Royal United Hospitals Bath
NHS Foundation Trust

Induction of labour

Information for families



This leaflet has been written to give you some information about induction of labour. It is not a replacement for a personalised discussion between you and your midwife or doctor. If after reading it you have any concerns or require further explanation, please discuss this with any of the team caring for you.

What is induction of labour?

For most women labour will start naturally between 37-42 weeks. In some cases, your doctor/midwife will recommend that labour is induced. Induction of labour is a process used to encourage labour to start.

Why might induction be offered?

Prolonged pregnancy. Please see the leaflet ‘your choices when pregnancy is prolonged’ for more information on this.
Where your pregnancy carries additional risk factors for you or your baby, your obstetric doctor may discuss with you your options regarding an earlier induction based on your personal situation.
It is very important that you know why induction of labour is being offered, that you have discussed it fully with the team caring for you, and that you are happy with the decision.
This discussion should include a clear explanation of what may happen if the induction isn’t successful.

You may find the BRAIN tool helpful to guide your discussions with your healthcare professional:

B – What are the benefits of this course of action?

R – What are the risks? What are the repercussions?
A – Are there any alternatives?
I – What are the implications of following this course of action? What does intuition tell you?
N – What happens if we do nothing? What are the next steps?

Membrane sweeps (stretch & sweep)

Once you have reached 38 weeks it may be appropriate to consider a membrane sweep. This is offered and carried out by a midwife who will perform a vaginal examination and try to separate the membranes from the inside of the cervix. This has been shown to increase the chances of going into labour naturally in the 48 hours following the sweep. It may be uncomfortable or cause a small amount of bleeding but evidence shows it does not increase risk of infection to baby, and is *not* considered an induction of labour, however, there is a small chance that having a sweep may cause the waters around the baby to break unexpectedly. If this happens then induction will be offered.

Can I decline induction of labour?

After considering all the facts around IOL, if you decide you do not want to be induced, you should discuss this with your midwife or doctor. You can be offered a personalised plan to attend hospital so we can check you and your baby's wellbeing and discuss your care with a midwife or doctor. These checks can only provide a 'snapshot'

of wellbeing, and cannot reliably predict changes between monitoring; however they may be useful in helping you decide options for birth.

How is labour induced?

When you arrive in hospital, your midwife/ doctor will offer an internal (vaginal) examination to assess how ready you are to go into labour, or how ‘favourable’ your cervix is. If it is not possible to “break the waters” around your baby you will be offered methods to prepare the cervix to begin opening. This is a process that can take some time, and it may mean spending a few days in hospital.

Prostaglandins or cervical ripening balloons (CRB) 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. Occasionally if one method does not work, you may be offered the other.

The majority of the time, regular contractions will begin and labour will start actively once the waters have been ‘broken’, and if this is the case then you will be offered the same level of monitoring and options for support as a person experiencing non-induced labour. This can include the use of a birthing pool.

Cervical ripening balloon (“Cook Balloon”)

This is the preferred method of induction for most women, because it is drug-free and cannot cause your womb to over contract; therefore you do not need to be monitored as closely as when using medical prostaglandins.

This method involves a soft silicone tube being inserted into the opening of your womb (cervix) through your vagina. Two balloons near the tip are inflated with sterile fluid once it is in place. The catheter stays in place for 12 to 24 hours, with the balloons putting gentle pressure on your cervix. The pressure should soften and open your cervix enough to start labour or to be able to break the waters around your baby. Research suggests that around 69% of women will go on to experience vaginal birth within 24 hours of using this method for induction of their labour (NICE 2015).

The balloon catheter may fall out by itself or will be deflated and removed by a midwife the following day. In trials many women report this method of induction to be satisfactory.

Can there be any complications or risks?

There are potential risks with any procedure, including this method of induction. The procedure can be uncomfortable but it should not be painful. There is a very small risk of infection which is minimised by careful infection control procedures. If an infection is suspected, your baby may need to be born by the quickest possible method.



Image Source: www.health.qld.gov.au

ALT TEXT – image shows unborn baby with balloon catheter inserted

Prostaglandin pessaries (‘Propess®’/ ‘Prostin®’)

Prostaglandin is a hormone that is naturally produced by the body. It is involved in starting labour. We use two methods to deliver an artificial version of prostaglandin.

1. A pessary known as Propess® is inserted into your vagina in the same way as a tampon, attached to a string. It releases the hormone slowly over 24 hours. It will be removed earlier if labour starts or there are any concerns about you or your baby’s health. If more prostaglandin is needed after this, Prostin® is used.
2. A gel called Prostin® is inserted into the vagina. You will be offered another vaginal examination six hours after the first dose; if the cervix is still not ready for the waters to be broken

or you have not started in labour, then a second Prostin® gel can be inserted into your vagina.

You will be advised to stay in hospital if these methods are used, as your baby will need to be monitored regularly. Between monitoring, you will be encouraged to be upright and mobile, as being active can help to encourage labour to start. You will be free to walk around the grounds of the hospital and may wish to bring a birthing ball with you. It is not guaranteed that a single room will be available for you, but you can have a birth partner with you throughout this time.

These methods are usually used if your waters have broken but you do not go into labour naturally within 24 hours.

Can there be any complications or risks?

There are potential risks with any procedure, including this method of induction. Inserting the prostaglandin pessary can be uncomfortable. Prostaglandin may cause soreness in and around your 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 your 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 urgent caesarean birth is necessary.

On Bath Birth Centre

Breaking waters (Artificial rupture of membranes ‘A.R.M.’)

If the cervix requires no preparation, labour can be induced by “breaking your waters”. This is carried out by using a small plastic hook, which releases the fluid around your baby and allows the pressure of your baby’s head to press on your cervix and stimulate natural hormones such as oxytocin, which result in contractions. It will not harm you or your baby, however some women find this uncomfortable.

You may be given some time to see if contractions start or we may recommend starting an artificial hormone drip straight away. This depends upon your personal situation, and all recommendations will be explained fully. Considerations involved in these recommendations will include reducing the chance of infection, and ensuring your labour is not prolonged beyond 24 hours after the waters have been broken.

Oxytocin hormone drip (‘Syntocinon®’)

This is a synthetic form of the hormone that causes your uterus (womb) to have contractions. It is given through a tiny tube in your hand (drip). The oxytocin is increased until your uterus is stimulated to contract regularly and strongly.

During labour with an oxytocin drip, it is recommended that your baby's heart rate should be monitored continuously by cardiotocography (CTG). Although your ability to walk around may be limited by the drip and monitor, we have a small number of mobile CTG's for use when available. These can be used along with a birthing ball, as we know that being upright and mobile can help your labour to progress. You can discuss your options for pain management with your midwife, which can include an epidural.



ALT TEXT image shows woman in labour leaning on a beach ball

What if I have had a caesarean birth previously?

If you have chosen to have a VBAC (vaginal birth after caesarean), we will offer induction by cook balloon as a first choice. This is

because prostaglandins increase the chances of the scar on the womb coming apart from 1 in 100 to 2 in 100. A cervical ripening balloon does not carry this risk (RCOG 2015). We recommend that you are an inpatient during the induction process rather than at home to monitor you and your baby more closely.

Monitoring your baby during induction of labour

Throughout your induction process your midwife will ask your permission to monitor both your wellbeing and that of your baby. If you have additional risk factors your plan of care may include cardiotocograph (CTG) monitoring.

If there are no additional concerns it is appropriate to be reassured by normal baby movements; however your midwife is able to listen to baby's heartbeat with a handheld Doppler. If you require use of the hormone drip in labour then continuous CTG monitoring is recommended.

Can there be any complications or risks?

There are potential risks with any procedure, including this method of induction. As with prostaglandin, the main risk is that your 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, your doctor will discuss what is required. This may mean an urgent caesarean birth is advised.

What happens if induction of labour fails?

For a small amount of women induction of labour does not work. Your ongoing care will be discussed with you and an obstetric doctor and a plan for your birth can be agreed. It may be that a caesarean birth is recommended.

How do I prepare for induction of labour?

Please read this information leaflet and share the information it contains with your partner and family (if you wish) so they can be of help and support you. There may be information they need to know, especially if they are supporting you as your birth partner/s.

It is advisable to wear looser clothing when coming in for your induction as it will be more comfortable when you are being examined. It is not necessary to wear night clothes in the day as in most cases we actively encourage you to be mobile.

The early stages of induction can be unpredictable, just as going into labour without induction can be. However, once active labour begins, research suggests that it is the same in nature and duration. We encourage you to eat and drink as normal unless specifically advised to do otherwise.

You may bring books, magazines and games to keep you occupied due to the length of time the procedure may take. However, please be aware bed space is limited and you are responsible for your own personal belongings.

What about Dads, partners and non-birthing parents?

We recommend making family, especially children and those caring for them aware that the procedure can take a long time (up to 4 days) before your baby is born. You may want to nominate one person to give the rest of the family updates on how things are progressing.

Your birth partner is very welcome to be with you as much as you need them to be. However, due to the length of the procedure it may be a good idea for your birth partner to go home and have some rest once you have settled in. You may find you need them more for support during active labour. You or we can always call them at any time if you need them.

One support partner is welcome to stay 24 hours a day and shower facilities are provided for them. Please keep in mind that the hospital is only able to provide hot meals for the birthing parent. Whoever stays with you should remain sensitive to the needs of other families on the ward.

What will happen on the day of induction?

Induction in hospital (inpatient):

Your plan of induction is reviewed on your induction date by the obstetric team. Expect a phone call from the patient flow midwife who will aim to call between 10am-12pm to either invite you in or to make a safe alternative care plan with you.

Our call will be displayed as “No Caller ID”.

We will advise you what time to arrive or, if your induction is delayed, the next steps to take.

If your waters have already broken and you are being induced for prolonged rupture of membranes (“PROM”) please be aware that we may call at any time of day or night to invite you in to start your induction.

A midwife will ensure you and your baby are well and offer a vaginal examination to assess your cervix. This will help you decide the best method of induction.

Induction at home (outpatient):

If you have had an uncomplicated pregnancy, it may be suitable for you to be induced as an outpatient. This means that you would come to Bath RUH or your nearest midwifery led unit at an appointed time to have a cervical ripening balloon inserted. This will usually be in the afternoon. After the balloon is inserted, you can go home until the following morning when we will give you an appointment to come back to the RUH to have it removed and, following this “break the waters” around the baby. Your midwife will advise if this can be offered to you.

Going home after cervical ripening balloon catheter:

During the time you are at home, you can continue your daily activities. You may bathe as normal, however, please avoid penetrative sex. After going to the toilet please wash your hands, make sure the catheter is clean, and change underwear regularly.

If you have any of the following:

Bleeding

Regular contractions and you think you are in labour

Concerns about your baby's movements

Or

You feel unwell, physically or emotionally.

The waters around your baby break

The balloon falls out

You are advised to call Triage 01225 826454. A midwife will talk with you and advise you what you need to do.

Please be aware that on some occasions in Bath Birth Centre (RUH hospital) inductions may have to be delayed due to emergencies, you will be informed if this affects your care. Each birthing person and baby is important to us and our senior staff will make decisions based on ensuring the safety of all the families in their care. When we are delaying IOLs we liase with other hospital trusts. We may offer you a space in one of these trusts: Swindon, Taunton, Bristol, Gloucester, Sailsbury. We will give you time and more information about the hospital available before you make your decision.

Unfortunately, we cannot anticipate this situation in advance when initially arranging your induction and we do appreciate that this can be upsetting. We apologise in advance for any delays or unexpected changes that you may face in the process.

Links for further information and sources for the information included in this leaflet:

Inducing labour - NHS

https://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/inducing-labour/

NICE information for the public on induction of labour: https://www.nice.org.uk/guidance/ng207/informationforpublic

NICE original guidance: https://www.nice.org.uk/guidance/ng207

NICE Interventional procedure guidance 528 July 2015: https://www.nice.org.uk/guidance/ipg528

NCT: https://www.nct.org.uk/pregnancy/your-pregnancy-week-week/third-trimester/induced-labour-reasons-pros-and-cons

Patient Support and Complaints Team

This service focuses on improving services for NHS patients. If you have questions, concerns, suggestions or compliments about any NHS service you receive then speak to a member of staff.

If you feel that they cannot help you or have concerns, then contact:

PCST Manager
Royal United Hospital NHS Trust
Combe Park
BATH BA1 3NG
01225 825656

Contact telephone numbers

You can self-refer to Triage via our Maternity Enquiries line on 01225 826454 or be referred by another health care professional. Triage is open 24 hours a day, 7 days a week.

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The RUH, where you matter