

INDUCTION OF LABOUR

Information on what happens next for those who find themselves booking in for induction of labour

Useful numbers:

Community Midwife: 0151 708 9988 extension: 4177

Maternity assessment room : 0151 702 4413.

Induction of labour ward : 0151 708 9988 – extension : 1426

Induction of labour co-ordinator: 0151 708 9988 ask for Bleep number 103

This leaflet explains what induction of labour is, why it may be needed, what the risks and benefits are and what to expect if you need to have an induction.

What is Induction of labour (IOL)

In some pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of your baby. Induction of labour is a process designed to start labour. At Liverpool Women's Hospital nearly half of women need Induction of labour. This is for the following reasons:

Why might I be offered induction of labour?

Induction of labour will be offered if you and the team caring for you agree because it will benefit you or your baby's/babies' health.

IOL is usually recommended in the following circumstances:

- Prolonged pregnancy: After 41 weeks, there is evidence to that stillbirth rates starts to slightly increase:



For this reason, we will offer IOL at 41 weeks (NICE [NG207], 2021)

We will offer you induction of labour at 41 weeks as evidence shows an improvement in outcome for both mothers and babies:

41 weeks vs 42 weeks gestation

Type of delivery (forceps, ventouse, spontaneous vaginal delivery or caesarean section) = **no difference**

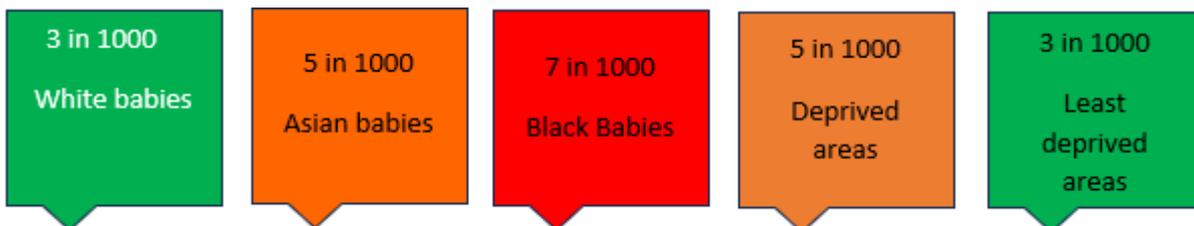
Neonatal admission to the unit = **lower** incidence in 41/40 vs 42/40

Poor Maternal outcome = **lower** incidence in 41/40 vs 42/40

(Earlier IOL after 39/40 gestation are less likely to have caesarean section than 42/40)

It has been found that induction after 39 weeks but before 41 weeks does not increase your chances of having an instrumental or caesarean section.

- Black, Asian minority ethnic groups and women from poor socio-economic background are known to be at increased risk of still birth. MBRRACE (2020)



Induction of labour to those with additional risks related to ethnicity and / or deprived socio-economic background, will be discussed. Other risk factors which will be discussed with you for possible IOL include:

- Pre-labour rupture of membranes: It is safest to offer IOL as soon as possible because if labour does not start 24 hours after your waters break, there is an increased risk of infection to both you and your baby.
- Over 40 years of age
- Overweight with Body Mass Index of over 35
- Medical reasons: If there are any medical problems in your pregnancy which can affect the health of you or your baby an induction of labour will be discussed with you.

Can labour be encouraged to start naturally?

Yes. A 'membrane sweep' is the first step to try and encourage labour to start and it is recommended prior to induction. This can be done by a midwife or a doctor at home, at an antenatal appointment or in hospital. It can reduce the need for other induction methods. A membrane sweep can be offered from 38 weeks if your baby is in the right position.

If you are offered IOL for a medical reason, or if we know that your baby is likely to need admission to the neonatal unit, the Doctor caring for you will discuss this with you and advise on the timing of your sweep. An additional sweep can be offered after 72 hours if labour does not start.

Membrane sweeping involves a vaginal examination whereby your midwife places a finger inside your cervix (also known as the neck of your womb) and makes a circular, sweeping movement to separate the membranes (or waters) from the cervix.



Are there any side effects from having a membrane sweep?

A sweep may cause some discomfort and sometimes slight bleeding. A sweep will not cause harm to you, or your baby and it does not increase your chances of infection. If you are concerned about any blood loss, we have a 24-hour telephone triage that you can access for help and advice (See contact details on page 1). After a sweep, we will offer to listen to your baby's heartbeat and remind you to continue to make sure your baby is still active, and you are happy with your baby's movements.

What preparations do I need to make before coming in for my IOL?

We advise you to plan for your induction to take anywhere from 1 to 3 days. This is because whilst we know that each individual's body will respond slightly differently, and you will be offered the right care for you depending on how your body responds to the induction process. Bringing with you books, magazines, snacks, drinks can help. We will need to prioritise women accordingly to their clinical need and the clinical need of their baby. This means that sometimes you may have a delay in either starting or continuing your IOL journey. We will keep you informed of any delays encountered but please bear in mind that induction can be a lengthy process.

What about my birth partner during induction of labour?

Your birth partner may remain with you during the whole process of induction. However, it may be helpful for them to get some rest prior to active labour which is likely to be at least 24 hours into the process. There will be a recliner chair provided at your bedside for their comfort. Unfortunately, we do not have facilities for partners to wash or shower in the hospital and we cannot provide free meals. You may decide that it is more comfortable for your partner to return home during this early stage of induction. If you start having labour pains in the night you are welcome to ring your birth partner to come and support you. In the meantime, your midwife will check both you and the baby and provide any pain relief you may require.

Can I decide not to be induced?

Yes, it is your choice to decline induction. If you decide against being induced, we may offer you additional checks for you and your baby. A plan will be put in place for the remainder of your pregnancy. This will depend on the reasons for IOL being offered and any other factors which might impact your individual situation. Monitoring and using scans do not help predict or avoid problems that might happen suddenly and none of these tests can accurately predict whether your baby is more or less likely to have a stillbirth in the future but can help to tell you how your baby is at the time of the scan or test.

What happens on the day of my induction?

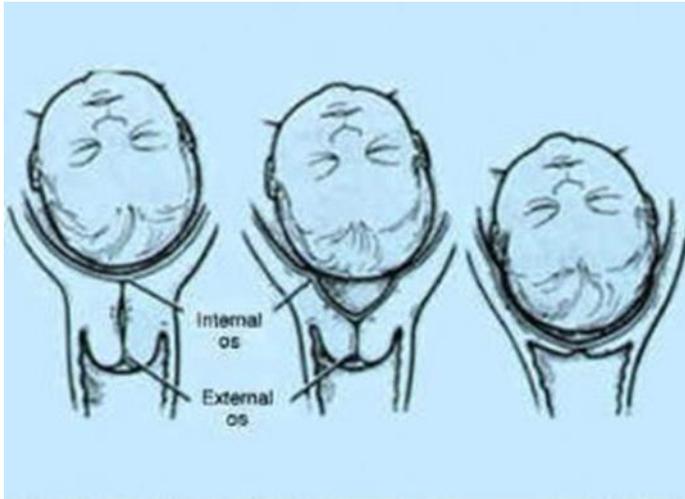
Before arriving on the day, we ask that you ring first, as sometimes if there is not a bed available straight away, we will take a contact number and telephone you later in the day. Occasionally, we may have to postpone your induction until the following day. In this instance we will offer to provide a full assessment to make sure we keep you and your baby safe.

On arrival for induction

On arrival, you will be welcomed by a member of staff and shown to the induction of labour suite. The midwife caring for you will explain what will happen and you will be shown the information video and asked to sign a consent form if you have not already signed when attending the maternity assessment unit of the postdates clinic. There will be time for you to ask questions that you or your partner may have. The wellbeing of both you and your baby will be checked. This will involve taking your blood pressure, pulse, temperature, feeling the

position of the baby (we may use a small ultrasound scan machine) and monitoring the baby's heartbeat.

You will need to have an internal vaginal examination so that the midwife can assess the neck of the womb (cervix). In pregnancy, the cervix is about 3cm long and quite firm. Before we can start the active part of your induction, the cervix must change so that it feels thin and soft (sometimes called ripening). The cervix is ready for labour when it is thin and soft. We score the cervix on how ready it is for labour. This is called a Bishops Score.



Induction of labour is a medical intervention which aims to start labour. Induction is a “stepped” approach.

The first step is to ripen the cervix (neck of the womb)

The second step is to release the bag of waters around your baby. (often called “breaking the water”)

If you are not contracting regularly the next step is to begin a hormone drip to stimulate your uterus to contract.

The ways in which your labour is induced – **First step**

Pharmacological (Hormone drugs) or mechanical methods of induction

Mechanical (non-pharmacological)

Cooks cervical Ripening Balloon (CRB)

Foley's Catheter

These balloons are soft, flexible tubes that sit comfortably inside your cervix causing it to soften and open enough to allow us to break your waters once it is removed.

The balloon will remain in place for approximately 12-18 hours.

You may be able to go home during this time after discussion with your doctor and midwife

Pharmacological (hormone drugs)

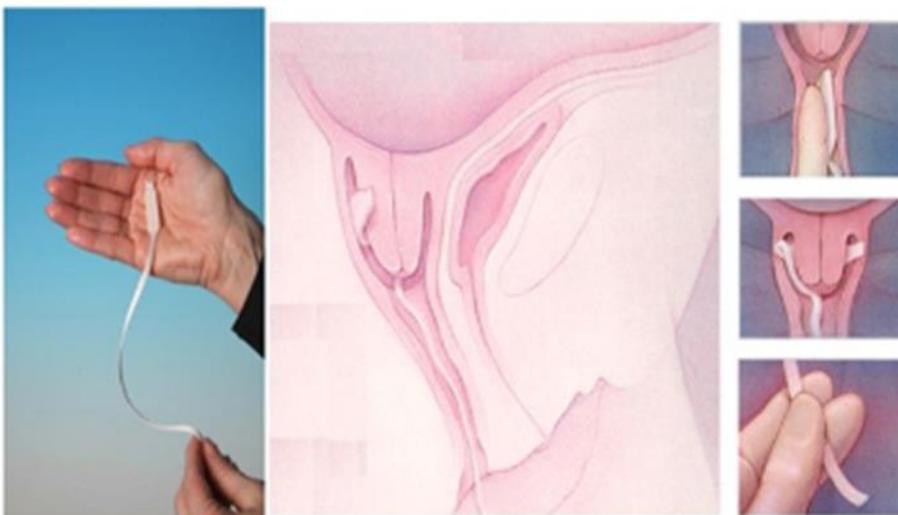
Proress: vaginal pessary which releases hormones to ripen the cervix. This stays in place for 24 hours, during this time you may have contractions

Prostin: A gel that is put into the vagina every 6 hours

Pharmacological (Hormonal) Methods of Induction

Propess pessary:

A vaginal examination is needed to place prostaglandin in the form of a pessary close to the neck of the womb.



The pessary will release a small amount of the hormone each hour into the cervix to encourage it to soften and thin. The pessary will stay in place for 24 hours and we will monitor both you and the baby every 6 hours during this time. We will ask that you inform your midwife if:

- You start to have any pains
- Your waters break
- You have any bleeding
- You are concerned that your baby isn't moving around normally.

During this first 24 hours, you are welcome to move around off the ward and we advise that you eat and drink regularly. This will help provide you with the energy and hydration required the following day for labour.

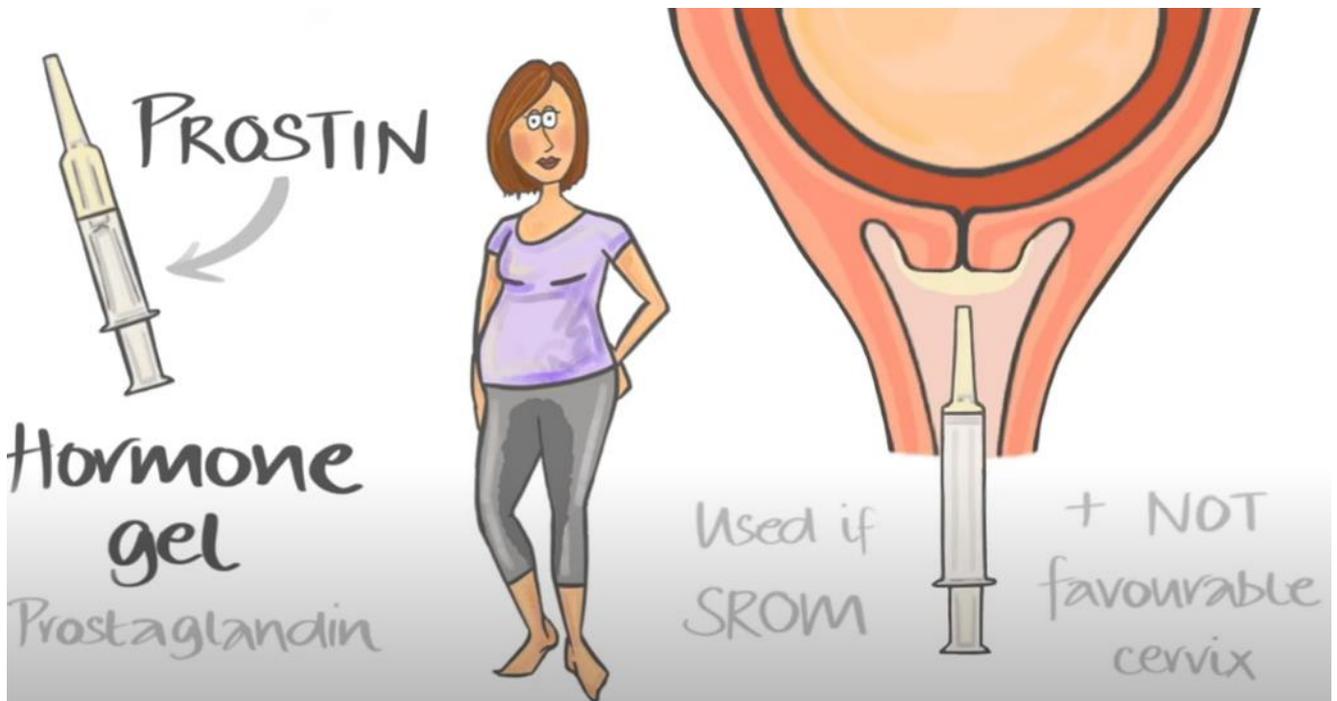
If the pessary falls out, please let your midwife know.

Occasionally, the cervix takes less time to ripen and the pessary can be removed earlier. If this happens, we will transfer you to Delivery Suite at the next available time so that you can continue with your induction.

A very small number of those undertaking induction will have very frequent contractions and will need to have the Propress removed before 24 hours. This is called hyperstimulation and has the potential to cause adverse effects for you and your baby. You may also require another medication called Terbutaline, given as an injection, to stop contractions.

Prostin gel:

Prostin gel is a prostaglandin gel which is sometimes used when your membranes have ruptured ("waters have gone") and your cervix remains "unfavourable". Meaning not soft or effaced.



Prostin Gel is inserted into your vaginal and around your cervix with the aim of softening and effacing the cervix. Its effects are noted after 6 hours.

Prostin Gel can also be used when you have already had the propess suppository in place for 24 hours and your cervix remains unfavourable, and we are unable to break your waters.

Mechanical (Non-Pharmacological) Method of Induction

Cooks Balloon or Foley Catheter – cervical ripening balloon (CRB)

There is a choice to have a non-pharmaceutical induction of labour and sometimes this is recommended. This is usually because there is a history of a previous birth by caesarean section, previous history of surgery on your uterus or sometimes if you have had 4 or more babies born. This will be discussed with you prior to attending for your induction with your consultant obstetrician or midwife.

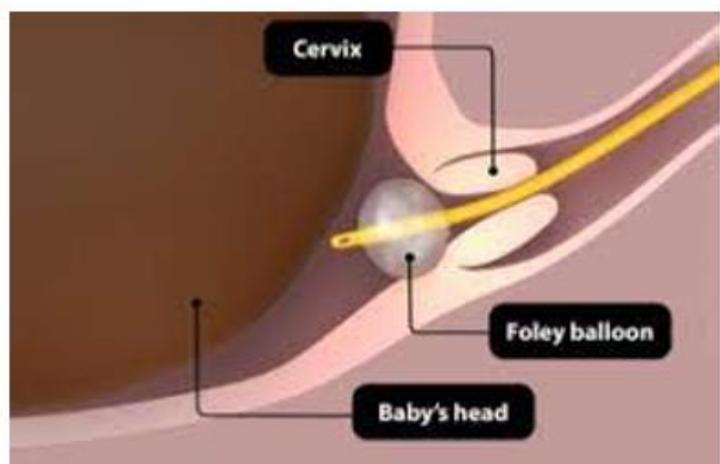
What is Induction of labour with a CRB? Induction of labour (IOL) is a process used to safely start labour artificially. On admission the balloon is inserted into the cervical canal during an internal examination by the Doctor or Midwife.

There are 2 types of cervical ripening balloons. The Cook's catheter and the Foley's catheter. When the Cook's catheter is used the first of the two balloons (balloon 1) is inflated with a safe liquid called 'normal saline' on the uterine side of the cervix and the second (balloon 2) is then inflated in the vaginal side of the cervix. Similarly, when the Foley's catheter is inserted into the cervical canal during vaginal examination, once in place the balloon will be inflated the uterine side of the cervix. See image below.

Cooks Catheter (CRB)



Foley's Catheter (CRB)



The two balloons of the Cook's catheter or the singular balloon of the Foley's catheter then adapt to the contour of the cervical canal to minimise discomfort. When the CRB is removed, the cervix will be assessed for dilatation (opening of the cervix) and based on the findings a plan will be made with you regarding the next stage of the induction of labour.

The CRB is made to naturally and gradually dilate the cervix and help start labour. Ripening and dilation works by the balloon's or balloons' gentle and constant pressure. This allows pressure from the balloon to ripen the cervix.

As the CRB does NOT contain any medication, it reduces the risk of side effects. Once inserted the CRB will usually stay there for 12-18 hours. It can be easily removed should it need to be taken out before this time.

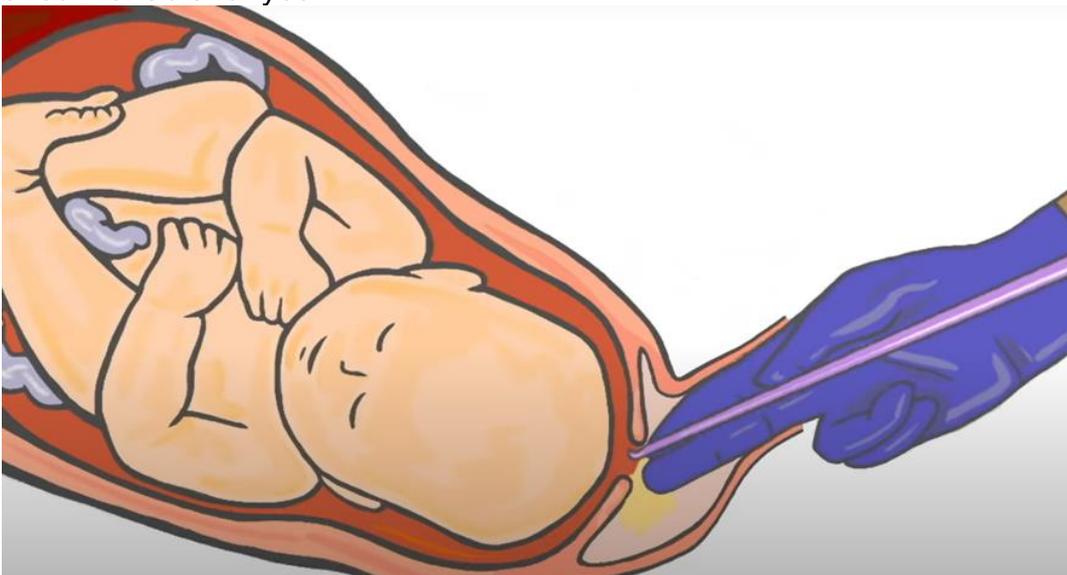
What are the benefits of the CRB?

The CRB safely softens and opens the cervix without the use of medications, and therefore reduces potential side effects. The silicone balloon adapts to the individual shape of the cervical canal. The balloon is easily inserted and removed.

What happens 12 hours after the CRB is inserted? The CRB will be deflated before being removed. Another internal assessment will be undertaken to assess if your waters can be broken. When a delivery bed becomes available you will be transferred for your waters to be broken. Another internal examination maybe required by a midwife or doctor if your waters cannot be broken, and the findings and plan of care will be discussed with you. You may at this time, be offered the **Prostin Gel** or a caesarean section following a discussion between you and a doctor.

Breaking your waters – Amniotomy – **Second Step**

Once your cervix is thin and soft enough, we will start the active part of your labour. This will involve transferring you to Delivery Suite, where you will have your own room and midwife. Breaking your waters will encourage your body to produce a hormone called oxytocin. This will help to bring on stronger contractions that will dilate the cervix. To have your waters broken, you will need to have a vaginal examination and a slim hook will be used to make a hole in the bag of waters. This will not harm your baby, but it maybe uncomfortable for you.



Using the Oxytocin hormone drip (Syntocinon)

Oxytocin hormone drip may be started if you have not started with any contractions or there are no signs that your cervix has started to dilate. If you have already had a baby following a vaginal birth, it may be appropriate to allow 2-4 hours to see if labour establishes, depending on your wishes.

Oxytocin is a hormone which aids contractions which will be commenced after your waters have been broken. It is given through a drip and carefully regulated to make sure you have the right frequency of contractions until the birth of your baby. The drip can be turned up or down depending on how your body responds. Breaking the waters and the hormone drip takes place on Delivery Suite where you will receive one to one care by a midwife. It is important that we have continuous monitoring of your baby's heartbeat during this phase of the induction. The pattern of your baby's heartbeat over a long period of time gives a reliable reflection of how well your baby is coping with labour.

Unfortunately, there are times when this transfer may need to be delayed if the hospital is very busy. We are not always able to provide you with a timeframe for transferring to Delivery Suite, which we understand can be upsetting. If a delay in transfer is likely we will continue to provide care and support on the Induction Suite. The decision on when we can transfer you to Delivery suite to have your waters broken and hormone drip started will be the decision of the Delivery Suite Co-ordinator. This will be when she is certain that one to one care can be provided for you and your baby. This is essential to keep you and your baby safe.

Going home with the pessary – Outpatient IOL.

There are some situations where we would be happy for you to return home after you have attended for the initial monitoring and had the pessary (Propess) inserted or CRB inserted. Outpatient IOL can be considered for women:

- Who are over their due date (Up to 41 weeks and 6 days).
- BMI equal to or less than 40.
- Less than 40 years of age.
- Live within a 12 mile radius of the hospital.
- Pelvic girdle pain (PGP) or symphysis pubic dysfunction (SPD)
- Gestational diabetes (providing no medication has been used in the pregnancy to control blood sugar)
- Previous complications with the birth (heavy bleeding during the last birth for example)
- Once the midwife has given Propess you will be able to return home for 24 hours. If you have had the CRB inserted you will be able to return home for 12 hours. At the end of this time you return to Induction Suite, Propess or CRB is removed, and you wait with us for a place on Delivery Suite for the next part of the process.

Please return to Induction Suite at any time over the 24 hours if:

- You are contracting frequently
- You have pain that is not controlled with paracetamol
- You have concerns about baby's movements
- You have any bleeding
- You think your waters have broken.

- If you are having an Outpatient induction and labour starts following Propess, you will probably be suitable for birth on our Midwifery Led Unit following a discussion with a consultant obstetrician or senior doctor.



What are the benefits of IOL?

You have some predictability of when your baby is likely to be born (1-3 days after the date planned for your IOL).

We only offer IOL if we feel that it is safer for either the health of yourself or your baby.

IOL often results in a vaginal birth which means that your recovery period is likely to be quicker than the recovery period for caesarean section.

Vaginal birth increase you chance of future vaginal deliveries.

What are the risks of IOL?

We know that induction of labour is often more painful than spontaneous birth. As a result of this women are found to be more likely to have an epidural once in established labour. Women who have an epidural are slightly more likely to need help birthing their baby. This may be a ventouse or forceps birth.

Occasionally, you can contract too often during the IOL process (this is called tachysystole). This may cause changes to your baby's heartrate pattern (hyperstimulation) or make it difficult for you to cope with the pain. We sometimes offer a small injection to slow the contractions down in these circumstances.

Sometimes, even with regular contractions your cervix does not dilate. The only option to birth your baby in these circumstances would be to offer you a caesarean section.

Usually, reactions from the pessary are very minor, but sometimes women can experience vaginal soreness.

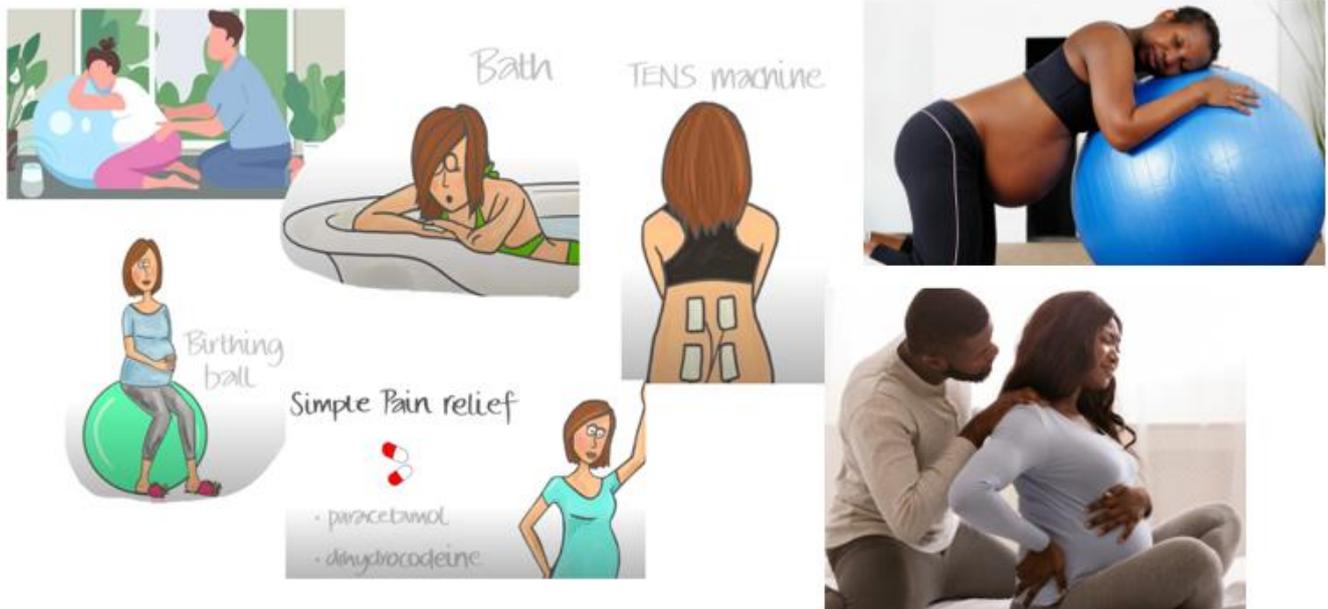
Analgesia or pain relief during the induction of labour process

Speak to your midwives for more information about your options.

Whilst in the induction of labour area you have several options:

Many people like to start with:

1. Distraction techniques, aromatherapy, birth ball and moving around
2. Water (There is a bath and showers available to you in the induction areas)
3. TENS
4. Paracetamol tablets
5. Dihydrocodeine tablets



Once you have moved to the labour ward area to continue with the next step of your induction you have other pain relief options available to you:

Entonox - "Gas and air"



Epidural



Diamorphine injection

While in the Induction Suite we can give

- Paracetamol and dihydrocodeine tablets 4-6 hourly for pain relief. Please ask the midwife looking after you for pain relief instead of taking it yourself as we need to monitor the amount of medication you receive as well as your pain levels.
- Diamorphine, Entonox (gas and air) and epidural are available on Delivery Suite.

Please visit www.labourpains.com and look for the pain relief comparison card for more details.

[Labour Pains - Information on pain relief choices during labour](#)

IOL bag list:

Toiletries, clothing and underwear for 3-4 days

Sanitary pads

Your usual medication

Blood Glucose monitor and strips for up to 4 days if Gestational Diabetic Mother (GDM), Type 2 Diabetic or Type 1 Diabetic

Eye masks

Ear Plugs

Entertainment: eg: magazines, books, tablet or PC, phone, phone chargers, headphones or ear pods etc.

A Bluetooth speaker for the delivery suite (when you have been transferred to your own room

High energy snacks

Soft drinks (not containing caffeine)

Pillows

TENS machine if wishing to use

This leaflet can be changed into different languages and formats using the tools on the website. Please note when translating information into different languages via the website, some information may need clarifying for accuracy with a member of staff. This leaflet can be formally translated on request via our Patient Experience Team, although response times to have information translated can vary. To request formal translation services or if you would like to make any suggestions or comments about the content of this leaflet, please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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