Benefits of induction

- Reduces risk of unexpected death in otherwise normal babies after 42 weeks.
- Reduces risk of infection caused by prolonged broken waters.
- Gives you time to plan.

Risks of induction

- Can take 24-48hrs to start.
- May need several vaginal examinations, an intravenous drip and extra pain relief.
- You will require closer monitoring in labour.
- The medicines used may cause your contractions to become too strong or frequent, making it necessary to give you a small injection to stop them.
- Your risk of having a caesarean section significantly increases if you are more than 42 weeks or have had your labour induced.

Continuing pregnancy after 42 weeks

We would recommend that all women commence induction of labour by 42 weeks. Should you decline the offer of your labour being induced, to await spontaneous labour after 42 weeks, there are no tests or scans that can be done to guarantee the baby’s wellbeing.

Why is my labour being induced?

______________________________

When is my labour being induced?

Please arrive on Fetal Welfare Unit at  on

Please arrive on Templar Ward at  on

Please arrive on Delivery suite at  on

Fetal Welfare Unit  020 8510 7291
Templar Ward  020 8510 7541
Delivery Suite  020 8510 7351 /7352

Maternity Helpline  020 8510 5955 (10am-6pm)

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www.homerton.nhs.uk

Induction of labour

What is induction of Labour?

Most women will go into labour spontaneously by 42 weeks.

If you do not, or if there are concerns about your baby or your health, we may discuss induction of labour.

We know that once you pass 42 weeks there is an increased risk of your baby suffering difficulties without warning.

Induction of labour describes a range of methods used to start labour.

Around one in five deliveries in the UK are the result of induction of labour.
What methods do we use?
During your induction the methods we use will depend on your progress, assessed by regular monitoring of you and your baby and by internal examinations.

Membrane Sweep
Usually offered at or after your due date. This involves the doctor or midwife performing a vaginal examination then placing a finger inside the cervix and sweeping the membranes. The procedure can be uncomfortable and you may notice some bloody discharge afterwards. This may increase the chance of labour starting in the next 48 hours. There are no known risks associated with having a membrane sweep.

Prostaglandin gel and tablets
Prostaglandins are hormones that help the body go into labour. At Homerton we use two versions:
Prostin
This gel will be placed at the top of the vagina when a midwife or doctor performs a vaginal examination to check the length and thickness of your cervix.

Misoprostol
Currently in the UK there is no licensed hormone to help induce labour when the membranes have ruptured. Misoprostol is a small tablet that dissolves under the tongue. We have been using it for some years and studies have shown it to be equally effective as the Prostin gel, however it is not currently licensed for induction. We offer this as an alternative agent method when the membranes have ruptured.

Both medicines promote contractions. Initially you may have some cramping pains that, as with a normal labour, will become longer and stronger over time. We will encourage you to remain mobile for as long as possible and your midwife will discuss pain relief options with you.
You may require one or two doses of either medicine, before and after, which we will monitor you and your baby. Depending on how you respond we may advise breaking your waters (artificial rupture of membranes). Monitoring will involve listening to your baby and checking the frequency of any contractions you are having for approximately half an hour before and after any medication we give you.

Artificial rupture of membranes
This involves a vaginal examination. If the cervix is open enough we will break the membranes that surround the baby. This helps the labour progress and is essential if we want to start a hormone drip to regulate your contractions.

Syntocinon drip
Syntocinon is a manufactured hormone that is used to strengthen and regulate contractions. It is given via a ‘drip’, on the Delivery Suite.

Where will I be induced?
If your pregnancy has been uneventful your doctor will discuss outpatient induction with you. If suitable we give the first dose of medicine in our Fetal Welfare Unit and monitor you and your baby.

If all is well you will go home; returning the next morning to continue the induction, or sooner if you are in labour.

What pain relief is available?
During your labour we will offer you the following pain relief options:

Tablets
Paracetamol or codyramol. Useful in the early stages
Pethidine
An injection that can help you relax in the early stages of labour but cannot be given near the time of delivery. We often give this with an anti-sickness drug.

Gas and air
Available on the Delivery Suite and can be used throughout labour once contractions are established.

Epidural
Administered by an anaesthetist, this involves an injection in the back and can be ‘topped up’ to maintain pain relief during labour.

What if it doesn’t work?
Some women may not respond to the medications we give or may not dilate enough for us to break the waters. If this is the case we will discuss the options available. These may involve resting and trying again the next day or considering a caesarean section.