife or doctor will pace a gloved finger just inside your cervix and make a circular, sweeping movement to separate the membranes from the cervix. It can be carried out home, at an outpatient appointment or in hospital.

You can be offered a membrane sweep from 39 weeks during your antenatal appointments. Membrane sweeps should not be performed if your waters have broken.

Membrane sweeping can cause discomfort or light bleeding but should not cause any harm to your baby. If you experience sever pain or heavy bleeding after the membrane sweep, you should contact maternity triage for advice (01923 217364).

How is labour induced?

There are a number of ways to induce labour. You may be offered one or all of these, depending on your individual circumstances. Once started, the induction process continues until your baby is born, **this can take anything from 24-72 hours**.

Depending on your circumstances, you may be able to commence the first 24 hours of the induction process as an outpatient at home, after this you will need to stay in hospital during the rest of the induction process.

Cervical Balloon (Foley's)

Balloon induction is a mechanical form of induction of labour. Mechanical methods of induction have the least chance of over stimulating the uterus and causing too many contractions, which is why we recommend them to begin the induction process. If you are having a Foley's catheter induction, you may want to read this leaflet in conjunction with the leaflet 'Induction of Labour with a Cervical Balloon (Foley's) catheter.

Prostaglandins

Prostaglandins are drugs that act like natural hormones to help to start the ripening process and sometimes contractions. At the trust, we use a pessary known as Propess (which contains 10mg of dinoprostine) or Prostin gel (dinoprostone 1-2 mg). This is inserted into the vagina. Depending on the reason for your induction, this will be done in hospital on the antenatal ward or labour ward

Before being given any prostaglandins your baby's heartbeat will be checked for approximately 20-30 minutes using a cardiotocograph monitor (CTG). This will be repeated after the prostaglandin medication is given. We will also monitor your baby's heartbeat once contractions start.

If your cervix is not ready for labour and a balloon catheter cannot be inserted because your cervix is closed, you will be offered a Propess pessary. This is placed at the back of the vagina during a vaginal examination and is positioned so it remains in place for 24 hours.

If your cervix is not ready for labour and your waters cannot be broken after the ballon or pessary, you will be offered Prostin vaginal gel. However more than one dose may be needed to induce your labour. A second dose of Prostin gel can be given six to eight hours later if needed.

Prostin can cause vaginal soreness. In this case you will be supported in your pain relief choices when you are having an induction and then when labour starts.

Prostin can also cause the uterus to contract too much which may affect the pattern of your baby' heartbeat. If this happens you will be asked to change position. You may need another medication to help relax your uterus.

The aim of the prostaglandins is to either start your contractions or to dilate your cervix enough so that the waters can be broken (artificial rupture of membranes). Occasionally, despite being given all the available methods of induction the cervix does not dilate enough to be able to rupture the membranes. If this is the case, the midwives and doctors will discuss the options with you. This may include offering you another round of induction method.

Artificial rupture of membranes (ARM)

If your waters have not been broken, a procedure called an amniotomy will be recommended to artificially break the waters. The midwife or doctor makes a hole in the membranes to release the waters. This helps to bring the baby's head down and put pressure on the cervix to stimulate the release of more hormones to continue the induction.

This is performed during a vaginal examination using a small plastic disposable instrument, when you are on the labour ward. You may find this causes discomfort; pain relief options will be discussed with you before the procedure.

Oxytocin intravenous infusion (hormone drip)

If regular contractions / active labour does not start after the rupture of membranes, a drip containing man-made oxytocin will be given to you through a plastic tube (cannula) inserted into a vein. Oxytocin is a natural hormone that causes contractions and therefore starts labour.

The amount of man-made oxytocin you receive will be slowly increased to ensure you are contracting regularly (approximately three to four contractions in 10 minutes). If you start to contract too much the amount can be reduced.

When you are being given intravenous oxytocin your baby's heartbeat will be monitored continuously by a CTG. The oxytocin drip can limit your ability to move around. It is still ok to stand up or sit on a birthing ball, you will be encouraged to change position regularly, but you won't be able to have a bath or use the birthing pool.

You will be able to drink water and isotonic drinks and to have a light diet, such as toast, risk cakes, non-acidic fruit like bananas, figs or dates. If you are considered to be higher risk, or if the staff have concerns about you or the baby, you will be asked to stop eating but you can still drink.

Women who have intravenous oxytocin are more likely to ask for an epidural in labour. It is your choice whether you have an epidural or not. An epidural is a form of pain relief provided by an anaesthetist (please go to www.labourpains.org.uk for further info on pain relief options in labour).

Are there any risks or complications?

Induction method	Pros	Considerations	Risks
Foley's Catheter	Non-hormonal, lower risk of overstimulating contractions	Can be uncomfor-table, may not be effective	Infection risk, rupture of membranes
Propess (Dinoprostone pessary)	Gradual release, can be removed if needed	Can take time to work, may cause contractions without labour progression	Uterine hyperstimulation, fetal distress
Prostin (Dinoprostone gel)	Faster onset than Propess	Cannot be removed once administered, vaginal soreness	Uterine hyperstimulation, nausea, fetal distress
Artificial Rupture of Membranes (ARM)	Can speed up labour if cervix is ready	Requires cervix to be dilated, may not work alone	Infection risk, cord prolapse
Oxytocin (Syntocinon drip)	Effective at stimulating contractions	Requires continuous monitoring of mother and baby, can be intense	Uterine hyperstimulation, fetal distress, increased risk of assisted birth

Steps in the inpatient induction process

The reason(s) for inducing your labour will be discussed with you. It is OK to go away and discuss your decision with family and friends before coming to a conclusion. With your agreement induction is booked and a date for induction will be given to you (or you may be called a few days later with a date).

On the day of induction at 9.00 am you call the ward (01923 217377) for a time to attend the for your induction.

When you arrive on level 2 of the Women's and Children's building, you will be welcomed by ward clerks in Katherine Ward who will check your details. This is where you can get a car park concession form. They will direct you to Victoria Ward.

Once in Victoria Ward you will be welcomed by staff and shown to your bed. When you have settled in, the ward facilities will be shown to you and you will be given information about your stay. The midwife will monitor your baby's heartbeat for 30 minutes and record other observations (blood pressure, temperature, pulse rate and respirations) and ask to take some blood samples and swabs to check for MRSA.

A member of the maternity team will talk to you and confirm the type of induction you are going to have. This is a good time to ask questions you and your partner may have.

Once the midwife is happy that you and your baby are fit for induction, a vaginal examination will be conducted with your consent to assess your cervix. This is completed in a private procedure room on the ward.

Depending on the type of induction that has been agreed and the findings from the examination, your midwife will confirm the type of induction method most appropriate. With your consent a balloon catheter or Propess pessary will be inserted. You will return to your bedside for further monitoring of baby's heartbeat for 20-30 minutes.

While the induction is ongoing you and your baby will be checked every four hours to ensure you both stay well. You will be encouraged to change position regularly, eat and drink as usual, rest when needed and sleep overnight while in hospital. Your partner is welcome to stay on the ward with you overnight, however it is recommended they go home to sleep if you are not in labour so you can both rest. You can telephone them if they need to come back earlier.

After 24 hours another vaginal examination will be performed with consent and the method of induction removed (unless it has fallen out or you have gone into labour before then).

Once it is possible to rupture your membranes you will be taken to the labour ward as soon as they are able to accept you. If the labour ward is busy and they are unable to accept you at that time, you should be aware that the next step of your induction process could be delayed for a few hours or even a few days. We will keep you informed of events at all times. We will continue to monitor you and your baby during this time.

- Once in the labour ward your waters will be broken during a vaginal examination,
- You may be advised to wait two to four hours after having your waters broken before starting intravenous oxytocin.

It is important that you are fully aware that very few women give birth on the day of their induction (particularly first-time mothers). Induction of labour can take a few days. We would advise you to bring books, magazines, cards etc to keep you occupied.

Advice for partners

As the induction process can take several days, it is important that you also feel prepared for a potential wait before transfer to labour ward. Many people find it useful to plan music playlists or a 'to watch' lists to bring to hospital with them. We cannot supply food to partners so please bring plenty of food and drinks with you to see you through the day and night.

You are welcome to stay throughout the night but you may find it difficult to sleep. We can provide a high-backed chair to sit in; however, we cannot provide a bed for you and we cannot allow camp beds or blow-up beds on the floor for safety reasons. If your wife/partner is comfortable and you are able to go home, we would encourage you to do this so that you can be at your best when active labour starts.

Throughout the process you can support your partner in a number of ways: by being calm and patient, using gentle massage, and encouraging her to eat and drink. Also assisting with changes of position and keeping her occupied with music or films/series. (Please remember headphones).

Further Information

Please talk to your midwife or doctor for further information about induction of labour.

Please make sure you look at your library in BadgerNotes for further leaflets and videos on induction.

Women's and Children's Division - Maternity

Maternity Triage : 01923 217364 (24 hours / seven days-a-week)

Watford General Hospital
Vicarage Road
Watford
Hertfordshire WD18 0HB
Tel: 01923 217371 (ext: 7371)
Hospital switchboard: 01923 244366

PALS

If you need this leaflet in another **language, large print, Braille or audio version**, please call **01923 217198** or email westherts.pals@nhs.net.

Concerns, complaints or suggestions
If you are unhappy with your experience or would like to give feedback, please contact our Patient Advice and Liaison Service (PALS). PALS is available to patients, relatives, carers and friends to raise concerns.

For more information, please scan the QR code or visit our website.

Survey - Friends and Family Test

We welcome feedback about your care, this feedback is shared with all staff we can improve patients' experience. Click this link.

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