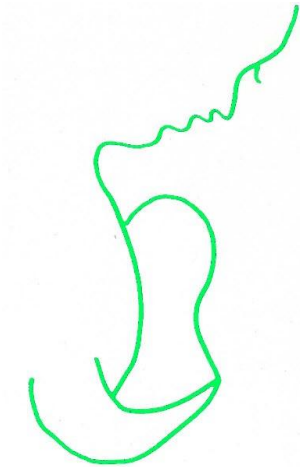


Cavan & Monaghan Hospital

Maternity Services



Induction of Labour

Information for pregnant women.

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

Tel. 049 4376613

What is Induction of Labour?

For most women labour starts naturally between 37 and 42 weeks of pregnancy. However, sometimes labour needs to be started artificially for the safety of the mother and/or baby. This is called "Induction of Labour" or having your labour "Induced". Induction of labour can take up to 48 hours. Labour will only be induced if it is considered safe to do so.

Approximately 27% of mothers attending C&MH have their labours induced.

Why am I being induced?

The most common reasons for induction of labour are:

- To avoid overdue pregnancy (lasting longer than 12 days overdue)
- Because of concerns about the health of the mother or baby
- If the waters have broken and contractions have not yet started

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.

Questions you might like to ask your doctor or midwife:

- Why am I being offered induction?
- What are the risks and benefits?
- What will induction of labour involve?
- What pain relief is available to me?
- What happens if I choose not to be induced?
- Will I be offered a membrane sweep prior to induction of labour?

Planning your Induction of Labour and “Membrane sweeping”

If induction of labour is being considered, you may be offered an internal examination and a “membrane sweep” (at around the 40 or 41 week visit). The internal examination is to assess if your cervix (neck of the womb) is ready for labour and to plan the most suitable method of induction. The membrane sweep 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. The procedure may cause some discomfort or bleeding, but will not cause any harm to your baby. This may help the labour to start naturally. You may go home after the sweep and will be given advice about what to expect.

You will be given a date and time to attend for induction of labour. If your labour does not start spontaneously, you should come to the hospital as planned.

Prostaglandin Gel

Prostaglandins are the naturally occurring hormones that ‘kick-start’ labour. During induction of labour, synthetic (man-made) prostaglandins are given in the form of a vaginal gel (often referred to as “Prostin gel”) which helps the cervix to soften and shorten (ripen) allowing it to open and contractions to start.

You will need an internal examination to enable the gel to be put into the vagina behind the cervix. This will be performed in the delivery suite. 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 hours (or overnight) to a maximum of 2-3 doses.

Before giving the gel your midwife will monitor your baby's heartbeat using a "CTG" machine for a minimum of 20 minutes. After being given the gel, you will remain in bed for at least an hour with a repeat "CTG" performed for 30 minutes. After this, you will return to the antenatal ward to await the onset of contractions. You are encouraged to mobilise, eat and drink as normal. Your midwife will monitor you and your baby's wellbeing while waiting for labour to start.

During this time, you may experience pain, ranging from mild discomfort to painful contractions and/or blood stained vaginal loss, a show or your waters may break. Sometimes prostaglandins can cause vaginal soreness. Very occasionally they can cause the uterus (womb) to contract too much which may affect the pattern of your baby's heartbeat. If this happens your midwife will ask you to lie on your left side and take steps to ensure you and your baby are well. You may be given medication to help relax the uterus.

Artificial Rupture of Membranes

When your cervix has started to open (approx. 3cms dilated) your waters can be broken. This is called an "Amniotomy" or "Artificial rupture of the membranes" (ARM). The midwife/doctor will perform a vaginal examination and break your waters using a small plastic disposable instrument.

Having the membranes broken should encourage more effective contractions. The examination may cause you some discomfort. A 20 minute CTG to monitor your baby's heart rate will be performed before and after. If the liquor (water) around your baby is clear you will be encouraged to walk around for a further 2 hours to await regular contractions.

Syntocinon Drip

Oxytocin is the natural hormone that causes contractions and helps the cervix to open. It is essential for labour to progress.

Sometimes prostaglandin gel and/or breaking the waters is enough to start labour, but most women require a synthetic (man-made) form of Oxytocin as well. The drug used is called "Syntocinon" and it is given via a pump into a vein in the arm. The dose will be adjusted according to how your baby is responding, the frequency and strength of your contractions and how your labour is progressing. You will be monitored continuously using the CTG machine when this drip is in progress. 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 induction might not work, in which case the doctor and midwife will discuss options with you. The induction process may be continued a little longer or a caesarean section may be indicated.

Over-contracting of the womb may occur with either prostaglandin gel or the syntocinon drip.

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 vaginal 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.
- If you receive gel, then approximately 6 hours later you will be re-assessed again including an internal examination and if needed, a second gel will be given. This may be repeated a

third time. If it is considered more suitable you may have your waters broken at any of the assessments.

- Following your waters being broken and if regular contractions have not commenced within 2 hrs you will be transferred to the delivery suite for syntocinon. You will remain there until your baby is born.

My Induction of Labour

Please attend the Maternity Unit

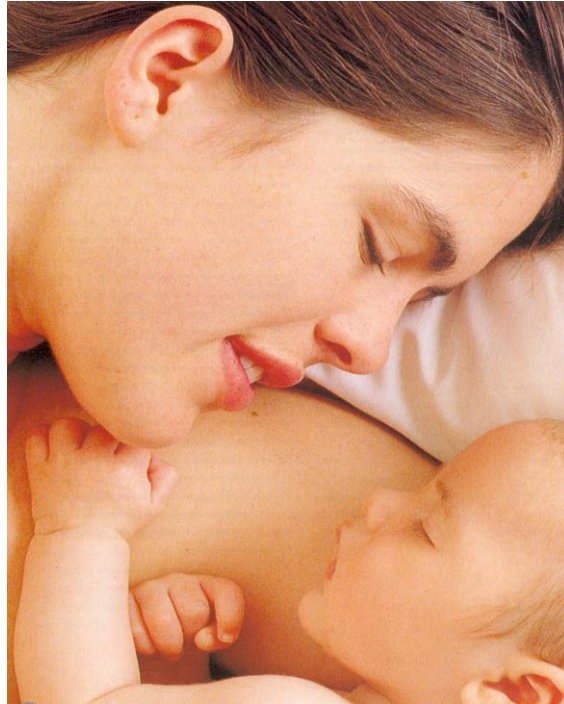
On(Date)

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 please talk to your doctor or midwife.

More information is also available in your "My Pregnancy Book"
(page 126-127) or at www.mypregnancy.ie

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