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Cwm Taf Morgannwg  
University Health Board

# So you want to know more about induction of labour...



This booklet is designed to help you understand why your labour may be induced and what you can expect during the induction process at Cwm Taf Morgannwg University Health Board.



So you want to know more about induction of labour...

# Induction of Labour

## What is an induction of labour?

This booklet is designed to help you understand why your labour may be induced and what you can expect during the induction process at Cwm Taf Morgannwg University Health Board.

## Why is labour induced?

We prefer labour to start naturally but an induction is usually recommended when it is agreed that mother and/or baby will benefit from it and when there are thought to be fewer risks to mother or baby with induction, than if the pregnancy is left to continue naturally. There are many reasons why an induction might be indicated and the reasons for induction should be fully discussed and explained to you when an induction is offered. We would encourage you to ask if you are unsure about any of the information you have been given.

## Who will decide if my pregnancy needs to be induced?

Any decision made with regards to inducing your pregnancy will be made with you and your doctor or midwife. Your individual needs and preferences will be a priority. If an induction of labour is being offered, you will have the opportunity to make informed decisions about your care and treatment including the opportunity to decline an induction of labour. We encourage you to ask questions if there is anything you are unsure about. The health professionals can advise you what they think would be the safest plan of care but ultimately only you will decide whether to go ahead or not. If you choose not to be induced please discuss an alternative plan with your obstetrician. Your decision will always be respected.

## What is a Bishop score?

This is a score based on measurements of your cervix made by your midwife or doctor whilst doing a vaginal examination. These measurements include the length, dilation, position and consistency of your cervix. A score of 8 or more generally indicates that your cervix is "favourable" and therefore more likely that your body will respond well to induction methods.

## How will my labour be induced?

There are a number of methods that may be used to induce your labour (each one is detailed in this booklet). Sometimes more than one method will be needed. What methods used will depend on your individual circumstance including your current pregnancy, previous pregnancy/birth, medical background, and findings from a vaginal examination which will reveal how soft/open your cervix is using a Bishop score (as above).

## How long will my induction take?

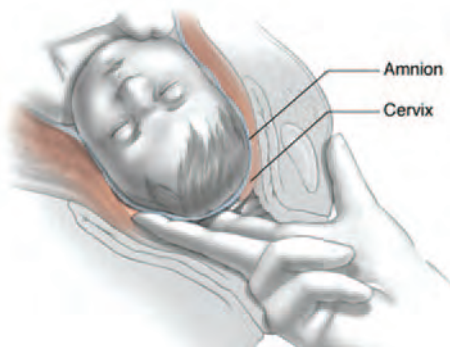
It is important to remember that the induction process cannot be rushed and that each method is given the time it needs to take effect. Some women find they respond quite quickly to the methods, but for others this can be a longer process sometimes up to 5 days.

# Methods of Induction

You will be offered a time to arrive at the maternity ward for your induction of labour. On arrival you will be welcomed and shown to your bed space and orientated to the ward. Your induction of labour may not start straight away. It is important that when starting an induction of labour it is safe to do so. If you have any questions at this time, please ask a member of staff.

## Membrane Sweep

Prior to a formal induction of labour, women may be offered a membrane sweep. This involves the midwife or doctor, carrying out a vaginal examination. The examining finger will pass through the vagina and cervix to form a “sweeping” motion around the baby’s head, to separate the bag of waters from the uterine wall. If the cervix will not admit a finger, massaging around the cervix may achieve a similar effect. A membrane sweep is sometimes uncomfortable, but not usually painful however, if you do find this a painful experience please tell your midwife/doctor, who will stop the examination immediately if you wish. You may feel pressure externally, and a strange feeling internally. Your midwife/doctor will talk you through the entire



process. If the midwife/doctor is unable to reach your cervix they may ask you to place your hands under the lower part of your back which can help.

## What to expect after a membrane sweep

- You may experience some mild period like pains. These may stop and start.
- You may have a mucous “show”. This is a discharge type vaginal loss that may have a “stringy” consistency and can sometimes contain small streaks of blood.
- Your body may go into labour.

## Top Tips

**Stay as relaxed as possible; have a bath, rest when you can, listen to music.**

**Keep mobile; go for a walk, use a birthing ball.**

**Take a shower or bath, use a warm hot water bottle, take paracetamol if needed.**

# Methods of Induction

## Propress pessary

This is a small tablet on the end of a ribbon. Similar to a tampon, this is placed inside the vagina by your midwife / doctor.



This will release prostaglandin hormones over 24 hours and will prepare your cervix for labour.

After 24 hours the midwife will check if your cervix has softened and remove the pessary. If your cervix has softened and opened, you are ready to have your waters broken. If after 24 hours your cervix is not soft and open, the next options will be discussed with you. This could be to either repeat the process or attempt the prostin tablet.

## Prostin tablet

This is a tablet which is placed inside the vagina by your midwife/doctor. If necessary, 2 doses can be given 6 hours apart.



These tablets release prostaglandin hormones and will help prepare your cervix for labour.

After 6 hours the midwife will check if your cervix has softened/opened. If so, you are ready to have your waters broken. If after 6 hours your cervix is not soft/open, the process will be repeated. After the second tablet, if your cervix is still not soft/open sometimes a 24-48 hour break is recommended prior to considering further methods.

*The aim of both of these methods is to soften and open your cervix enough to move to the next step of the induction of labour process, or to encourage your body to go into labour.*

## What to expect after insertion of the pessary or tablet...

- You may experience some mild/moderate period like pains. These may stop and start.
- Regular observations taken by your midwife, including blood pressure, pulse, temperature and monitoring of baby's heart rate.
- We would encourage you to monitor your baby's movements throughout the induction process.'
- Your body may go into labour.
- You may feel soreness in your vaginal area

**We would encourage you to monitor your baby's movements throughout the induction process.'**

# Methods of Induction

## Dilapan-S

This is a non-hormonal slim rod that is placed inside the cervix by a doctor or a midwife. A speculum examination is needed so that the rods can be placed into the cervix. 3-5 rods are gently inserted and over time they absorb the fluid from the surrounding tissue.

Each rod will gently swell up to 14mm over 12 hours. When the rods swell they open and soften the cervix to help prepare you for labour.

After 12 hours the rods will be removed by your midwife/doctor (but safe to remain for 24 hours). A vaginal examination will be performed by your midwife to see if your cervix is open enough for you to move onto the next step in the process.



If your cervix is not soft and open, the next options will be discussed with you. This could be repeating the Dilapan-S or using one of the options above.

## What to expect after insertion of the Dilapan-S...

- **You may have some minor vaginal bleeding immediately after they have been put in place.**
- **Your labour may start by itself.**
- **You may feel lightheaded and sick immediately after it is inserted. This usually resolves in 3-10 mins.**
- **Monitoring of your blood pressure, pulse and temperature.**
- **We would also encourage you to monitor your baby's movements.**

## Top Tips

**Be patient with the process**

**Keep mobile; go for a walk, use a birthing ball.**

**Keep well hydrated by drinking plenty of water**

**If you are worried or have a question please ask your midwife.**

**Eat as normal to maintain energy levels**

**Relax as much as possible**

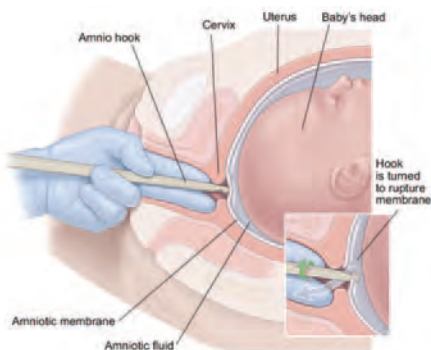
# Methods of Induction

## Breaking your waters

This is also known as an ARM (Artificial Rupture of Membranes). Usually you will need the progestin or prostin tablet to soften/open your cervix before the midwife is able to break your waters. If your cervix is dilated enough this will be offered to be carried out as soon as there is a midwife and room available to accommodate you on labour ward.

Prior to your waters being broken your midwife will offer to place you on a monitor to ensure the well being of your baby throughout the procedure. If your cervix is soft/open a vaginal examination will be offered and a small hole will be made in the bag of waters surrounding your baby using a slim plastic sterile instrument. This may feel like an uncomfortable pressure at the time but it does not harm your baby.

If successful you may feel a gush of warm fluid. This is the fluid releasing from around your baby and is nothing to be worried about. If, after a couple of hours there are no regular contractions, an Oxytocin hormone drip will be discussed and offered to encourage contractions.



## What to expect after your waters have been broken...

- You may need to wear a pad as the fluid will likely trickle continuously until your baby is born.
- You may experience some mild/moderate period like pains. These may stop and start.
- Following the procedure you will usually have approximately two - four hours to mobilise - this can encourage labour to start.
- Regular observations will be taken by your midwife, including blood pressure, pulse, temperature and monitoring of baby's heart rate and you should continue to monitor your baby's movements.

## Top Tips

**Be patient with the process**

**Keep well hydrated by drinking plenty of water**

**Eat normally to maintain energy levels**

**Keep mobile; Ask your midwife for support with this.**

**If you are worried or have a question please ask your midwife.**

**Relax as much as possible**

# Methods of Induction

## Hormone drip

An intravenous cannula (a tiny tube that goes into your vein) will be inserted into the back of your hand so that this hormone can enter your bloodstream through a drip. This drug encourages your uterus to contract. The rate of the drip will be adjusted until contractions are occurring regularly and will continue until your baby is born.

Whilst you are being given the hormone drip, your midwife will monitor your baby's heart rate continuously.

Being given the drip and having your baby continuously monitored will limit your ability to move around, however keeping mobile is encouraged where possible. Your midwife can help you in keeping mobile during this time.



## What to expect after your hormone drip has started...

- **One to one care from a midwife.**
- **Regular observations taken by your midwife including; blood pressure, pulse, temperature, monitoring of baby's heart rate and frequency of your contractions and to continue to monitor your baby's movements.**
- **Your contractions to begin/increase in frequency and become stronger.**

The hormone drip is the final method of the induction process but this method in itself can take several hours to assist your labour to progress.

You will be kept updated by your midwife/doctor throughout who will inform you if progress is slower than we would expect.

Your input into the decision making process will always be respected and given high priority. At Cwm Taf Morgannwg we believe that women

should feel empowered to have the best birth experience possible, especially in circumstances where things don't always go according to plan.

If your labour has not progressed as we would have hoped, your next options will be discussed with you where you can jointly make your plan of care with the doctor/midwife. This could be repeating certain methods or progressing to a caesarean section.

## Top Tips

**Be patient with the process**

**Keep well hydrated by drinking plenty of water**

**Eat normally to maintain energy levels**

**Relax as much as possible**

**Keep mobile; Ask your midwife for support with this.**

**If you are worried or have a question please ask your midwife.**

**We would encourage you to monitor your baby's movements throughout the induction process.'**



# Pain Relief - Things to consider that may help:



**Hypnobirthing**



**Aromatherapy**



**Massage**



**Water**



**TENS machine**

## **Entonox/Gas and Air**

You breathe in the gas and air through a mouthpiece, which you hold yourself. It can take 15-20 seconds to work, so you breathe it in just as your contraction begins.

It works best if you take slow deep breaths. It is a mixture of oxygen and nitrous oxide gas. It will not remove all of the pain but it can help to reduce it and make it more bearable. It may initially make you feel nauseous but many women like it because it is easy to use and they control it themselves. It is not harmful to your baby.



# Pain Relief

## Pethidine

This is an injection into your thigh or buttock to relieve pain. It can also help you relax. It takes about 20 minutes to work and lasts for about 2-4 hours. It is not recommended if you are getting close to pushing (second stage of labour) as it can then affect your baby's breathing, although if this does happen there is medicine that can reverse this effect on the baby. It can make you feel woozy, sick and forgetful. This medicine can also interfere with your baby's first feed. These effects are usually temporary.



## Epidural

An anaesthetist is the only person who can give an epidural. A needle is inserted into your back and then a small thin tube (catheter) is left where the medication will drip through. You will also need fluids running through a cannula in your hand.

An epidural numbs the nerves that carry the pain impulses from the birth canal to the brain. It should not make you feel sick or drowsy. For most women this gives complete pain relief, but it is not always 100% effective in labour.

### **Some side effects include:**

Your legs may feel very heavy; your blood pressure can drop; it can prolong your labour, you may not feel your contractions so a midwife may have to tell you when to push, this means forceps or ventouse may be needed to help deliver your baby; you may find it difficult to pass urine with an epidural so may need a small catheter inserted into your bladder to help you; about 1 in 100 women get a headache after an epidural, this can be treated; your back may be sore for a day or two.







# Useful Contact Information

## Prince Charles Hospital

Maternity Ward: 01685 728890 (24hrs)

Maternity Triage: 07468719941 (24hrs)

Antenatal Clinic: 01685 728849 (Mon-fri 9.00am - 5.00pm)

Labour Ward: 01685 728870 (24hrs)

Maternity Day Assessment Unit: 01685 728892  
(Mon - Fri 8.00am - 8.00pm / Sat - Sun 9.00am - 3.00pm)

## Princess of Wales Hospital

Maternity Ward: 01656 752309 (24hrs)

Antenatal Assessment Unit (AAU): 01656 753652  
(Daily 9.00am - 5.00pm)

Antenatal Clinic: 01656 752475 (Mon - Fri 9.00am - 5.00pm)

Labour Ward: 01656 752383 (24hrs)

Day Assessment Unit: 01656 752562 (Mon - Fri 9.00am - 5.00pm)



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