

# INDUCTION OF LABOUR

## Information Leaflet

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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

## WHAT IS THIS LEAFLET ABOUT?

This leaflet will give you more information about the induction of labour process.

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## WHAT IS INDUCTION OF LABOUR?

In most pregnancies, labour starts naturally between 37 and 42 weeks leading to the birth of your baby. Induction of labour is the process of starting your labour artificially. Around 30% of women have their labour induced in Wales (Maternity and Birth Statistics, 2021).

## WHY AM I BEING OFFERED AN INDUCTION?

Induction of labour is offered when it is felt that the health of you or your baby would benefit from your baby being born. There are three main reasons for this:

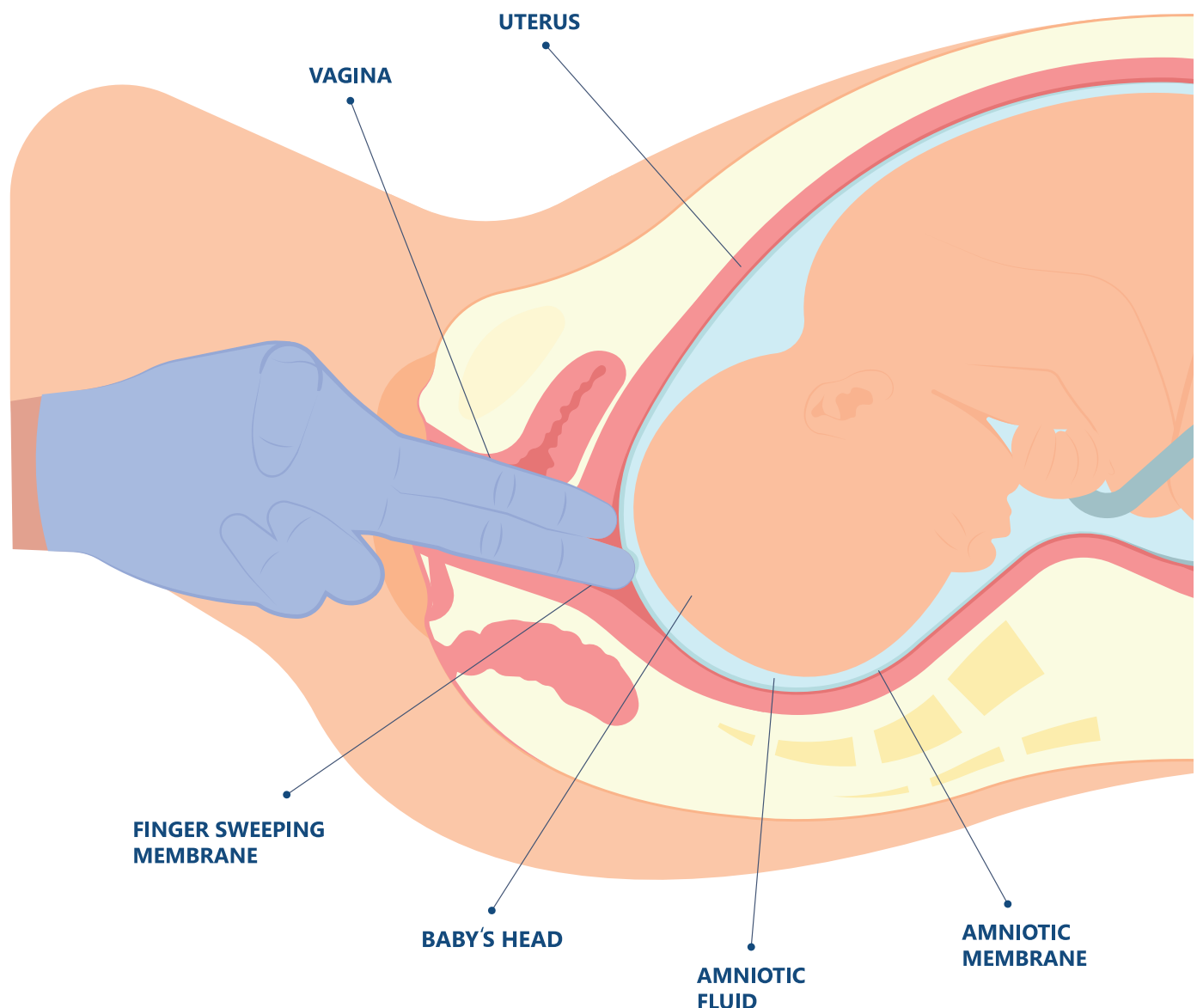
- » Prolonged pregnancy – there is a very small increase in the chance of stillbirth after 42 weeks. You will be offered induction from 10 days past your due date.
- » Pre-labour rupture of membranes – if spontaneous labour does not start within 24 hours of your 'waters breaking', you will be offered induction to reduce the chance of infection
- » Medical concerns – if a medical issue could affect you or your baby's wellbeing. Some medical conditions may worsen if the pregnancy continues to progress

## CAN MY LABOUR BE ENCOURAGED TO START NATURALLY?

Yes. You may be offered a membrane sweep prior to your induction. We offer membrane sweeps from 39 weeks in Cardiff and Vale.

A membrane sweep is an internal examination by a midwife or doctor. The examining finger passes through the opening of the cervix (neck of the womb) and performs a 'sweeping' motion around the baby's head. This pushes the membranes away from the cervix and helps the release of prostaglandin hormones which may cause contractions.

The examination may be uncomfortable and you may have some sticky vaginal loss called 'show'. If you have any fresh bleeding, you should contact the Obstetric Assessment Unit.



## **WHAT HAPPENS ON THE DAY OF MY INDUCTION**

A midwife from the induction ward will call to arrange your appointment slot. Please come to the induction ward at the time you are given. The ward is a 9-bedded bay on First Floor North at the University Hospital of Wales that cares for women undergoing induction of labour.

### **PLEASE REMEMBER TO BRING YOUR GREEN MATERNITY NOTES.**

On arrival, you will be greeted by the midwife who is going to care for you. She will explain the induction process and answer any questions you may have. The midwife will perform a full antenatal check of you and your baby. Your baby will be monitored using a CTG (cardiotocograph) which is a paper recording of the baby's heartbeat.

You will be offered a vaginal examination to see if your cervix is soft, dilated and ready for your waters to be broken (Artificial Rupture of Membranes or ARM).

### **PLEASE NOTE THAT IF THE MATERNITY UNIT IS BUSY, WE MAY RESCHEDULE YOUR INDUCTION FOR ANOTHER DAY.**

# HOW WILL MY LABOUR BE INDUCED?

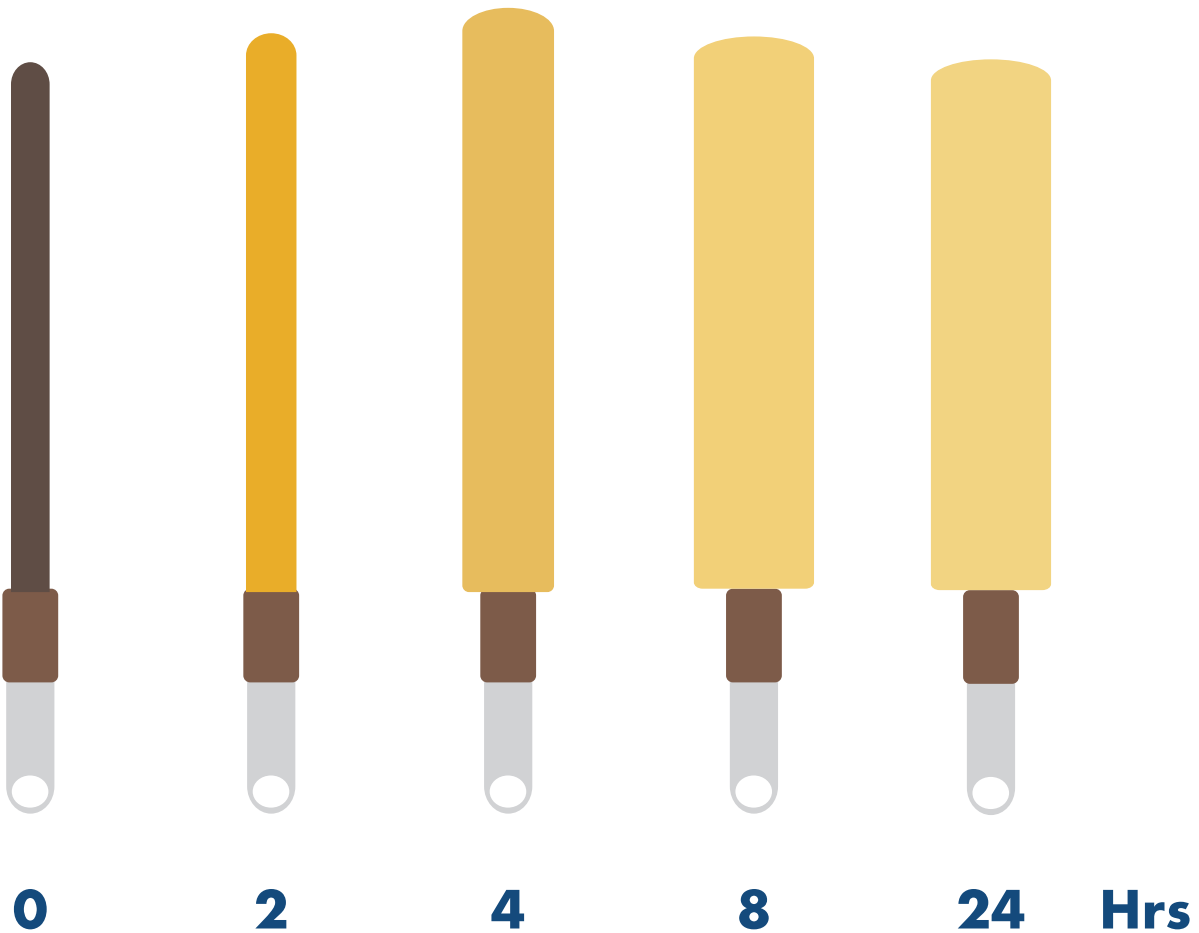
There are 4 different methods we can use to induce your labour:

## 1. DILAPAN

Dilapan-S is a small dilator which helps to soften and open your cervix. It doesn't use any hormones and may be recommended if you have a small baby or have previously had a Caesarean birth.

A speculum is used (like a smear test) to open the walls of the vagina and up to 5 Dilapan will be placed inside the cervix. The dilators expand in size to open the cervix and help the release of natural prostaglandin hormones which soften the cervix.

After 15 hours, the midwife will gently remove the Dilapan and check to see if the waters can be broken. If this isn't possible, you may be offered further medication.



## 2. VAGINAL PROSTAGLANDINS

Prostaglandins are hormones which are naturally produced by the body and help to start labour. We use 2 different types of artificial prostaglandins to induce labour.

### **Propess:**

A pessary inserted into the vagina behind the cervix. It is attached to tape so it is easy to remove. It slowly releases hormones over 24 hours but may be removed if labour starts or your waters break.

After 24 hours, the midwife will remove Propess and see if your waters can be broken. If this isn't possible, you may be offered further medication.

### **Prostin:**

A gel inserted into the vagina behind the cervix using an applicator. The gel is absorbed by the cervix and doesn't need to be removed by the midwife. It releases hormones over 6 hours and is stronger than propess.

You may need multiple doses of gel – up to 3 doses can be given in total. If you are being induced because your waters have already broken, you will only be given 1 dose of Prostin.

You will be asked to stay on the bed for 1 hour after you have been given a prostaglandin so that the midwife can monitor the baby's heartbeat.

### **CAN I BE INDUCED AT HOME?**

Yes. Depending on your initial assessment by the midwife, you may be suitable to go home after your induction. This is known as outpatient induction and can only be offered if you have Dilapan or Propess pessary.

**If labour has not started within 24 hours, it is recommended that you return to the hospital to continue the induction process.**

**The benefits of outpatient induction include:**

- » A reduction in the length of time you spend in hospital before giving birth
- » Encourages the release of natural oxytocin in your body whilst in your own familiar surroundings
- » Allows you to spend more time with family and friends in your own home environment, which can make you more relaxed

**If you do go home after your induction, you should call the hospital if:**



**You are worried about your baby's movements.**



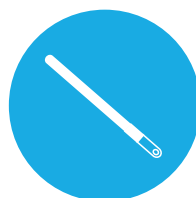
**You have any vaginal loss such as fresh bleeding, clear fluid or coloured fluid (green or brown).**



**You are experiencing strong, regular contractions OR constant abdominal pain.**



**You feel that you need pain relief**



**The Dilapan or Propess pessary falls out**

**PLEASE ASK YOUR MIDWIFE IF YOU WOULD BE SUITABLE FOR OUTPATIENT INDUCTION.**

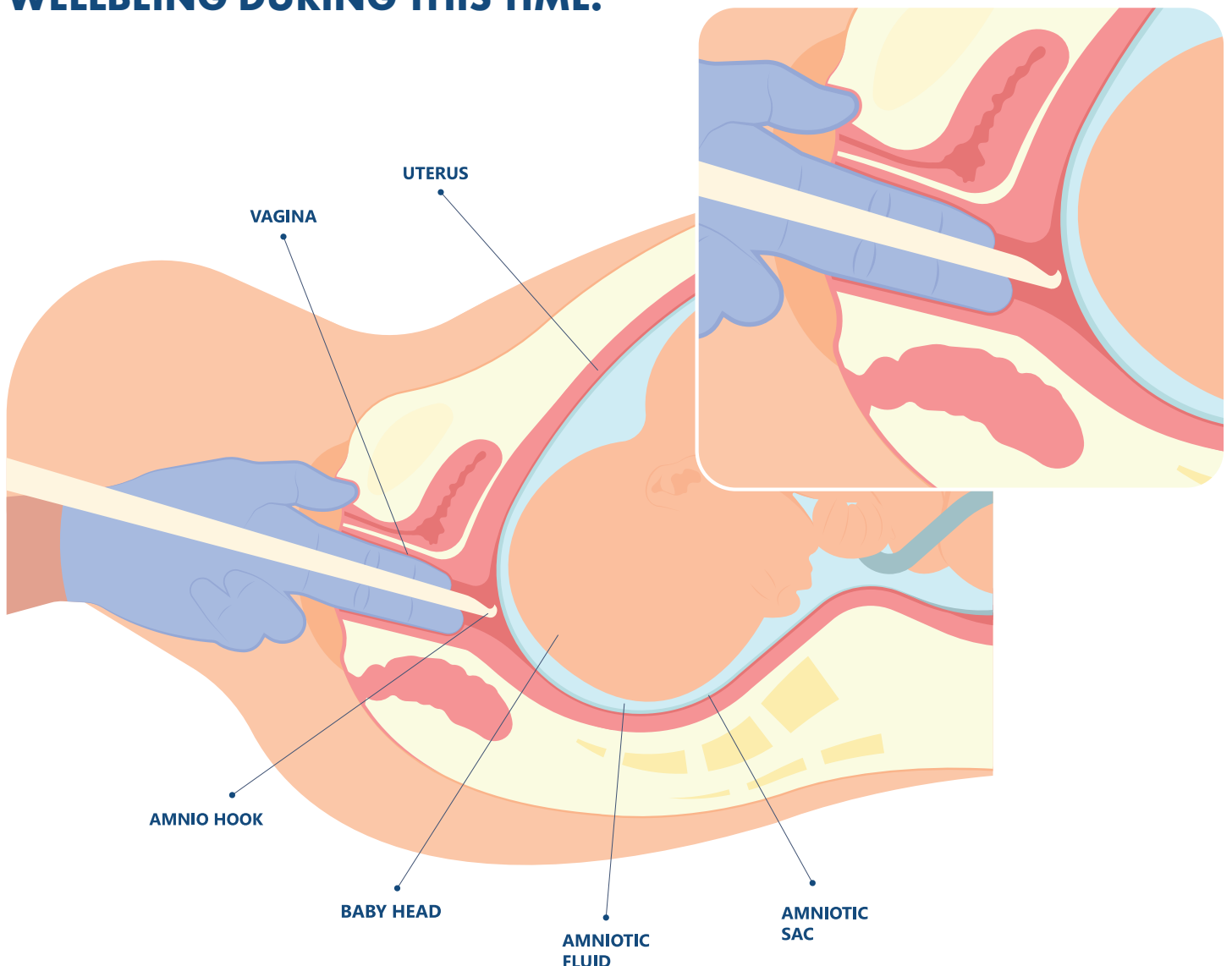
### 3. BREAKING YOUR WATERS

Once the cervix is soft and 2-3cm dilated, the midwife will offer to break your waters. The procedure is carried out using an amnihook which is a small plastic hook. This can be done on induction ward or Delivery Suite.

The midwife will perform a vaginal examination and use the amnihook to make a small hole in the bag of waters around the baby. This releases water and allows the baby's head to put pressure on the cervix which may start contractions.

If your labour has not started within 4 hours, you may be offered the hormone drip.

**YOU MAY HAVE TO WAIT SEVERAL DAYS FOR YOUR WATERS TO BE BROKEN IF THE MATERNITY UNIT IS BUSY. WE WILL CONTINUE TO CHECK YOURS AND YOUR BABY'S WELLBEING DURING THIS TIME.**



## **4. HORMONE DRIP (SYNTOCINON)**

Oxytocin is the 'labour' hormone naturally produced by your body to start labour. Artificial oxytocin is known as syntocinon and this is the final stage of the induction process.

Syntocinon is given through a cannula (small tube) into a vein in your arm or hand. When your contractions start, the dose will be adjusted to keep your contractions regular. The drip will continue until after your baby is born. This would only be given to you on Delivery Suite where you can be given one to one care with a midwife and continuous monitoring of the baby's heartbeat.

## **WHAT PAIN RELIEF OPTIONS ARE AVAILABLE DURING MY INDUCTION?**

There are lots of options to consider for pain relief such as TENS, water, paracetamol / cocodamol and pethidine injection.

Gas and air (Entonox) can be offered to you once you are on Midwifery Led Unit or Delivery Suite, Epidurals can be offered to you on Delivery Suite.

## **WHAT HAPPENS IF THE INDUCTION DOESN'T WORK?**

Sometimes labour doesn't start after an induction. If this happens, a midwife or obstetrician will discuss your options with you. Yours and your baby's wellbeing will be monitored closely. You may be offered a Caesarean section.

## **ARE THERE ANY SIDE EFFECTS OF INDUCTION?**

The induction process may take up to 5 days to work and there can be extra delays during the process if the maternity unit is busy. Induction may also increase the chance of other interventions such as continuous monitoring, epidurals or delivery of the baby by forceps.

### **Dilapan**

The procedure can be uncomfortable and you may get strong period cramps after the Dilapan is inserted. You can take paracetamol or co-codamol to help with this.

You may have some blood spotting – if you have fresh bleeding, please contact the hospital.

### **Prostaglandins**

Inserting prostaglandins can be uncomfortable and they may cause some vaginal soreness. They can also cause strong contractions which can be painful and may not cause changes to your cervix.

Sometimes prostaglandins can cause too many contractions. This is known as hyperstimulation and can affect the baby's heartbeat. There are medications we can give to stop this.

### **Hormone drip (Syntocinon)**

Sometimes the syntocinon drip can also cause too many contractions and affect the baby's heartbeat. In this case, we can turn the drip down or off. There are also other medications we can give to stop the contractions.

## CAN I CHOOSE TO NOT HAVE INDUCTION?

Yes, if you decide to not have induction, your wishes will be respected. You may be offered additional checks for you and your baby depending on your individual assessment. This may include extra scans or monitoring of the baby's heartbeat.

### Don't forget to use your **BRAIN** when making decisions about your care

#### **B - Benefits**

What are the benefits of this procedure?  
How can this positively affect the baby?

#### **R - Risks**

What are the risks to consider?  
What other procedures may follow this?  
Will this change how I am required to labour?

#### **A - Alternatives**

What are the alternatives?  
Are there other options?

#### **I - Intuition**

What does your gut tell you?  
How does your partner feel?

#### **N - Nothing**

What if we choose to do nothing?  
Can we make a decision in an hour?



## USEFUL INFORMATION

### What to bring

The induction can take several days to work so we would recommend bringing books, magazines and snacks to help. You may also wish to bring an extra pillow or hot water bottle for pain relief.

### Parking

There is on site parking at the hospital. You will need to scan a QR code to register your car's details and this will give you **48 hours of free parking**.

### Visiting

Your main birth partner can visit from **9am to 9pm** but may also stay overnight if you need extra support. Other birth partners, friends or family members can visit from **2pm – 4pm** and **6pm – 8pm**.

There may be occasions where your birthing partner or visitors are asked to leave the ward for a short period of time to allow for privacy of other patients undergoing examinations.

## ADDITIONAL RESOURCES

Please ask your midwife or obstetrician if you have any questions about induction.



You can also book onto our induction of labour education class.



Use the QR code to book the workshop.

**NICE** [www.nice.org.uk](http://www.nice.org.uk) Induction of Labour

**NHS** [www.nhs.uk](http://www.nhs.uk) Inducing Labour

**Options for pain relief** [www.labourpains.org](http://www.labourpains.org)

## **CONTACT NUMBERS**

Induction of Labour Ward: **02921 846185 (24 hr)**

Delivery Suite: **029 20748565 / 2679 / 2686 (24 hr)**

Midwife Led Unit: **02920 745196 (24 hr)**

Obstetric Assessment Unit: **02920 744658 (24 hr)**

Postnatal Ward: **02920 743343 (08:00 – 20:00)**

Antenatal Clinic UHW: **02920 742288 (09:00 to 16:00)**



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