

Induction of labour

Your name:

Dr/Midwife:

has booked an induction of labour for you on:

This will take place at (please circle):

Home from Home Birth Centre

Hospital Birth Centre

If you have any questions, please call Home from Home on 020 7188 2968 or Hospital Birth Centre on 020 7188 6867.

When does labour normally occur?

Most women go into labour between 37 and 42 weeks of pregnancy (from three weeks before to two weeks after their due date). Only about 4% of women actually give birth on their due date. Before labour, the neck of the womb (cervix) softens or becomes 'ripe'. This process may take several days and you can experience irregular painful contractions before going into labour. You may also have a 'show' which is a mucus discharge that may be blood-streaked – this is normal.

What is induction of labour?

This is when we attempt to start labour artificially. It can include:

- prostaglandin gel ('Prostin') or pessary ('Propress') which is inserted into the vagina to help soften the cervix
- artificial rupture of membranes (ARM) which involves a vaginal examination to break your waters
- hormone drip (Syntocinon, a synthetic version of the naturally occurring hormone of labour oxytocin) which can help start contractions once your waters are broken.

The method of induction depends on how soft or open your cervix is.

- If the cervix is closed or 'unripe', it is softened by a hormone prostaglandin. We usually use a prostaglandin pessary which is inserted into your vagina and remains there for 24 hours while it slowly releases the hormone. Sometimes we use a prostaglandin gel which needs to be applied in two doses about six hours apart. We will monitor your baby for 20 minutes before and 30 minutes after the pessary or gel is used. You will usually begin to experience period-like pains or contractions within a few hours of the pessary or gel being given. They may indicate the start of early labour. We will encourage you to keep active and move around.
- If your waters do not break spontaneously but your cervix is 'ripe' and sufficiently dilated (opened), we may be able to break the membranes without giving you the prostaglandin. This is known as ARM and is performed by an internal examination using a small plastic hook. It may be uncomfortable for you but does not hurt the baby.
- If your labour does not start with the prostaglandin or ARM, Syntocinon injection can be given through a drip into a vein in your arm. This should produce effective contractions. All women needing the oxytocin drip will need to be on a continuous monitor (CTG) until their baby is born.

If you go into labour with the prostaglandin treatment or breaking your waters alone, you may be able to have your baby in the Home from Home Birth Centre providing that there are no other reasons why you need to have continuous monitoring.

Why am I being offered induction?

About 14 to 20% of pregnancies end in induction for a variety of reasons. The most common reason is prolonged pregnancy (beyond 41 weeks). Other factors include diabetes, high blood pressure or your waters breaking before you are in labour.

We prefer labour to start naturally but offer induction when the benefits for you and your baby are greater than risks. Our priority is the continued well-being and safety of you and your baby, and the decision to induce is never taken without discussing it with you fully. If you have any questions, please do not hesitate to ask your midwife or doctor.

What are the benefits of induction if I am overdue?

After 42 weeks of pregnancy (two weeks after your due date):

- the very small risk of stillbirth increases
- babies are more likely to pass meconium (baby's first faeces) during labour. This rarely causes a problem, however, if your baby breathes meconium into their lungs, it can cause a serious breathing problem called meconium aspiration.
- the placenta may not function as efficiently and this may reduce the oxygen and nutrients available to your baby.

Having induction 10 to 13 days past your due date reduces the risks above.

Are there any risks relating to induction?

There is no major risk to you or your baby, although induction may involve more vaginal examinations than spontaneous labour. The risk of having an emergency caesarean section may be increased if labour is induced.

Can anything help bring labour on naturally?

A membrane (cervical) sweep makes spontaneous labour more likely and reduces the need for induction in prolonged pregnancy.

A membrane sweep is a vaginal examination during which your midwife or doctor 'sweeps' the neck of your womb using their finger to separate the membranes from the cervix. This process can encourage your body to release the hormone prostaglandin and start labour naturally over the next 48 hours.

You may feel some discomfort from the procedure and may notice a bloody show or small amount of vaginal bleeding. This is normal and is nothing to worry about.

We usually offer a membrane sweep at 40 weeks and strongly recommend that everyone has a membrane sweep if they are still pregnant at about 41 weeks. Please ask your midwife if you have not been offered a membrane sweep before induction of labour.

How will I be induced if I have had a previous caesarean section?

Your consultant's team will discuss with you the risks and benefits of induction in your situation. We often induce women with a previous caesarean by breaking the waters and waiting 24 hours for the labour to start.

Sometimes we may offer placing a catheter (a thin flexible tube) in your cervix to slowly encourage it to 'ripen'. This should allow us to break the waters after 24 hours.

When will I come into hospital for my induction?

We will call you on the morning of your induction to advise you when you should come in. If you have not received a telephone call by midday you are welcome to call us at the Home from Home Birth Centre or Hospital Birth Centre, depending on where you are booked to have your induction. The telephone numbers are provided at the top of this leaflet.

We are unable to give you a time in advance because it depends on how many women in labour are already admitted to the centre on that day. We will aim to keep you informed about any changes when you can come in. If the centre is busy, there may be a delay in starting your induction. If we are very busy or if your baby requires a neonatal cot, the delay can even be a few days.

Can I have someone with me?

Someone can come with you when you have your induction. However, if you are not in established labour during the evening, your birth partner will not normally be able to stay overnight.

Is there anything else I need to think about?

If you are having your labour induced, you may want to make some changes to your birth plan, such as pain relief. There is no evidence that labour following induction is more painful. However, more women request an epidural following induction compared to women who go into labour spontaneously.

What if I decide not to be induced?

If you choose not to be induced, we will offer you an appointment with your consultant to discuss further management of your pregnancy. You will have regular checks of your baby's heartbeat using a CTG machine which gives us an indication of your baby's well-being at that time. We may offer you a further scan to check the blood flow in the umbilical cord and placenta, and to check the amount of amniotic fluid around the baby.

These checks cannot predict how your placenta will continue to function and complications may still occur. You can discuss this at the appointment with your consultant.

Useful sources of information

Royal College of Obstetricians and Gynaecologists: www.rcog.org.uk

Midwives Information and Resource Service: www.info.choice.org

National Institute of Clinical Excellence: www.nice.org.uk

Appointments at King's

We have teamed up with King's College Hospital in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at King's. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Contact us

If you have any questions or need more information about induction of labour, please contact the Hospital Birth Centre on **020 7188 6867** or **020 7188 2975**.

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

e: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **fax:** 020 7188 5953

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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