



Northumbria Healthcare
NHS Foundation Trust

Your guide to induction of labour

Issued by Obstetrics and Gynaecology

The aim of this leaflet is to give you information on induction of labour (being 'started off') and help minimise any fears, worries or anxieties you may have.

What is induction of labour?

Most pregnancies will end between 37 and 42 weeks when labour starts naturally and results in the birth of the baby.

Induction of labour is a process that starts your labour artificially.

On average one in five women may have their labour induced.

When is induction of labour recommended?

Women with uncomplicated pregnancies should usually be offered induction of labour at 41 weeks to avoid the risks of prolonged pregnancy. The exact timing should take into account the woman's preferences and local circumstances.

The risk of stillbirth increases from less than one in 1000 (0.07%) at 41 weeks to 1-2 in a 1000 (0.16%) at 42 weeks. Induction of labour will be recommended if there are concerns that you or your baby's health would be at risk if your pregnancy continued.

Examples of medical reasons for induction include:

- High blood pressure
- Diabetes
- Small baby

If your waters break early you will be offered induction of labour at 37 weeks. A doctor will discuss this with you.

How will I be induced?

The method of induction will be decided following assessment of your individual needs.

Membrane sweeping

Membrane sweeping is offered at 38 and 40 weeks. Membrane sweeping involves a midwife or doctor performing a vaginal examination. A finger is placed in the cervix (neck of the womb) to sweep the membranes. This has been shown to help labour naturally and may reduce the need for other methods of induction.

Prostaglandins

The gel is placed high into the vagina to help the cervix soften and shorten (ripen). This encourages the cervix to open up and allow your waters to be broken if appropriate. Sometimes it may be necessary to give more than one dose of gel, in this case doses are given at least 6 hours apart.

If your waters have broken early and the cervix is not open, gel may also be used.

Artificial rupture of membranes (ARM)

If the cervix is open and your waters haven't broken, an ARM may be advised.

A vaginal examination will be performed and a small plastic instrument will be placed into the cervix during the examination. This will make a hole in the membranes which allows the waters to break. This procedure can be uncomfortable for you and contractions will be more painful when waters have gone.

Syntocinon (Hormone drip)

The hormone drip helps the womb to contract. A cannula (needle) is placed in the back of your hand or in your arm and run through a special pump. It will be after your waters have been broken.

The use of syntocinon will bring forward the time of your baby's birth but will not influence the mode of birth. Syntocinon will increase the frequency and strength of your contractions. Your baby's heart rate will be monitored continuously throughout labour to ensure the health of your baby is maintained.

What are the risks of induction?

- A membrane sweep may cause discomfort and slight bleeding
- The vaginal tablet or pessary and drip may cause the womb to contract too much which may affect your baby's heart beat.

Alternatives to induction

If you choose not to be induced, after 42 weeks, your pregnancy will be closely monitored. We offer:

- Twice weekly checks of your baby's heartbeat via a cardiotocograph (CTG)
- An ultrasound scan to check the volume of amniotic fluid (waters) around the baby.

However, if these tests are normal, your baby is still at risk of increased problems after 42 weeks because the placenta may become less efficient.

Please be aware that induction of labour can be a long process. It may take as long as 12 to 48 hours before your labour even starts, induction must be taken slowly to ensure you and your baby are safe.

When do I come into hospital?

Induction of labour is only performed at the consultant led unit at The Northumbria in Cramlington.

Once the decision has been made to induce your labour, a vaginal examination will be performed to decide whether your waters be broken or prostaglandin gel is needed. You will be asked to come to hospital at a specific time. This time may change depending on how busy the unit is.

The delivery suite is contactable on:

Birth Centre: 0191 607 2318

What will happen when I come in to hospital?

On admission you will have all the routine observations taken such as blood pressure and temperature.

An abdominal palpation (feel of your tummy) and a presentation scan will be done to see which way your baby is lying. You will be attached to a baby monitor (CTG) to check your baby's heartbeat. A scan will be performed to check your baby is in the correct position.

After 30 minutes, if your midwife is happy with your baby, you will have an internal examination. This is to feel the neck of the womb (cervix) and will be done by a midwife or a doctor.

If you are admitted for a hormone gel, this will be given during the examination.

Once you have received the hormone gel your baby's heartbeat will be continually monitored for a further hour.

You may start to feel a few niggles / cramps after receiving the gel, this is quite normal.

If you do not go into labour, two further doses of gel will be used. If you your waters can't be broken after 3 doses, the doctor will discuss further plans with you.

Once your waters are broken, you may need to have the hormone drip started. Your doctor will discuss this with you and advise if it is necessary.

The midwife looking after you will explain the induction procedure and answer any questions.

What do I need to bring into hospital?

You may wish to bring in some cool, loose fitting clothes for yourself to wear and some clothes for your baby.

You can ask your community midwife for advice.

We request that you do not bring in a car seat until you are ready to go home with your baby.

Who can visit me?

There is open visiting for your partner and labour companion. Any other visitors please liaise with the senior midwife.

There is open visiting for birth partners who can also stay overnight on the ward. For other visitors 2.30pm - 4pm and 6.30pm - 7.30pm.

Useful contact numbers

The Northumbria Specialist Emergency Care Hospital

Northumbria Way

Cramlington

NE23 6NZ

Pregnancy assessment unit: 0191 607 2815

Birth centre: 0191 607 2318

Ward 16: 0191 607 2016

Berwick Midwifery Led Unit

High Green

Berwick-upon-Tweed

TD15 1LT

01289 356 622

Hexham Midwifery Led Unit

Corbridge Road

Hexham

NE46 1QJ

01434 655 352

Hillcrest Midwifery Led Unit

Infirmery Drive

Alnwick

NE66 2NS

01665 626 732

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries 03 44 811 8111

www.northumbria.nhs.uk

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