

NHS Forth Valley

Induction of Labour

Patient Information Leaflet

A large, stylized blue wave graphic that spans the bottom of the page, starting from the left edge and curving upwards towards the right.

The date of your induction is

This will take place in Forth Valley Royal Hospital.

You have been given a date to come into hospital for induction of your labour. This leaflet aims to answer some of the questions you may have about what this involves.

If you have any other questions please contact a midwife in Triage 01324 567098.

What is induction of labour?

In most pregnancies, labour starts naturally between 37 and 42 weeks. Induction of labour is a process that is designed to start the labour process artificially. All methods of induction of labour aim to soften and open the cervix to enable the waters around the baby to be broken to stimulate uterine contractions.

Why you might be offered induction?

The most common reason for induction of labour is when your baby is overdue. Induction is usually recommended by 42 weeks gestation as after this time the placenta may become less efficient and make complications more likely in some babies (NICE 2008). If your pregnancy has been normal we offer induction between 10 and 14 days after your due date.

Induction is sometimes offered for other reasons such as raised blood pressure or if it is thought your baby is small. If it is felt that you or your baby's health is likely to benefit, the Doctor may recommend induction of labour earlier.

The specific reason for your induction of labour will be discussed with you by your doctor or midwife.

If you are offered induction

When induction of labour is being considered your team Midwife or Doctor will discuss your options with you before any decision is reached. This should include explaining the options, the procedure, the care that will be involved, and any risks to you and your baby. If you choose not to go ahead with induction, your Midwife or Doctor will discuss your care options with you.

If you decide to have your labour induced your team Midwife will arrange a date with you for admission to antenatal/postnatal ward. This date will depend on availability as only a certain amount of inductions can be safely carried out each day.

On occasions, if the ward and or the Unit is very busy, your induction may need to be delayed – if this happens you will be given a full explanation as to the reason and you may be asked to return later that day or the following day.

Where will I be induced?

You will be given an appointment to go to Forth Valley Royal Hospital. You should have your breakfast before you come to the ward and we also advise you to eat and drink normally whilst on the ward.

Your partner is welcome to stay with you during the day but will be asked to go home at 9pm if you are not in labour. If labour does start during the night your partner can be called to be with you in the labour ward.

Why might my induction be postponed or delayed?

Midwives and doctors understand that, when your IOL is either postponed in the first place or delayed whilst you are in hospital, that you will be very upset. However, the safety of you and your baby is paramount and a delay may be the safest option. Your induction of labour will be postponed if:

- The workload on Delivery Suite means there is no midwife available to care for you at the time.
- The midwives and doctors have to prioritise mothers and babies for induction of labour, and another mother may have a greater need at the time than you.

How is labour induced?

Listed below are the ways your labour may be induced. The method chosen depends upon your individual circumstances and how 'favourable' your cervix is. A favourable or ripe cervix is when it has become softer and thinner; an unfavourable or unripe cervix is where it is firm, closed and long.

You may be offered, or you may require, one or all of these methods to induce your labour:

- Prostaglandin medicine – either as a vaginal pessary or gel.
- Insertion of a Balloon Catheter into the womb through your vagina.
- Breaking the bag of waters around the baby (artificial rupture of membranes).
- Oxytocin drip.

A Midwife or a Doctor will perform an internal vaginal examination to assess the cervix; this helps us decide which method of induction is best for you.

Priming the cervix

● Pessary or gel prostaglandins

Prostaglandins are drugs that act like the natural hormones that "triggers off" labour and are used to "prime" the cervix. This process makes the cervix softer and shorter, preparing it for induction of labour. Prostaglandins are inserted into the vagina as a gel or a pessary. This method of induction requires you to remain in hospital.

● Balloon Catheter

This is a soft balloon which is inserted through the cervix to stimulate the release of your own hormones to prime the cervix.

What are the risks associated with prostaglandins?

Prostaglandins are very safe. Serious side effects from the drugs used are very rare. Some women develop 'prostin' contractions, which can be

painful, and may cause diarrhoea. Occasionally some women develop a prolonged contraction which can affect the baby's heart beat. For this reason we will monitor your baby's heart beat continuously for about 20 minutes before, and 60 minutes after, you have been given the Prostaglandin and again if you start having regular painful contractions or if your waters break.

Prostaglandin pessary

A slow releasing prostaglandin pessary which stays in place for 24 hours is given when the cervix is found to be less favourable. Occasionally the pessary will fall out. If this happens please alert a midwife so that you can be reassessed and it can be reinserted if necessary.

Prostaglandin gel

Prostaglandin gel is given when the cervix is more favourable. Sometimes just one dose is required, but many women require more with second or 3rd doses given 6 hours apart. Some women will require further gel the next day.

If your labour has not started after the first day with either the gel or pessary a Doctor or a Midwife will examine you internally the next morning. You may need more prostaglandins or it may be possible to break your waters.

How long will it take my labour to start after 'priming'?

Some women will go into labour with prostaglandins alone but it is more common to then move on to the next step. Labour will be induced as described in the next section once the cervix is favourable.

If your labour has not started by the third day a Doctor will come and review you and your baby and discuss your care; you may be given the choice to have a day at home to rest. Occasionally, your induction may last for up to 4-5 days. A Doctor will review you and your baby's progress daily.

Balloon catheter

There are two different types of balloon catheter that we can use to help induce your labour. In some circumstances you can go home for a few hours after the balloon has been inserted in to await labour.

What is a Cooks® balloon catheter?

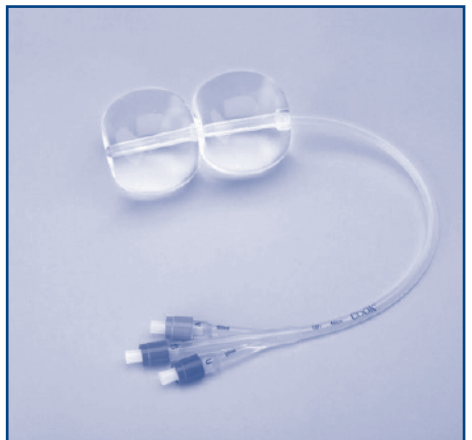
It is a soft silicone tube which has two inflatable balloons at the end. The balloons are inserted on either side of your cervix and inflated with a fluid called saline, and deflated before removal.

What is a Foley balloon catheter?

A Foley catheter is most commonly inserted into the bladder to drain urine. It has a single balloon and when used for induction of labour is inserted through the neck of the womb before being inflated with fluid.

Who is balloon induction suitable for?

Balloon induction is can be used in many women for induction of labour. It is mainly used for women that have previously had a caesarean section and are now aiming for a vaginal birth. In this situation you would remain in hospital until the birth of your baby. It is also used for low risk women who wish to go home after insertion of the catheter before returning for induction. However, it may also be used in women who have not responded to or cannot proceed with other methods of induction of labour.



How does balloon induction work?

The purpose of the balloon catheter is to encourage the cervix to dilate and help start labour. This method has minimal side effects and does not need you to be monitored as closely compared to other induction methods.

The gentle and constant pressure from the balloons on your cervix releases a natural hormone called prostaglandin. The prostaglandin causes the cervix to become shorter and softer (ripening). This prepares the cervix for labour and allows your midwife or doctor to break your waters.

Sometimes, the release of hormones is enough to trigger your waters to break naturally and for labour to begin.

How is the balloon catheter fitted?

On arrival to the hospital you will be seen by a midwife who will discuss the procedure and answer any questions you have. Your baby's heart will be monitored using a cardiotocograph (CTG). You will then be asked for your consent to perform a vaginal examination in preparation for the balloon to be inserted. If after the examination it is decided it will be possible to break your waters, you will go home and be asked to attend the labour ward the following day.

If it is not possible to break your waters, with your consent, the balloon catheter will be inserted. The first of the two balloons on a Cook's® catheter or the single balloon on a Foley catheter will be inserted through your cervix and inflated with fluid. The second balloon is then inflated in the vaginal side of the cervix. The external end of either catheter will be taped to your inner thigh. Depending on the reason for your induction of labour, some women will go home with the balloon in place and return at 6am the next morning, however there may be the need to stay in hospital while the balloon is in place.



How long does it take?

The balloon catheter is kept in place for 12-24 hours. It then either drops out of the cervix or is removed and the cervix is reassessed with the aim of breaking your waters.

However, if labour begins while the balloon is still in place, the balloon will either be taken out by your midwife or fall out.

Are there any risks or complications?

Balloon catheters are considered a safe first line choice for inducing your labour; they do not use artificial hormones unlike other methods.

There may be a very small risk of infection that could travel to your baby, but this risk is present with any vaginal procedure.

During insertion of the balloon you may experience some discomfort but it should not be painful.

How successful is the cervical balloon?

In the majority of women, the balloon catheter is very successful in the ripening of your cervix to allow health care professionals to break your waters.

What if the balloon doesn't work?

If the cervix is not dilated enough to insert the balloon or the balloon doesn't soften the cervix enough for your waters to be broken, prostaglandins (artificial hormones) may be offered or a caesarean section may be necessary. However, your Doctor will discuss this with you to ensure you are fully informed of all the options available before making a decision.

Why do we use the cervical balloon and not the prostaglandin pessary or gel?

Balloon catheters are a mechanical method of induction, whereas prostaglandin pessaries are artificial hormones. Artificial hormones can

cause the womb to over contract and potentially cause problems to both you and/or your baby. Prostaglandins therefore may not be suitable for all women, especially if you have had a caesarean section in the past. Due to the risk of over contracting, women induced with prostaglandins will require monitoring throughout the induction process. In comparison, women who have the balloon catheter inserted may be allowed home as no routine monitoring is required. This would allow you more time at home with your partner (and children). Your doctor or midwife will discuss this with you.

Information for women going home with cervical balloon

During your time at home, you can do things as normal, for example, showering, bathing or walking.

You should however avoid sexual intercourse.

You should ring for advice promptly if you experience:

- Vaginal bleeding.
- Painful contractions.
- If the balloon catheter falls out.
- You have difficulty passing urine.
- You have any concerns about baby's movement.
- Your waters break.
- You feel unwell or feverish.

What might I expect to feel?

After the gel/pessary/balloon is inserted you may experience some crampy like 'period' pains, backache and sometimes you may feel a burning sensation in your vagina. You may occasionally feel discomfort at the top of your thighs – this is known as effacement pain (cervix shortening).

Please discuss any concerns or symptoms with your midwife. The midwife will check on you and your baby's wellbeing regularly.

What can I do to help the discomfort?

- Some women find that walking around eases their discomfort; this can also help to get your labour established.
- Do you remember the relaxation and breathing methods you practised in your parentcraft classes? Do not worry if you do not know or remember, the Midwife will tell you about them.
- We can give you a 'hot pack' to help relieve any backache you may have; your partner could also massage your back for you.
- If you have a TENS machine you could use it to help relieve any discomfort.
- You could also try a bath or shower – ask the Midwife.
- We can also give you pain relieving tablets if you wish, for example Paracetamol.

Induction of labour

● Breaking the waters to induce labour

This is performed by a Midwife or a Doctor during an internal examination. This is usually no more uncomfortable than any other internal examination. A small instrument called an amnihook is used to nick the membranes in front of the baby's head - it looks very much like a crochet hook. This is also called artificial rupture of the membranes (ARM).

As this procedure requires your cervix to have started to dilate, it is usually only performed in women who have given birth to a baby before or as in a second step in women who have already had prostaglandin or a balloon.

If your contractions do not start spontaneously, we will recommend you have a drug called syntocinon via a drip (see below). Sometimes we will recommend that the syntocinon drip be started as soon as the waters have been broken (this is usual with a first baby).

● Syntocinon (oxytocin) drip to induce labour

Oxytocin is a drug that is given through a drip into your blood stream. This makes your uterus contract. The rate of the drip is increased until you are having regular strong contractions. It continues until after your baby is

born. Whilst having the drip your baby's heart rate will be continuously monitored. Your ability to walk around will be limited by the drip and monitor although you may choose to stand up, sit in a chair or on a birthing ball. Your waters need to be broken before oxytocin can be used.

When will I go to the labour ward?

- When your labour establishes (regular, rhythmic painful contractions accompanied by shortening and dilatation of your cervix).
- If your 'waters' can be broken, or if your 'waters' break naturally during your induction.
- If we have any concerns regarding you or your baby following induction your labour should continue as usual.

Following induction your labour should continue as usual.

If induction doesn't work

Your Midwife and Doctor will discuss this with you, and check on you and your baby. Depending on your wishes and circumstances, you will usually be offered another attempt at induction of labour, possibly using one of the other methods in this leaflet. If this still fails to get you into labour, caesarean section maybe offered. In addition, if labour does not progress after ARM and a syntocinon drip, you may also be offered a caesarean section.

We hope this leaflet will answer some of the questions you may have, but do not hesitate to speak to a Midwife or a Doctor.

Reference: National Institute for Health and Care Excellence (NICE) 2008 *Induction of Labour* Royal College of Obstetricians and Gynaecologists Press.

We are happy to consider requests for this publication in other languages or formats such as large print. Please call **01324 590886 (9-5)** to arrange this or email fv.disabilitydepartment@nhs.scot

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If you can't go let us know!

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

Smoking is not permitted anywhere on our hospital grounds and it is now an offence to smoke within 15 metres of a hospital building. This can result in a fixed penalty notice of £50 or a fine of up to £1,000.



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