Maternity Services

Induction of Labour
Information for pregnant women, their partners and their families

This leaflet is designed to give you information on what induction of labour is and why it is performed.

Cavan & Monaghan Hospital
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What is Induction of Labour?

Induction is the process used to encourage labour to start artificially. Some of these processes involve administration of drugs and all aim to encourage the cervix to shorten and soften with the ultimate aim of dilating (with the help of contractions) in order to allow the baby to be born.

Why is Labour Induced?

In most pregnancies labour starts naturally between 37 and 42 weeks gestation, leading to the birth of the baby.

You may be offered induction of labour when it is felt that you or your baby’s health is likely to benefit. On average 1 in 5 labours are induced. Here are some of the reasons why labour may be offered and recommended:

• Your pregnancy is between 41 and 42 weeks
• Your waters break before labour starts
• You have diabetes or pre-eclampsia

When induction of labour is being considered, your doctor or midwife will fully discuss your options with you before any decision is reached. This will include the procedure and follow on care that will be involved and the potential benefits and risks to both you and your baby.

How is Labour Induced (Started)?

There is a variety of methods that can be used to induce labour. You may be offered one or all of the methods described below depending on your individual circumstances.
Membrane Sweeping

This has been shown to increase the chances of labour starting naturally within 48 hours and can reduce the need for other methods of induction of labour. The success ratio for this procedure is approximately 1:8 women. Membranes sweeping involves your doctor or midwife placing a gloved finger just inside your cervix and making a circular, sweeping movement to separate the membranes from the cervix. It can be carried out from your due date at an outpatients appointment or in hospital.

The procedure may cause some discomfort or bleeding, but will not cause harm to your baby and it will not increase the chance of your baby getting an infection.

Membrane sweeping is not recommended if your membranes have already broken.

Prostaglandins (Prostin)

Prostaglandins are drugs that help to induce labour by encouraging the cervix to soften and shorten (ripen). This allows the cervix to open and causes contractions to start.

This drug is a gel which contains a synthetic prostaglandin E2. You will need an internal examination to enable the gel to be put high into the vagina behind the cervix. The exact dose is prescribed by the doctor and determined by how “ready for labour” the cervix is. More than one dose may be needed to induce labour. Repeat doses are given every 6-8 hours approximately to a maximum of 2 doses.

Before giving prostaglandins your midwife will monitor your baby’s heart-beat using a “CTG” machine. This will be done for a minimum of 20 minutes prior to administration. After being given prostin you will remain in bed for
at least an hour with a repeat “CTG” performed after 30 minutes. Later, when your contractions start, your baby’s heartbeat will be monitored regularly.

Sometimes prostaglandins can cause vaginal soreness. Very occasionally they can cause the uterus to contract too much which may affect the pattern of your baby’s heartbeat. If this happens you should be asked to lie on your left hand side. You may be given medication to help relax the uterus and any prostaglandin gel remaining in your vagina may be removed.

**Artificial Rupture of Membranes**

This is performed when the cervix has begun to open. When the cervix is open to around 2-3cms, it may be possible to nick the membranes and release the waters. This procedure is done during a vaginal examination using a small plastic disposable instrument.

Having the membranes broken should encourage more effective contractions, however this examination may cause you some discomfort.

This procedure will be performed following a 20 minute trace of your baby’s heartbeat (CTG). This trace will continue for a further 20 minutes following rupture of membranes. If the water around your baby is clear you will then be able to walk around for a further 2 hours to await regular contractions.

**Oxytocin Drip**

Sometimes prostaglandin and/or breaking the waters is enough to start labour, but many women require oxytocin. This drug is given using a drip into a vein in the arm. It causes the womb to contract, and is usually used after the membranes have broken either naturally or artificially. The dose will be adjusted to the frequency and strength of your contractions and according to how your labour is progressing. The aim is for the womb to
contract regularly until you give birth. When using this method of induction, it is recommended to have your baby’s heart rate monitored continuously using a CTG. The contractions can feel quite strong with this type of induction, but the midwife will be able to discuss this with you and provide support and information about different methods of pain management to help you throughout labour.

Benefits of Induction of Labour

Induction may relieve a medical condition (such as pregnancy-induced hypertension) which may otherwise get worse.

Pregnancy is not prolonged beyond a date when the placenta may not function as well as it did earlier in the pregnancy.

Some women feel less anxious when they have a date for Induction.

Induction may be performed to prevent getting an infection if your waters have broken and labour has not started.

Risks or Disadvantages of Induction of Labour

The process of IOL might not work, in which case the doctor and midwife will discuss options with you.

Over-contracting of the womb may occur with either prostaglandins or oxytocin.

Induction may take up to 48hrs to achieve and may involve more vaginal examinations.
Steps in the Induction Process

• The reason(s) for inducing your labour have been discussed with you, and with your agreement, a date given.

• If this is your first baby you will be asked to come to the maternity unit at 9pm on the evening prior to your induction date. If prostin gel is to be administered then you will receive it at approximately 10pm. You will then be encouraged to sleep overnight. Your partner will be asked to go home overnight. If you go into labour you will be taken to the delivery suite and your partner will be asked to come in. If you do not, you will go to the delivery suite the following morning between 6 and 7am for reassessment.

• If this is not your first baby you are asked to attend the maternity unit on the morning of your induction date at 7am. You will be seen by a member of the obstetric team and following a vaginal examination the type of induction that is suitable for you will be confirmed.

• On arrival to the unit you will be admitted by a midwife who will monitor your baby’s heartbeat for 20 minutes and record a baseline set of observations which include blood pressure, pulse, temperature and urinanalysis. You will be seen by a member of the obstetric team and following a vaginal examination the type of induction that is suitable for you will be confirmed.

• If you receive prostin then approximately 6 hours later you will be re-assessed again including an internal examination and if needed, a second prostin gel will be given. If more suitable you may have your waters broken (ruptured)

• Following your waters being broken and if regular contractions have not commenced within 2 hrs you will be transferred back to labour ward and oxytocin commenced.
Local Arrangements for Induction of Labour

Please attend the maternity unit

On ...........................................................................(Date)

At ..........................................................................(Time)

IMPORTANT: For the safety of all our mothers and babies, please remember that this is a provisional date. If the unit is very busy, your planned induction date may be deferred until it is safe to proceed.
Where can I get more information?

For more information discuss with your health care provider

Cavan General Hospital
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