

Induction of Labour

What is induction of labour?

Induction is the term we use for starting your labour artificially. There are many reasons why induction might be recommended, including concerns about your health or your baby's health. If your midwife or doctor recommends induction, this will be discussed with you and you will have the opportunity to ask any questions you might have so that you can make an informed choice.

The most common reason for induction is your pregnancy going beyond 41 - 42 weeks (sometimes called "being overdue"). Induction at this time reduces the risk of stillbirth. To try and avoid induction of labour, you will be routinely offered a stretch and sweep of your cervix (neck of the womb) from 40 weeks. Evidence suggests that a stretch and sweep may encourage labour to start naturally, but it is your choice whether you have a stretch and sweep or not.

What is the alternative to induction of labour?

The alternative is to wait for labour to start naturally. If you decide that you do not want to be induced at this time, we will discuss the options available to you and agree a plan. Options may include additional monitoring for you and your baby. You may initially decide not to have an induction, but change your mind later.

What are the risks of induction of labour?

Labour following induction may be more painful for some women, which might mean you feel you need more pain relief. You might be more likely to ask for an epidural, and this makes it more likely that you will need an assisted delivery (this means using forceps or a vacuum, sometimes called a ventouse, to help your baby to be born).

Occasionally induction of labour is not successful. In this case, the next steps will be discussed with you and these will depend on the reasons why induction was recommended.

How will my labour be induced?

1. Medical method using Dinoprostone gel (first birth)
2. Cervical ripening balloon catheter if you've given birth and / or have had a caesarean birth before.

Information on medical method using Dinoprostone gel

On the day of your induction, a midwife from the Antenatal Ward will triage (look/ assess) the day's inductions, they will then call you between 08.00hrs – 09.00hrs, and will usually offer you a time to come in that day. If the maternity unit is very busy, we may need to delay your induction so that you and your baby receive safe care. We will keep you informed of any delays.

Once you are 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. We will ask for your consent to perform a vaginal examination and insert a gel next to your cervix – this helps to soften your cervix, and open it enough so that we can break your waters.

After six hours, we will ask for your consent to check your cervix again, as you may need more gel, when your cervix is soft and open enough, you will be transferred to the labour ward and your waters will be broken there.

Sometimes there can be a delay if labour ward is busy if so, this will be explained to you, clearly.

In most cases, you will require an oxytocin (hormone) drip to strengthen your contractions. The progress of your labour and your baby's heartbeat will be monitored regularly until your baby is born to make sure you are both coping well with the induction process.

Occasionally, the Dinoprostone gel or the oxytocin drip used for induction might cause your womb to contract too much which can cause your baby distress. If this happens, we will give you medication to try to stop the contractions.

Cervical ripening balloon catheters

A cervical ripening balloon catheter is used to open your cervix so we can break your waters.

We will ask for your consent to carry out a vaginal examination, and then pass the balloon catheter through your cervix. This is left in place for about 24 hours.

If labour begins, the balloon will fall out. If labour does not begin, the balloon is deflated after 24 hours and removed. If your cervix is open enough, your waters will be broken and we will start an oxytocin drip if you need one. If we cannot break your waters, we will discuss alternative options with you.

What are the advantages of using balloon catheters?

1. If you meet specific criteria, you can go home and relax while waiting for labour to start. This is sometimes called an "outpatient induction". **If you have any concerns while you are at home, contact Labour Line 0300 369 0388 or 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 is less likely to cause the scar in your uterus to open up than other types of induction.
4. Pain relief will be discussed with you by your midwife or doctor before and during your labour.

References

National Institute for Health and Clinical Excellence

<https://www.uhd.nhs.uk/a-z-services/m/maternity/induction-of-labour.aspx>

CG70 Induction of labour 2008

Contact details

Labour Line: 0300 369 0388

Antenatal Ward: 0300 019 2336

For further information:

NHS Choices Pregnancy and Baby Guide

www.nhs.uk/planner/pregnancyareplanner

Patient Experience
University Hospitals Dorset NHS Foundation Trust
Longfleet Road
Poole
Dorset
BH15 2JB

Telephone: 0300 019 8499

www.uhd.nhs.uk

Author: Dr Latha Vinayakarao, Abigail Harradine, Dr Elizabeth Stephenson

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Ward sister/head of department: Abigail Harradine

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If you wish to make any comments or to ask about any research evidence used to write this leaflet, please contact the Patient Experience Team confidentially: phone 03000 19 8499, write to the Patient Experience Team (address above), or email patientexperienceteam@uhd.nhs.uk