Maidstone and Tunbridge Wells NHS Trust

Induction of Labour

Information leaflet

What is Induction of labour?

Induction of labour (IOL) is when we artificially encourage the start of your labour. We may offer this to you because there is a clinical indication, or a piece of information about your health or the health of your baby, that suggests the risks that come with induction of labour are smaller than waiting for your baby to be born in its own time.

The clinical indications, or information about you and your baby's health, which lead us to offer induction of labour will be different for everyone. These may include:

- Pregnancy beyond 42 weeks - see the section *'Pregnancy beyond 42 weeks'* below for further information
- If your waters have broken before labour begins
- Particular concerns about you and your health, such as diabetes or high blood pressure
- Health issues or concerns regarding your baby, such as concerns around their growth or their movements.

Your midwife or doctor will discuss with you in detail why they are recommending IOL, the benefits and risks specific to you and your pregnancy, as well as the alternatives to induction. These alternatives include:

- Waiting for labour to start naturally
- Starting your induction of labour earlier or waiting to start it.
- Choosing a planned a caesarean section.

It is important that you understand the risks and benefits of

induction of labour. If you are not clear about why you are being offered an IOL, or have any concerns or questions please discuss these with your midwife or doctor before agreeing to be induced.

Pregnancy beyond 42 weeks

'Term' is the phrase we use to describe the time when it is safe for your baby to be born. This is the 5-week period between your 37th and 42nd weeks of pregnancy. So, while your due date marks the start of your 40th week of pregnancy, your baby may be safely born in the three weeks leading up to your due date, and the two weeks afterwards.

The most concerning risk to a baby is stillbirth- although the risk is small, it increases with each week. A study in 2019 which looked at 15 million births estimated the risks are as followed:

Gestation	Risk of stillbirth
37 - 37+6 weeks	0.11 per 1,000 births
38 - 38+6 weeks	0.16 per 1,000 births
39 - 39+6 weeks	0.42 per 1,000 births
40 - 40+6 weeks	0.69 per 1,000 births
41 - 41+6 weeks	1.66 per 1,000 births
42 - 42+6 weeks	3.18 per 1,000 births

This means that on average out of every 1000 women giving birth beyond 42 weeks, three would suffer a stillbirth but 997 would not. These risks are small, but as we cannot accurately predict which babies will experience a problem, we recommend IOL to everyone whose pregnancy is approaching 42 weeks.

If you decide that IOL is not the right choice for you, we will support you in that decision. That support will include offering further monitoring for you and your baby to ensure you both stay well. Please see the section *'Choosing to not be induced'* for further information on how we can support you.

How is labour induced?

IOL is a multi-stage process which can be broken down into the following stages which usually, but not always, follow in sequence:

1. Encouraging your cervix (the muscles at the opening of your womb) to soften, shorten (a process called ‘effacement’) and start to open (‘dilate’)
2. Rupturing the bag of membranes around your baby (‘breaking your waters’)
3. Using a hormone drip (‘oxytocin infusion’) to help strengthen and regulate your contractions.

There are a number of different things that might happen during the induction process:

- You may start to experience regular contractions, meaning your labour is established and you do not need the remaining stages
- You might choose to delay the next stage
- You might choose to skip a stage
- You might choose to decline the next stage
- You might choose to stop or pause the stage you are currently on
- You might agree (or consent) to proceed with the next stage
- You might choose to stop the induction process altogether.
- You might request a caesarean instead of continuing with your IOL

Risks of induction

When considering the risks and benefits of IOL, you might like to consider them in relation to you, your pregnancy and the reason(s) why IOL has been recommended.
If you decide to go ahead with IOL, you should have the opportunity to discuss these risks with your midwife/doctor before and during your IOL.

- Induction can impact your choice of place of birth. Because we recommend monitoring you and your baby more closely during labour and birth if you have been induced, we can only offer IOL at Tunbridge Wells Hospital- we cannot provide IOL at our Birth Centres.

- Depending on your reasons for induction and what happens on the day, we may advise against using a birthing pool. Please speak to your midwife for more information about whether or not using a pool would be advised against in your case, particularly if this is an important part of your birth plan.

- An induced labour can be more painful than a labour that starts on its own, which may mean you need more pain relief, or different methods of pain relief, than you had originally planned for. Please see section *'How can I optimise my induction of labour experience?'* for more information on your pain relief options.

In order to start off your induction, give the medications required (see sections *'Stage one'* for more details), break your waters (see *'Stage two'* for more details), monitor the progress of your induction and help you to make decisions about your care, your midwife or doctor will need to perform several vaginal examinations on you, which can be uncomfortable and increase your risk of infection. If you feel you may find this difficult, please speak to your midwife prior to starting your induction.

- You may need a doctor to assist you to give birth using medical instruments (forceps or ventouse) and this can increase the risk of damage to your perineum (the area between your vagina and your back passage.)

- There is a risk of your uterine (womb) muscles becoming overstimulated, leading to very frequent or long

contractions which could put stress on your baby. Drugs can be given to relax the muscles if this occurs.

- Statistics from our Trust show that your chance of having a Caesarean section increases when you are induced compared to if you wait for labour to start naturally. These are our statistics from 2021:

	Spontaneous/ natural labour in hospital	**Induced labour in hospital**
1st baby	**58%** vaginal birth **24%** forceps or ventouse birth **18%** Caesarean birth	**39%** vaginal birth **21%** forceps or ventouse birth **40%** Caesarean birth
2nd baby +	**93%** vaginal birth **4%** forceps or ventouse birth **2%** Caesarean birth	**82%** vaginal birth **6%** forceps or ventouse birth **12%** Caesarean birth

**Please note statistics may not add up to 100% due to rounding*

Please note- *these differences may be due to the reason for IOL, the process of IOL, or a combination of factors.*

- Increased interventions may lead to an increased length of stay in hospital before and after the birth of your baby.

- IOL is not always successful, and labour may not start. For women in their first pregnancy, we estimate IOL does not work for around 1 in 5-6 people. For those who have previously had a vaginal birth, we estimate an induction of labour will not work in around 1:20 people. In this circumstance your midwife or doctor will discuss your options with you- this may include to wait and try again or to have a planned Caesarean.

Additionally, each stage of the induction process has individual

risks and benefits which are detailed in the sections below.

If you are concerned about any of these risks and how they will impact you, please discuss them with your midwife or doctor before starting the induction process.

Choosing to not be induced

If you decide that IOL is **not** right for you, we will offer you opportunities to discuss this choice with your midwife and/or obstetrician. Depending on your specific circumstances, we will offer you and your baby more frequent monitoring to ensure you are both staying well- this usually involves regular appointments at our Maternity Day Assessment Unit for a check-up with the midwife and a tracing of your baby's heart rate (CTG monitoring). We may also offer further ultrasound scans to monitor your baby's growth, the health of your placenta, and the amount of waters around your baby.

Monitoring you and your baby in this way is beneficial because it can help us identify any changes and can help to inform any decisions you make. However, monitoring only gives a snapshot of the current situation, and cannot reliably predict any changes after monitoring ends. It is your choice whether you decide to accept this additional monitoring.

Please contact Triage or your community midwife if you change your mind before your next appointment, or as soon as possible if you have concerns about your baby, particularly if there is a change or reduction in your baby's movements. You will also have the opportunity to review and discuss your options at each subsequent appointment.
Whether you decide to accept IOL or not, you may be offered a 'membrane sweep' to help encourage your body to go into labour.

Where do I go to be induced?

Your IOL will begin on the Antenatal Ward, which is located at Tunbridge Wells Hospital, Green Zone- Women's and Children's Department, Level 2. Once you have a date for your induction, we will ask you to call us on the morning of this date to book a time slot to come in.

Depending on your preferences, your individual circumstances and the reason for your IOL, we will either recommend you stay with us in the hospital for the duration of your induction, or suggest you return home again for 24 hours- called an 'outpatient IOL.' We offer this because evidence shows us that labour is more likely to start in an environment where you are most relaxed, and for many this will be their own home, but you can choose to stay on the antenatal ward if you prefer.

An outpatient IOL involves commencing the first stage of the induction process in hospital with Propess (please see *'Stage one- softening, shortening and opening your cervix'* for more details) and going home for up to 24 hours. A midwife will keep in regular contact with you while you are at home to check on your wellbeing, and to arrange a time for you to return the next day. Please see the *'Care during the first stage of the induction process'* section for information on what symptoms to look out for while at home.

If you have any concerns during this time, experience any of the symptoms below, or feel you have gone into labour, please call Triage for advice.

Please discuss with your team to decide whether outpatient IOL is right for you.

Membrane sweep

A membrane sweep is considered a more natural way of inducing labour because it does not involve medication. However, it is still an intervention, so please consider the risks and benefits below when deciding whether a membrane sweep is right for you.

During a membrane sweep, a midwife or doctor will insert two fingers into your vagina, locate your cervix, and will gently sweep their finger around the inside of it. The aim is to encourage your body to release prostaglandins- a group of hormone-like substances your body creates to soften your cervix and start contractions.

Benefits:

- Evidence suggests that those who have a membrane sweep are 20% more likely to go into labour without needing induction compared to someone who did not have a membrane sweep.
- Does not involve medications that could have potential side effects
- Can be performed more than once if you would like to have more.

Risks:

- May be uncomfortable or painful
- The midwife or doctor may accidentally break your waters
- Vaginal bleeding may occur
- May encourage your body to start having early contractions before it is ready to, which may cause you discomfort for longer
- Isn’t successful for everyone.

Generally, a membrane sweep is offered by your community midwife around 40-41 weeks of pregnancy, but may be offered sooner by your obstetrician depending on your individual

circumstances and preferences. If you are offered a membrane sweep, please do consider these risks and benefits, and ask any questions you may have before going ahead.

This leaflet will now explain each of the three stages of the induction process in turn.

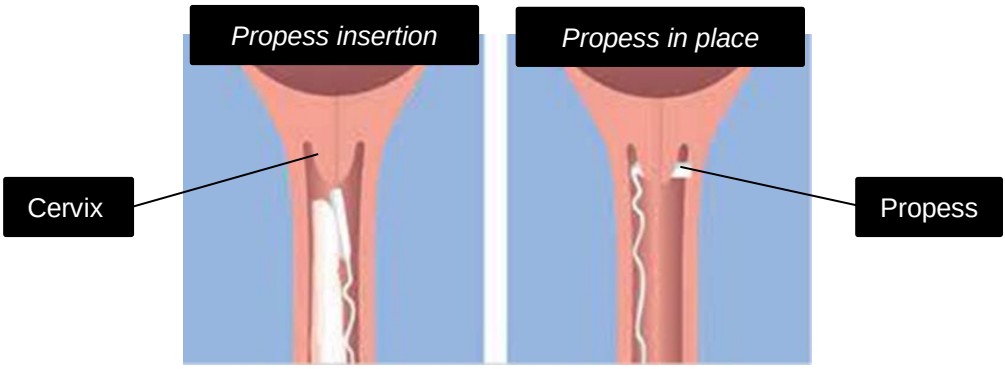
Stage one- softening, shortening and opening your cervix

The first stage of the induction process involves preparing your cervix for labour. Your cervix usually starts off high up in your vagina, is around 3-4cm long, and is often quite firm and closed. In order to help soften, shorten and dilate your cervix, we use medications which contain an artificial form of the prostaglandins which your body naturally produces to prepare your cervix for labour.

These artificial prostaglandins come in two forms- the **Propess** pessary and **Prostin** gel. We will explore each of the methods in turn to help you to understand the differences and help you to decide which is best for you.

Propess

Propess is a small, tampon-like pessary which is inserted into the vagina and placed behind the cervix by your midwife or doctor. Propess stays in place for 24 hours and slowly releases prostaglandins to help prepare your cervix for labour.



Benefits:

- Prostaglandins are effective in starting contractions
- If there are problems, the pessary can be removed easily
- Prostaglandins increase the chance of achieving a vaginal birth compared to a placebo (no treatment), and do not affect Caesarean section rates (some studies suggest the use of prostaglandins can reduce the chance of Caesarean section by 10% compared with a placebo)

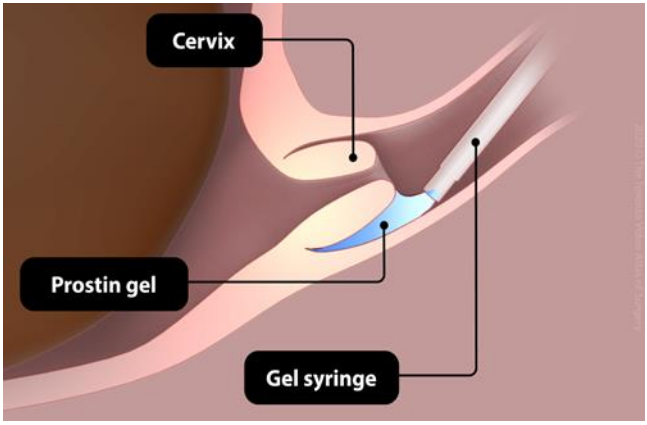
Risks:

- Inserting the pessary requires a vaginal examination, which can be uncomfortable or painful
- Giving artificial prostaglandins can, in rare circumstances, cause your uterus (womb) to contract too much, or cause a prolonged contraction which could be painful for you and put stress on your baby. (This may happen in about 5 out of every 100 people who receive artificial prostaglandins compared to 1 out of every 100 who do not). If this happens, the pessary can be removed immediately, and further medication can be given to reverse this effect if required.

Prostin gel

Prostin can be given as a first method of induction but is most commonly offered as a second option following Propess to encourage your cervix to open. It also contains prostaglandins but is in a gel form rather than a pessary. It is a lower dose than Propess, but it releases the hormones much quicker. The Prostin gel, just like the Propess, is inserted by your midwife or doctor behind your cervix during a vaginal examination.

Because Prostin does release prostaglandins quicker than Propess, your team will offer to reassess what's happening around six hours later. You can have a further dose at this point if needed and you agree it would be beneficial for you. As with any method, you can choose to delay this reassessment or second dose if you would like to.



Benefits:

- Prostaglandins are effective in starting contractions
- Prostaglandins increase the chance of achieving a vaginal birth compared to a placebo, and do not affect Caesarean section rates (some studies suggest the use of prostaglandins can reduce the chance of Caesarean section by 10% compared with a placebo)

Risks:

- Inserting the gel requires a vaginal examination, which can be painful. The gel itself can also cause additional tenderness within the vagina.
- Giving artificial prostaglandins can, in rare circumstances, cause your uterus to contract too much, or cause a prolonged contraction (This may happen in about 5 out of every 100 people who receive artificial prostaglandins compared to 1 out of every 100 who do not.). If this happens, medication can be given to reverse this effect.

You may need one or a combination of these methods to soften your cervix and dilate it to the point where a midwife or doctor can break your waters, or you go into labour. Propess is generally only used once, with Prostin offered following Propess if your cervix remains closed. Generally, Prostin can be given

twice with a 6-hour gap in between, and a third dose can be offered after a 24-hour rest period if needed.

Care during the first stage of the induction process

During this phase of your induction process, you will either be at home or on the Antenatal Ward, which means you will not be receiving continuous care from one midwife during this time. If you are on the Antenatal Ward, a midwife will check on your wellbeing and the wellbeing of your baby at key stages during the process. These checks involve monitoring your observations (pulse, blood pressure and temperature), monitoring any contractions you may be having, asking you about your baby's movements and listening to their heartbeat. They are also available to respond to any questions or concerns you may have.

The second and third stages of the induction process will involve you moving to the Delivery Suite and being allocated one midwife who will be with you more closely.

We would recommend that you advise us, either by phoning Triage (if at home) or by pressing your call bell (if on the Antenatal Ward), if you experience any of the following symptoms:

- Any concerns about your baby's movements
- Painful, regular contractions, or any other pain that you are concerned about
- Any vaginal bleeding
- If you think your waters have broken
- If your Propess has fallen out

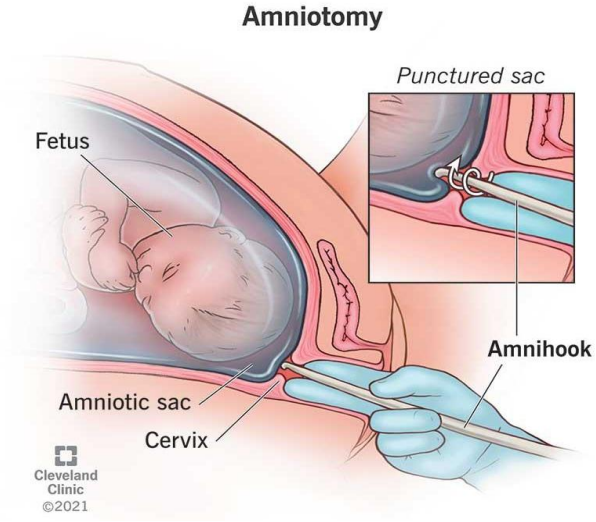
If you have Propess in place, we recommend avoiding bathing and sexual intercourse to avoid disrupting the position of the pessary. All other activities, including gentle exercise, walking and showering, can continue as normal.

For a small number of people, after completion of a full cycle of this first stage of the induction process, their cervix remains closed, and contractions haven't begun. If this happens to you, your team will discuss the various options for how best to move forwards so you can decide what would be the best option. These options may include a rest and to wait and try again or to have a planned Caesarean.

The majority of people will, however, be able to move on to stage 2 of the induction process, which is breaking your waters.

Stage 2: Breaking your waters, also called 'rupturing membranes'

You may often see this written as "artificial rupture of membranes" or "ARM". When the membranes around your baby are broken, this can cause a surge of hormones that can strengthen any contractions you are having, or cause contractions to start if they haven't already.



Benefits:

- Can be effective in releasing hormones to start or strengthen your contractions
- Allows your baby's head to move down and apply direct pressure onto your cervix, helping it to dilate
- Allows your team to assess the colour of your waters and identify if your baby has passed meconium (baby's first bowel movement), which can give us more information about your baby's wellbeing

Risks:

- Breaking your waters can make your contractions more intense, as the waters help to equalise the pressure of contractions around your uterus
- Very small chance that the Amnihook can cause a scratch to your cervix or your baby's head. This is likely to be minor and should heal quickly
- In rare cases, this can increase the possibility that your umbilical cord may slip down in front of your baby ('cord presentation') or fall out of your vagina ('cord prolapse'). This can reduce blood flow to your baby and can be an emergency. To reduce this risk, the clinician breaking your waters will do so in hospital, and ensure they cannot feel the cord near your baby's head before they proceed
- The waters can act as a barrier to infection. Once your waters have been broken for over 24 hours, the risk of infection doubles from a 0.5% chance to a 1% chance.

If you are happy to have your waters broken, your midwife or doctor will insert two fingers into your vagina and locate your cervix. They will use a small instrument called an Amnihook to create a hole in the membranes- this looks like a flat and slim crochet hook, with a small point on the end. Like any vaginal examination, this can be an uncomfortable procedure, so please let us know if there is anything we can do to make it more comfortable for you.

Once your waters have broken, we would encourage you to walk around and use other upright positions such as kneeling or squatting, to help encourage labour to start. Usually after around 4 hours, your team will offer to assess where you are in your labour. If your contractions are mild or haven't started, we would recommend moving on to the next stage of the induction process, which is the hormone drip. If you would like to delay or decline this next step, please discuss this with your team.

Stage 3- hormone drip, or oxytocin infusion

The hormone drip contains 'Syntocinon,' which is a synthetic form of oxytocin, the hormone you naturally produce while in labour to make your uterus contract. The aim of the drip is to encourage your uterus to contract strongly and regularly, helping you to move your baby down into your pelvis, dilate your cervix and go on to birth your baby.

Once you start the hormone drip, this generally continues until your baby is born. The dose is altered regularly until you are having around 4 contractions every 10 minutes.

Benefits:

- Mimics your body's natural hormones, so is very effective at creating regular, strong contractions
- The dose can be altered to ensure a safe number of contractions

Risks:

- Can cause the baby to become distressed, so we recommend continuously monitoring your baby's heart rate throughout
- Can increase your chance of having a heavy bleed after birth, as the drug can make your uterus less sensitive to your own, naturally produced oxytocin. We would offer medication to manage a heavy bleed should this occur.

- Requires you to have a cannula in your arm or hand to give the infusion straight into your vein
- Can cause your uterus to contract too much or cause a prolonged contraction. If this occurs, we can stop or reduce the drip, and give further medication to reverse the effects if required
- Carries a small risk of uterine rupture, where a tear appears in the wall of the uterus (rate of rupture in someone who does not have a scar on their uterus is 0.7 per 10,000 births. IOL is associated with 44% of these ruptures). This can be life-threatening for you or your baby so if it occurs you would need an urgent caesarean.
- Many people find the contractions created by the hormone drip more intense and painful than contractions that happen naturally, so many people request an Epidural. However, this is not the case for everyone.

How long does induction take?

This will be different for everyone, depending on how your body reacts to each stage of the process. We would recommend bringing enough comfy clothes and activities (books, magazines, etc.) to keep you busy for 3-5 days. We would also recommend bringing in everything that you need for labour and birth, as well as everything you need for your baby. We kindly ask that if you take any regular medication or use a glucose monitor to monitor your blood sugars, please bring those with you.

As mentioned above, the first stage of the IOL process generally takes place on the Antenatal Ward, where you will have your own private room with an en-suite (or you will use that as your base if you are having an outpatient induction), and the second and third stages take place on the Delivery Suite. Because activity on the Delivery Suite is unpredictable, if you and baby are well there may be a delay in moving you to the Delivery Suite if it is busy. If there is a delay, the midwives on the Antenatal Ward will keep you updated, ensuring you and baby

are well while you wait. If you require pain relief while you are on the ward, please see the *'How can I optimise my induction of labour experience?'* to see what we can offer you.

Please be assured that we always prioritise based on clinical need, so if something changes in your condition or your baby's condition, we will move you over as soon as we can to ensure you always get the right care at the right time.

Can my birth partner stay with me?

Your birth partner is welcome to stay with you at all times during your IOL, your labour and birth, and after the birth of your baby. Once you are on the Delivery Suite, you will be able to have a second birth partner join you for support should you wish.

Please ask your midwives what the current arrangements are for additional visitors on the Antenatal and Postnatal Wards- these arrangements are continuously under review.

In order to safeguard your confidentiality, we are unable to give out any information about you to your friends and relatives if they call the ward areas.

How can I optimise my induction of labour experience?

There are lots of ways to help manage the discomfort of induction and help your labour to establish:

- You can use lots of different methods of pain relief that do not contain medications during your IOL and your labour, such as aromatherapy, massage from your birth partner, TENS, breathing techniques or a warm bath/shower. You can also take paracetamol or co-codamol. The Antenatal Ward have a small supply of TENS machines that you can rent- please speak to the midwives on the Antenatal Ward if you are interested in this. The ward also has an additional bathroom with a bath installed which you are free to use during your IOL.

- Further pain relief options, such as an Epidural, Pethidine or Entonox (‘gas and air’) are available once you are transferred to Delivery Suite. In some cases, Pethidine can be offered on the Antenatal Ward.

- Activities that increase your levels of oxytocin can help to establish your labour. Oxytocin is often called “the love hormone,” and is released when you feel safe, relaxed and calm. You can encourage this by dimming the lights, cuddling your birth partner, and thinking about meeting your baby. Nipple stimulation and harvesting colostrum can also help, with the added bonus that any colostrum you do collect can be fed to your baby once they’re born. Please ask your midwife about colostrum harvesting or visit the MTW Maternity website for our award-winning video on how to do it.

- You may not feel like eating big meals during your labour, so bring lots of snacks with you that are full of energy and easy to eat. Keeping well hydrated and passing urine (going to the toilet) regularly is also beneficial for you and your baby. Rest as much as you can during your IOL- you’ll need lots of energy for when labour has established. When you are awake, keep as active, upright and mobile as possible- go for a walk, do some pregnancy yoga or dance to your favourite songs!

Where can I find further information?

- MTW Maternity Website: https://www.mtw.nhs.uk/induction-of-labour/
- National Institute for Clinical Excellence (NICE) guideline: https://www.nice.org.uk/guidance/ng207
- NHS Website: https://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/inducing-labour/
- Association for Improvement in the Maternity Services (AIMS): https://www.aims.org.uk/information/item/induction
- Birth Rights: https://www.birthrights.org.uk/advice-factsheets/
- Tommy's Pregnancy Hub: https://www.tommys.org/pregnancy-information/giving-birth/inducing-labour

Feedback

Throughout the Maternity Unit we greatly value your feedback and comments. The team will ask you to complete a questionnaire before you are discharged. You can also contact the Patient Advice and Liaison Service (see contact details below) if you would like to give us more detailed feedback.

Further information and advice can be obtained from:

NHS 111 ☎ 111

NHS Choices online www.nhs.uk

The Tunbridge Wells Hospital at Pembury

Antenatal Ward ☎ 01892 633605

Maternity Triage ☎ 01892 633500

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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