

Induction of labour

Maternity Patient information

Date for your induction of labour:

What is an induction of labour?

This is the process to start labour artificially. There are many reasons for induction, including concerns for the health of you or your baby. The decision to induce your labour will be made by you, and your midwife or doctor will discuss your options with you.

The most common reason for induction is your pregnancy going beyond 41 weeks. Induction at this time reduces the risk of stillbirth. The risk of stillbirth increases from a background risk of 1 per 3000 ongoing pregnancies at 37 weeks to 3 per 3000 ongoing pregnancies at 42 weeks to 6 per 3000 ongoing pregnancies at 43 weeks. This is according to the NICE inducing labour guidelines.

Research suggests that a stretch and sweep of your cervix (neck of the womb) may reduce the length of pregnancy by a few days, making it more likely that you will go into labour before induction is discussed (Cochrane 2020). You will be offered this from 39 weeks and your midwife or doctor will discuss the risks and benefits with you.

What is the alternative to induction of labour?

The alternative is to wait for labour to start naturally. If you choose to decline being induced we will discuss the options available to you and agree a plan. Options may include additional monitoring for you and your baby, or a caesarean birth if this is your preference - your midwife or doctor will discuss your options with you.

What are the risks of induction of labour?

Labour following induction may be more painful causing you to ask for further pain relief. Women who choose to have epidurals sometimes need an assisted delivery (forceps or vacuum).

Occasionally induction of labour is not successful. In this case the next step will be discussed with you. This will depend on the reasons induction has been recommended. Following this discussion with your midwife or doctor, you may wish to discuss a planned caesarean birth, or you may wish to continue the pregnancy with additional monitoring.

How will my labour be induced?

1. Medical method using dinoprostone hormone gel (first vaginal birth).
2. Cervical ripening balloon catheter (subsequent vaginal births and/or previous caesarean birth or first babies and post-dates induction)

Important information about your induction

The antenatal ward will contact you between 8 and 10am on the day of your induction. You will be offered a time to come in. If the maternity unit is very busy, we will need to delay your induction to ensure that you and your baby receive safe care. We will keep you informed of any delays. During exceptionally busy periods, your induction may have to be delayed until the following day. We understand this may be concerning if you have been told it is safer for your baby to be born sooner. Please know that if there are any immediate concerns about your baby's wellbeing we will discuss this with you. Additional monitoring will be offered while you wait. Monitoring provides us with a snapshot of how your baby is, so it is important you continue to monitor your baby's movements and let us know if you have any concerns.

Information on medical method using dinoprostone gel

Once admitted, you will be assessed by a midwife who will check that you and your baby are well. Induction of labour can take a long time as it is an artificial process. With your consent we will perform a vaginal examination and insert a gel next to your cervix to help it soften and open enough to break your waters.

You will be offered a vaginal assessment by the midwife after six hours, if the cervix is not opening, we may recommend inserting more gel.

At the appropriate time, we will offer to reassess you and transfer you to labour ward for your waters to be broken. Sometimes there can be a delay if labour ward is busy: if so, this will be explained to you clearly. You may see patients who have been on the ward for less time transferring to the labour ward before you. This is because transfer is based on each person's individual situation and clinical needs.

Most women will require an oxytocin (hormone) drip to strengthen their contractions. The progress of your labour and your baby's heartbeat will be monitored regularly until your baby is born.

Occasionally, the dinoprostone (hormone) gel or the oxytocin drip used for induction causes your womb to contract too much and can cause your baby distress. If so, medication will then be given to stop the contractions and you and your baby will continue to be monitored.

Cervical ripening balloon catheters

A cervical ripening balloon catheter is used to help the cervix to soften and open enough to break your waters.

With your consent we will perform a vaginal examination to pass the catheter through your cervix and it will be left in place for approximately 12-24 hours.

If labour begins the balloon will fall out. If labour doesn't begin the balloon is deflated after 12-24 hours and removed. Your waters can then be broken and if required, the oxytocin drip will be started. This will happen on labour ward. If we cannot break your waters, alternative options will be discussed with you.

What are the advantages of using balloon catheters?

1. If you are considered 'low risk' and have transport to the hospital, you can go home and relax while waiting for labour to start. **Any concerns contact Labour Line 0300 369 0388 or the antenatal ward 0300 019 2336.**
2. It reduces the risk of your womb contracting too much, which can distress your baby
3. If you had a previous caesarean section, the use of a catheter can reduce the risk of the scar opening up.

Breaking your waters

For some people the process of encouraging the cervix to open is enough to start labour. If labour doesn't start, or your cervix has already started to open without the gel or catheter but there are no other signs of labour, the next stage in the induction process is something called 'artificial rupture of membranes' which means that the bag of waters surrounding your baby is broken to allow the amniotic fluid to come out. This is done by passing a device with a small hook on the end through your cervix and making a hole in the membranes. This usually results in your baby's head applying more pressure to your cervix, which can encourage contractions to begin.

There are some very rare risks to artificially breaking your waters, these include cord prolapse, bleeding, infection and a scratch to your baby's head. If you are concerned about these, please speak to your midwife or doctor.

Oxytocin (hormone) drip

Many women having an induction of labour will also require a hormone drip of synthetic oxytocin to either start or strengthen their contractions. You may require a different amount to progress labour and make contractions regular, therefore the medication is started at a low dose and slowly increased to the right amount for you. If you require the hormone drip, it is recommended that your baby's heart rate is monitored continuously.

How can I support the induction process?

The induction process can take a long time so it may be helpful to bring things to help keep you distracted such as books, music, or downloaded films or TV programmes. Staying calm and relaxed can support the hormones of labour, so some people find it helpful to bring things that make them feel comfortable such as their own pillow, blankets, slippers and eye masks.

Please let us know if you have been practising hypnobirthing so that we can support you with this.

Contact details

Labour Line: 0300 369 0388

Antenatal ward: 0300 019 2336

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