

Induction of labour

Information and advice for women/birthing person

Maternity

For most women/birthing person labour will begin naturally between 37-42 weeks of pregnancy. In some cases an Induction of labour (IOL) may be offered to you, this is a process used to encourage labour to start artificially. Around 1 in 5 labours are started artificially using induction.

What are the benefits of induction of labour?

The reason to offer induction of labour (IOL) is always to reduce risk to Mum/birthing person and/or baby, rather than to shorten an uncomfortable pregnancy.

Some of the reasons that the midwives or doctors might offer or recommend an IOL include:

- Your pregnancy has lasted over 41 weeks. . Women/birthing person who have low risk pregnancies who have reached 41 weeks, will be offered induction of labour. This will be offered from 41 weeks. This is because risk of stillbirth gradually increases during the last weeks of pregnancy from 1-2:3000 babies at 39 weeks to 6:3000 babies at 43 weeks, with no benefit to the baby of staying in the womb beyond 40 weeks.
- Your waters have broken, but your labour has not started within 24 hours. (There is a very slight increase in risk of infection after 24 hours, so we offer induction and regularly check your temperature during the induction process giving antibiotics if indicated.)
- Your baby is not growing as it expected to or is showing other signs of not doing well inside the womb.
- You have a medical condition such as high blood pressure or diabetes.
- Other risk factors - age related (>40), social risk factors

The midwives and doctors will explain why they are recommending an Induction of Labour and you will be given an opportunity to ask questions.

In higher risk pregnancies, the timing of induction will depend on balancing the risk from the pregnancy continuing with the risk of being born earlier than usual to make sure that both mother and baby are exposed to as little risk as possible.

Induction of labour timed appropriately has been shown to reduce the risk of emergency caesarean sections, stillbirths and neonatal deaths.

It is always your decision to have an Induction of Labour and if you choose not to have one, your midwife or doctor will make a different plan with you and explain your options.

What are the risks of induction of labour?

- You will need more internal examinations during labour, and during the induction process before labour has established.
- Sometimes induction of labour can take a long time, so be prepared to stay on the ward for some time (even several days) before you are ready to be transferred to delivery suite. This can make your stay in hospital significantly longer than if you had gone into labour naturally.
- Contractions can be stronger and more painful if labour has been induced and you may need an epidural.
- You will need monitoring during labour and therefore will need to be on labour ward once labour is established. You may not be able to have a water birth, or be as mobile in labour for the same reasons.
- Sometimes the womb can become overstimulated which can result in baby becoming distressed. Often this can be resolved by removing or giving an antidote to the hormones, but if baby continues to be distressed this may lead to needing an emergency caesarean or an assisted delivery (forceps or suction cup).
- There has been a lot of discussion and research as to whether induction of labour increases the risk of emergency caesarean or assisted vaginal delivery (forceps or suction cup), which can also increase the risk of having a tear to the muscles around your back passage. The evidence is mixed, but overall suggests that the risk is low. This is because if induction is timed appropriately it will mean labouring before a mother or baby becomes too unwell to cope, rather than waiting for labour to happen when they are becoming more unwell – however in specific cases the risk can be increased – for instance a baby who is only just coping before labour may not cope with strong contractions and need a caesarean; having an epidural and being less able to move around in labour may increase the chance of needing an assisted delivery.
- If you have had a previous caesarean section, being induced is higher risk. The strong contractions caused by induction hormones can increase the chance of your old scar (on the womb, not on your skin) opening up – ‘scar rupture’, which is life threatening for both yourself and your baby. As a result we only use the balloon method to open your cervix (see below) and are very careful about any decision to use hormones. Your risk of an emergency caesarean with an induction is higher than if you go into spontaneous labour.
- 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.

Are there any alternatives to having my labour induced?

An alternative to having your labour induced is to wait for it to start naturally. If you choose not to have your labour induced then your decision should be respected and you can discuss an alternative plan of care with your doctor or midwife. Remember that every pregnancy is different and comes with different reasons as to why induction of labour would be advised, therefore it is important to seek advice from your doctor or midwife regarding the best plan of care for you and your baby, but you may need extra monitoring whilst waiting for labour to start.

The only other alternative would be a planned caesarean section, which would need to be discussed with your consultant.

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 risk that any conditions that we have offered induction to prevent will get worse. This could include increased risk of emergency caesarean, neonatal unit admission, infection, worsening of medical conditions and even stillbirth. As the risk depends on your circumstance, please ask your medical professional what the specific risks are in your case.

To reduce risk we will monitor your baby carefully so that any problems can be identified. This could involve the following:

- Regular monitoring of baby's heartbeat.
- Ultrasound scans to look at fluid around baby and blood flow to baby
- Growth scans
- In some cases blood tests and/or keeping you in hospital to monitor your condition

Before you are offered an induction of labour

Prior to induction of labour you 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). Depending on your situation this could be done by your community midwife at home or in clinic, or by one of the hospital midwives or doctors in clinic, ADAU or triage.

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. You may experience a bit of pain, discomfort, or a little bit of bleeding (less than a tablespoonful) after a sweep. This is normal, but if bleeding is more than this or pain is severe, please contact triage.

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 not, we will go ahead with your induction (with your consent), and you will have to give birth on delivery suite so that we can monitor you and your baby more closely.

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. Induction involves starting to open up the neck of your womb enough to break your waters, and starting regular, effective contractions.

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 by a midwife or doctor. The prostaglandin pessary we use is called Propess. This stays inside the vagina for up to 24 hours.

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. You can have a second propess (and another 24 hours) if necessary.

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 be uncomfortable.

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.

Oxytocin

Oxytocin is a hormone, also 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.

Sometimes you may require more than one method of Induction.

Practical considerations:

Where do I go for my induction?

You will be asked to report to the Antenatal Ward or Labour Ward

How do I know when to come in?

You will be given an induction date by your midwife or doctor.

You will be called the night before your induction and given a time to come in and instructions of where to go to.

What are the visiting hours?

During induction (before you are in established labour) you will be allowed only one visitor between the hours of 9am -9pm. You will not be allowed to swap visitors.

Once you are in established labour or have been transferred to a room on Labour Ward you will be allowed to have up to 2 birth partners with you and there are no restrictions to visiting hours.

How can I help the induction process?

We advise you to eat regularly, move around as much as possible during the daytime – particularly going up and down stairs and using the birthing ball (except when we are monitoring your baby) and to rest and sleep when you can so that you have enough energy for labour.

What should I bring?

Bring an overnight bag for you and your baby, there is a Hospital Bag Checklist – What to pack for you and your baby checklist available on the NHS Website. Please do not bring your baby's car seat into hospital until you have been advised that you are ready to be discharged from hospital following the birth of your baby.

Please come prepared to wait a long time (bring books or films to distract yourself, snacks for you and your partner as well as a charger for your phone) as the induction process can take a long time, and sometimes delays are unavoidable if there are a lot of emergencies on labour ward.

Delays in starting your induction of labour

Sometimes we can not go ahead with your induction on the date we had planned for you. Delays in starting your induction can happen when the activity on the Maternity Unit means starting your induction would mean we may be unsafe, or there are no available beds to admit you into. When this happens we may ask you to come into hospital a bit later than planned. If we are not able to admit you on your planned date we will ask you to attend Labour Ward, Triage or ADAU so that we can monitor your baby's wellbeing.

Delays continuing your induction of labour

Due to the busy nature of the Maternity Unit at the Midland Metropolitan University Hospital, there can sometimes be delays whilst we await a bed and a midwife, to provide one-to-one care in order for you to continue with the induction process.

The unpredictable nature of childbirth can sometimes cause periods where there are increased numbers of women/birthing person in labour, or there are women/birthing person who have associated illnesses who require a higher level of care.

This can lead to some delays for women/birthing person who require an induction of labour. In order to maintain a safe birthing environment for women/birthing person, it may be necessary to postpone or delay your induction of labour until we can ensure it is safe to proceed.

Whilst staying on the ward during this period, the midwives and the Obstetric Consultant will continue to assess you and your baby's wellbeing. Should there be any concerns with you or your baby, appropriate action will be taken.

We understand that it can be frustrating if your induction is delayed but please be reassured we will get you in as soon as possible. Your Ward Midwife will keep you updated.

If you have any concerns relating to your pregnancy, contact **Maternity Triage 0121 507 4181**

Sources used for the information in this leaflet

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