

## Induction of Labour

### Information for pregnant women

This information is to help you and your family make a choice about induction of labour and to answer some of the questions you may have.

In most pregnancies, labour starts on its own leading to the birth of the baby. When labour starts, a number of changes should take place in your body

- Your cervix (neck of the womb) softens and shortens
- The fluid-filled membrane sac surrounding your baby breaks and the water leaks out (your waters break)
- Your cervix dilates (opens)
- Your uterus contracts to push out your baby

### What is induction of labour?

Labour is said to be 'induced' when it is started artificially

### Making your choice

Everyone has the right to be fully informed and to share in decision making about their health. Before you make a decision about induction you should consider if the following questions have been explained

- Why is induction of labour being recommended to me?
- What are the benefits for me and my baby?
- What are the potential risks of induction for me and my baby, and how likely are they?
- What procedures and care are involved with having labour induced?
- What are the potential risks if I choose not to be induced and wait for labour to start naturally?

The information outlined below may help to inform your decision

### When is induction of labour recommended?

Most women have a normal pregnancy and normal birth, but in approximately one fifth of women it is best to induce labour.

The most common reasons are:

- Prolonged pregnancy (a pregnancy of greater than 41 weeks and 3 days)
- Your waters break but labour does not start (known as pre labour rupture of membranes)
- You have specific health concerns (such as high blood pressure and diabetes)
- Your baby has specific health concerns (such as abnormal fetal heart rate)

An induction of labour is recommended when it is a safer option than continuing with the pregnancy for your health and/or your baby's health.

### How is labour induced?

There are different ways of inducing labour. The best way will depend upon how ready your cervix is for labour. This will be assessed by your midwife or doctor and only takes a few minutes but you may experience some discomfort. Based on this examination, one or a combination of the following methods of induction will be recommended to you.

### Prostaglandin, Artificial Rupture of Membranes or Oxytocin

Updated 1<sup>st</sup> October 2012. This document has been developed having regard to general circumstances, in light of information available to the authors at the time of preparation. Please discuss your options with your midwife or doctor in relation to your own personal circumstances. If this is a hard copy it may not be the latest version of this document.

## Prostaglandin

Prostaglandin is a naturally occurring hormone that prepares your body for labour. For induction of labour, a synthetic version of this hormone (gel or tablet) is inserted into your vagina. Once in place you are required to lie down for 30 minutes. Your baby's heart rate will be monitored using a CTG (Cardiotocograph) both prior to and following insertion of prostaglandin. You will remain in hospital until the birth of your baby.

If the prostaglandin takes effect, your cervix will soften and open. If the gel is used, you may require one, two or three doses given at least 6 hours apart. This process can therefore take 1-2 days.

Once your cervix is soft and open you may go into labour by yourself. If not, you may also require:

- Artificial Rupture of Membranes (ARM) – 'breaking your waters'
- Oxytocin to stimulate contractions or this may happen naturally

## Artificial Rupture of Membranes (ARM)

If your waters have not broken and you are not in labour, ARM will be recommended as this can stimulate contractions. Your midwife or doctor will use a small instrument to make a small hole in the membrane sac to release the fluid inside. Breaking your waters does not hurt but the procedure may cause you discomfort. Sometimes an ARM is enough to 'get things happening' but more often you will also require oxytocin.

## Oxytocin

Oxytocin is the hormone your body naturally releases to cause contractions. When contractions do not start naturally, a synthetic version of this hormone can be given. This is done by an intravenous drip inserted into a vein in your arm. The drip is gradually increased each 30 minutes until contractions occur regularly. This process can take several hours. Your baby's heart rate will be monitored throughout labour using a CTG monitor continuously.

## Risks & things you should be aware of

- Induction of labour for reasons other than prolonged pregnancy may increase your chance of caesarean section
- Women who are induced are more likely to have above average blood loss after birth
- Induction of labour may not work in which case caesarean section will be discussed with you
- Very rarely prostaglandin can cause your uterus to contract too much and affect your baby's heart rate pattern. You can be given a medication to relax your uterus if required.
- Although ARM is usually straightforward, it can increase your risk of cord prolapse (baby's cord coming through your cervix), bleeding and infection
- With oxytocin, your ability to move around in labour will be limited by the drip and CTG monitor. Whilst it may be OK to stand up, it will not be possible to have a bath / shower in labour.
- In the event of birth suite being too busy, your induction of labour may be delayed until a midwife is available to care for you.

## For further information:

Please discuss concerns with your maternity carer during your antenatal visit.