

Induction of Labour

Maternity

This leaflet gives general information about induction of labour. The midwives and doctors are happy to answer any specific queries you or your birth partner may have about your care.

What is induction of labour (IOL)?

Labour usually starts on its own before 42 completed weeks of pregnancy.

Sometimes you may be advised that your labour needs to be started artificially; this is called induced labour or induction of labour.

You can discuss the reasons for induction and the risks and benefits with your midwife / doctor to enable you to make an informed choice. Your birth plan should be reviewed to include your wishes where possible.

Common reasons for induction:

- Prolonged pregnancy (overdue). You will be offered an induction of labour to aim to birth by 42 completed weeks of pregnancy.
- Labour does not start after the waters have broken.
- Concerns about the growth of your baby.
- Medical problems such, as diabetes.
- Pregnancy problems, such as high blood pressure.

Before you are offered IOL

You will be offered a membrane sweep. This involves the midwife or doctor doing a vaginal examination and placing a finger through the cervix to 'sweep' the membranes around baby's head. This releases your body's natural hormones and may help you go into labour.

This may cause you some period-like pain and minor bleeding, but will not harm your baby.

How is labour induced?

Your baby's heart beat is monitored on a paper tracing (CTG) before IOL starts. Usually drugs similar to natural hormones (prostaglandins) are used to induce labour. These drugs (tablet or pessary) are placed into the vagina. The baby's heart rate is monitored (CTG) again when contractions start.

You may need more than one dose of the drug. IOL can take 24 – 48 hours and sometimes longer, but your baby may need to be delivered sooner if there are concerns over how baby is coping. You may also need your waters broken and a hormone drip to get you into labour (see below).

Breaking the waters (ARM)

A midwife or doctor will examine you vaginally and use a tiny hook to make a hole in the bag of membranes surrounding your baby. You will feel warm and wet as your waters go and your waters will continue to leak until birth. Some women may go into labour by just breaking the waters. This is not usually the case if it is your first baby.

Hormone drip (syntocinon)

This is a similar hormone to the one your body releases in natural labour. Your waters need to have been broken or have gone naturally first. We advise that your baby is monitored continuously (CTG). This does not mean you have to stay in bed as we have monitors that allow you to be able to move around (telemetry).

Pain relief

IOL is often more painful than natural labour. You can use a method of pain relief of your choice, including TENS (transcutaneous electrical nerve stimulation), waterbirth, gas and air, drugs or epidural.

What will I need to bring with me?

- Your maternity notes and birth plan.
- Clothes, nightclothes, toiletries, baby clothes, nappies, and sanitary towels.
- You may also want to bring some snacks, music, and something to read.

Can my birth partner stay with me?

You will be in the ward with other women who may, or may not, be in labour themselves. On the ward your birth partner will be able to stay with you during the day. Your partner may be able to stay with you overnight if facilities are available. This should be discussed with the ward staff.

When you are moved to the labour ward your birth partner can stay with you throughout.

What if I don't go into labour?

You may be offered a further course of the drug (tablet or pessary) or it may be recommended that you have a caesarean. Your doctor will discuss this with you.

When will I be admitted?

Please attend:

Ward:.....

Date:.....

Time:.....

There are times when the maternity unit is very busy and this means your induction may be delayed for your safety. We try to keep delays to a minimum, but if this occurs you will be kept fully informed.

Further information

The NHS website (www.nhs.uk) and NICE (www.nice.org.uk) also have useful information regarding all aspects of your pregnancy including induction, labour and birth.

If you need additional information not covered by this leaflet, please ask your midwife or doctor.

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Other formats

If you would like to receive this information in an alternative format, then please contact: 01539 715577.

Travelling to our hospitals

For the best way to plan your journey visit our website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 715577.

Useful Contact Details

NHS 111 (for 24 hour urgent health advice): telephone 111

Your Information

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 715577.

Evidence

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 715577.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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