



York Teaching Hospital
NHS Foundation Trust

What is Induction of Labour?

Information for patients, relatives, and carers

① If you require further information about your treatment,
please contact your Midwife

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Introduction

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to birth of the baby.

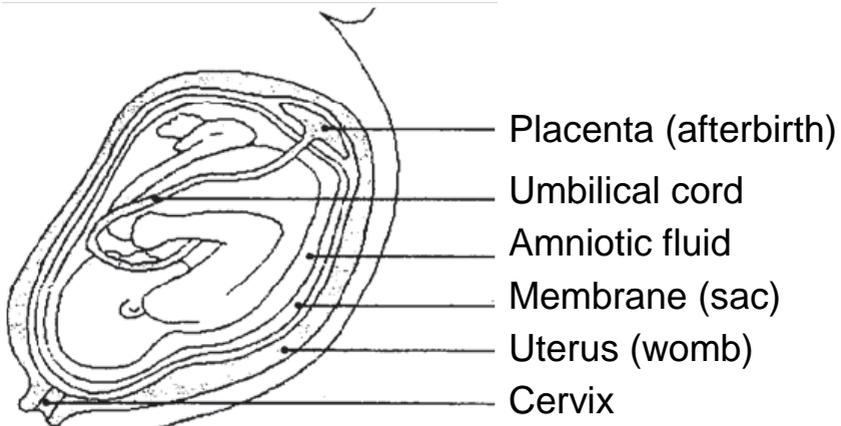
During pregnancy your baby is surrounded by a fluid membrane (sac), which offers protection whilst he or she is developing in the uterus (womb). The fluid inside the membrane is called amniotic fluid.

In preparation for labour the cervix softens and shortens. This is sometimes referred to as “ripening of the cervix”.

Before or during labour the membranes break, releasing the fluid. This is often referred to as “your waters breaking”.

During labour the cervix dilates (widens) and the uterus contracts to push your baby out.

Induction of labour is a process designed to start labour artificially.



When is induction recommended?

On average about one in five labours are induced.

There are a number of reasons why induction may be offered and recommended, for example if you have diabetes or pre-eclampsia (high blood pressure).

If you are healthy and have had a trouble free pregnancy, induction of labour may be offered if:

- Your pregnancy is more than 41 weeks.
- Your waters break before labour starts.

An ultrasound scan in early pregnancy (before 20 weeks) can help to determine your baby's due date more accurately. This reduces your chances of unnecessary induction.

When induction of labour is being considered, your doctor or midwife should fully discuss your options with you, before any decision is reached. This should include explaining the procedures and care that will be involved, and whether there are any risks to you or your baby.

If you have had a caesarean section previously and need to be induced, we may recommend that this is done using a Cervical Dilator Balloon. A separate leaflet is available describing the process on the Trust website or from your midwife.

If your pregnancy is more than 41 weeks

Even if you have had a healthy, trouble free pregnancy, you should be offered induction of labour between 41 and 42 weeks. After 42 weeks the risk of your baby developing health problems increases.

If you choose not to be induced by 42 weeks, then you may be offered:

- A referral to an obstetrician (a doctor specialising in pregnancy and childbirth).
- Checks of your baby's heartbeat using a piece of equipment called an electronic fetal heart rate monitor (CTG).

This tells us how the baby is at that time, but it does not identify potential problems.

- An ultrasound scan to measure the amount of amniotic fluid surrounding your baby.

Membrane sweeping

Membrane sweeping can be done before induction of labour. This has been shown to increase the chances of labour starting naturally within the following 48 hours, and can reduce the need for induction of labour.

Membrane sweeping involves your midwife or doctor placing a finger just inside your cervix, and making a circular, sweeping movement. This will separate the membranes from the cervix. This can be carried out at home, at your GP's practice or in hospital.

If you have agreed to induction of labour, you should be offered membrane sweeping before this process is started. The procedure may cause some discomfort or bleeding, but will not harm your baby, and it will not increase the chance of you or your baby getting an infection. Membrane sweeping is not recommended if your membranes have ruptured (waters broken).

If your waters break before labour starts

Sometimes a woman's waters break before labour starts. This happens in about one in twenty pregnancies and is known as pre-labour rupture of the membranes. When this happens, about nine out of ten women will go into labour naturally within twenty-four hours. The longer the time between rupture of membranes and the birth of the baby, the higher the risk of infection to you or your baby.

If you are more than 37 weeks pregnant, and your waters have broken but you have not gone into labour, there is a recommended plan of care to follow, in view of the risk of developing infection.

Depending on your medical situation your midwife or doctor may offer you:

- A "wait and see approach" for 24 hours, to see if labour will start naturally, or
- Induction of labour.

As a wait and see approach carries a slight risk of infection, you will need to:

- Check your temperature every four hours during the day.
- Check for changes in the colour or odour of your amniotic fluid (“waters”), that you are leaking.
- Check for any other signs of fever, for example shivers, flushing.

If you have not gone into labour after 24 hours induction is recommended, as the risk of infection increases.

If your waters break before you go into labour, your chances of having a caesarean section will not be increased by induction.

Information about what happens if you go home after your waters have broken is in our leaflet “Going home when your waters have broken”. The leaflet is available on the Trust website and from your midwife.

How is induction of labour started?

Several methods can be used at different times to induce labour. You may be offered one or all of the methods described below, depending on your circumstances.

Using prostaglandins

Prostaglandins are made naturally by the body. They are also reproduced artificially and can be used to help induce labour by encouraging the cervix to soften and shorten (ripen). This allows the cervix to open and contractions may also start.

Prostaglandin for inducing labour is available in gel and pessary forms. The type of prostaglandin you receive will depend on your circumstances and will be determined by your doctor or midwife in hospital.

The prostaglandin is inserted into the vagina. This is usually performed in hospital on an ante-natal ward. More than one dose may be needed to induce labour.

If your membranes have not yet broken, prostaglandins are the recommended method of induction. This is the case whether this is your first pregnancy or not, and whether or not your cervix has ripened.

Before giving prostaglandins your midwife or doctor will check your baby's heartbeat. After being given prostaglandins you will be asked to stay in bed for 30 – 60 minutes, and monitored using a "CTG" or electronic fetal heart rate monitor. Once it is established that everything is okay with you and your baby, the CTG will be discontinued and you will be able to move around.

There is no evidence to suggest that labour induced with prostaglandins is any more painful than labour that has started naturally. However prostaglandins sometimes cause vaginal soreness.

Very occasionally prostaglandins may cause the uterus to contract too much, and the baby may not like this. If this happens, you will be asked to lie on your left side. You may be given other medication to help relax the uterus, and any prostaglandin pessary remaining in your vagina may be removed. You may be transferred to the labour ward for further monitoring of you and the baby.

Artificial Rupture of Membranes

If your waters have not broken, a procedure called an Artificial Rupture of Membranes (ARM) may be recommended, if the cervix has started to open. This is when your midwife or doctor scratches the membranes to make a hole to break the waters. This procedure is performed through your vagina and cervix, using a small “crochet-hook” like instrument.

This will cause no harm to your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort.

Using Oxytocin

Your body produces oxytocin in normal labour which maintains your labour. Oxytocin can also be given in hospital in the labour ward.

This is a drug that encourages contractions. Oxytocin is given through a drip, and enters the bloodstream through a tiny tube into a vein in the arm. Once contractions have begun, the rate of the drip can be adjusted so that your contractions occur regularly until your baby is born.

If your membranes have ruptured (waters broken), prostaglandins and oxytocin are shown to be equally effective methods of inducing labour. This is the case whether this is your first pregnancy or not, and whether or not your cervix has ripened.

Whilst being given oxytocin the midwife or doctor will monitor your baby's heartbeat continuously. Very occasionally oxytocin can cause the uterus to contract too much, and this may affect the pattern of your baby's heartbeat. If this happens you will be asked to lie on your left side, and the drip will be turned down or off to lessen the contractions.

Women who have oxytocin are more likely to need an epidural to help with pain. An epidural is a pain relief injection given into your back and an anaesthetist will discuss this with you.

Oxytocin is given by a drip and whilst it is possible for you to move around, it will not be possible to have a bath. Your drip will be continued until after you have had your baby.

Your doctor or midwife will discuss these options fully with you, before any decision is reached. They will explain the procedures and care that will be involved, and whether there are any risks to you or your baby.

What happens if induction does not work?

Induction of labour may continue over a couple of days, with rest days, and may take up to four days until labour is established.

If induction is unsuccessful a full assessment of your pregnancy, your condition and your baby's wellbeing, would be made. This plan may include:

- The induction being recommenced following rest period
- More Prostaglandins being given
- Caesarean Section

References:

NICE (National Institute for Clinical Excellence)
Guidelines

Royal College of Obstetrics and Gynaecology

For more information see the National Institute for
Clinical Excellence information booklets.

“Induction of Labour July 2008”.

Intrapartum Care, September 2007

NICE, 11 The Strand, London, WC2N 5HR

Website: www.nice.org.uk

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact Maternity Services Patient Information Group, c/o Patient Leaflet Team, Healthcare Governance, 98 Union Terrace, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 721045 or 725230 or email us at patient.information2@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

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或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

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Telephone: 01904 725566

Email: access@york.nhs.uk

Owner	Maternity Guidelines Group
Date first issued	May 2002
Review Date	October 2021
Version	11 (issued November 2019)
Approved by	Obstetrics and Gynaecology Clinical Governance Group March 2014

Document Reference PIL 10 v11

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