Sandwell and West Birmingham Hospitals NHS
NHS Trust

Induction of labour

Information and advice for women

Maternity

Where
EVERYONE
Matters

What is induction of labour?

Induction of labour (IOL) is a process designed to start labour artificially. Around 1 in 5 labours are started artificially using induction.

In most pregnancies labour starts naturally between 37 and 42 weeks but in some women pregnancy continues beyond this time. Women who have low risk pregnancies will be offered an induction of labour at 42 weeks of pregnancy.

What are the benefits of induction of labour?

- If your pregnancy is uncomplicated, having your labour induced after 41 weeks of pregnancy reduces your chance of having a stillbirth. The risk of stillbirth is:
  - 1 – 2 babies in 3000 at 39 weeks
  - 3 babies in 3000 at 40 weeks
  - 4 babies in 3000 at 41 weeks
  - 5 babies in 3000 at 42 weeks
  - 6 babies in 3000 at 43 weeks
- It also reduces the risk of your baby opening their bowels and passing their first poo (meconium) whilst in the womb, as this is more likely to occur the longer a pregnancy continues.
- If your pregnancy continues after your due date, inducing your labour so that you can give birth to your baby will end the discomfort of being heavily pregnant.
- If there is a risk to you or your baby's health, your doctor/midwife may advise you to have your labour induced early as this is safer for you/your baby.
- If your waters have broken but after 48 hours your labour still hasn't started, inducing your labour so that your baby can be born reduces the risk of you and your baby developing an infection.

What are the risks and disadvantages of induction of labour?

- You will need more internal examinations during labour (average of 3 extra examinations compared to normal labour).
- Labour can be more painful if it has been induced and more women need an epidural. This is because your labour is started artificially instead of the natural gentle way.
- Induction increases the chances of you needing an assisted vaginal delivery such as forceps delivery, or a caesarean section. 15 out of 100 women who have their labour induced will need an assisted vaginal delivery, and 22 out of 100 will need a caesarean section.
- There is a risk that the induction will not work. If this is the case you will be reviewed the next day by a consultant who may advise a further attempt at induction or a caesarean section.
- There is a risk that inducing labour with medications (prostaglandins and oxytocin) could cause your womb to contract too quickly, which could affect the baby's heart rate. This may mean you need medication to relax your womb, or the induction medication stopped.

Are there any alternatives to having my labour induced?

An alternative to having your labour induced is to wait for it to start naturally.

What are the risks of not having induction of labour?

If you decide not to have your labour induced and wait for your labour to start naturally there is a small increase in the risk that your baby will be stillborn. Because of this risk we will monitor your baby

carefully so that any problems can be identified. This will involve the following:

- Having an ultrasound scan at 14 days over your due date to check the amount of water around your baby and the blood flow to the baby from the placenta.
- Checking your baby's heart beat at 14 days over your due date.
- Monitoring your baby twice a week until you go into labour.

Before you are offered an induction of labour

When you are 40 weeks pregnant you will be assessed by your midwife and will be offered a membrane sweep. This involves your midwife placing their finger inside the neck of your womb and making a sweeping movement to separate the membranes that surround your baby from your cervix (see the leaflet 'Membrane sweep' for more information). Your community midwife will arrange to do this either in clinic or at your home.

Membrane sweeping has been shown to increase the chances of labour starting naturally within the next 48 hours, especially if you have more than one. If you are having a vaginal birth after caesarean section it is important that you consider having this procedure to maximise your chance of going into labour naturally.

If a membrane sweep is successful in starting labour and your pregnancy is 'low risk', you will still be able to give birth in one of our birth centres or at home.

If you do not go into labour within the next 48 hours you will be offered an induction of your labour. If your pregnancy is 'low risk' your labour will be induced by 14 days after your expected due date. If your labour is induced you will not be able to give birth at home or in one of our birth centres – you will need to have your baby on the delivery suite at City Hospital.

Your midwife will give you a date to come in for your induction. You will then need to call the delivery suite the day before your induction to check that it is still ok for you to come in, and what time you should arrive at.

How will my labour be induced?

There are different methods of inducing labour and you may be offered one or all of the methods depending on your circumstances.

Prostaglandins

Prostaglandins are hormones that soften, shorten and open the neck of the womb (cervix) and cause the womb to contract. Prostaglandins are given in a pessary (tampon) which is inserted behind the cervix. The prostaglandin pessary we use is called Propess.

Your baby's heartbeat will be monitored before and after the pessary is given so you will need to stay in bed for a little while so this can be done.

When your cervix is open, your waters can be broken.

Oxytocin (Syntocinon)

Oxytocin is a hormone, similar to the one produced naturally by your body, which encourages regular and strong contractions. It is given through a 'drip' into a vein in your arm. Once the oxytocin has been given your contractions and your baby's heartbeat will be monitored closely until your baby is born.

Because oxytocin is given through a drip, you won't be able to move around as much as with other methods.

Catheter and balloon

If you have had a caesarean section in the past and are planning a normal vaginal birth, you can be offered induction with a catheter

balloon. This involves a catheter (a thin, flexible plastic tube) being put into your cervix. The catheter has a small balloon at the top of it which is then filled with water to keep the catheter in place. As the weight of the balloon puts pressure on your cervix it starts to open. We can then break your waters to allow your labour to progress.

Amniotomy (breaking your waters)

When the neck of your womb has started to open your waters can be broken; this is called an amniotomy. Breaking your waters makes your contractions stronger and your labour progress more quickly.

Your waters are broken by a midwife or doctor who will insert a small instrument (similar to a crochet hook) into your vagina and make a small hole in the sac of water (membrane).

Breaking your waters does not cause any harm to you or your baby, but the vaginal examination needed to perform it can cause some discomfort.

Who can I speak to if I have more questions?

If you have any questions or concerns about having your labour induced please speak to your midwife.

Contact details

Maternity Triage
0121 507 4181

Further information

NHS Choices Pregnancy and Baby Guide
www.nhs.uk/planners/pregnancycareplanner

For more information about pregnancy, childbirth and our maternity services please see the maternity pages of our websites *www.swbh.nhs.uk* and *www.swbhengage.com*, follow us on Twitter *@SWBHnhs* and like us on Facebook *www.facebook.com/SWBHnhs*.

Sources used for the information in this leaflet

National Institute for Health and Clinical Excellence, CG70 'Induction of labour', July 2008

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: swb-tr.swbh-gm-patient-information@nhs.net

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