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Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

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Patient information

Having an Outpatient Induction of Labour

Why am I having an induction of labour?

When am I having an induction of labour?

Where am I having an induction of labour?



What is induction of labour?

Induction of labour (induction) is when your labour is started artificially using medication or other methods such as breaking your waters. How long it takes will depend on your individual circumstances but it may take one or two days before your labour starts.

Why is induction being recommended to me?

Your health care team will offer induction to you if they believe it is safer for you and your baby for you to give birth than for your pregnancy to continue.

Usually this is because your pregnancy has gone more than 12-14 days beyond your due date (postdates).

Other common reasons for induction include concerns for your health, (such as high blood pressure or diabetes) concerns about your baby's health (they may be smaller than expected, or moving less often) or because your waters have broken and you haven't gone into labour yet.

If you are unsure why you are being offered induction then ask your doctor or midwife to explain this to you.

What alternatives are there to induction?

There are two alternatives to induction:

1. Continuing your pregnancy and waiting for natural labour to start – if you do not wish to have an induction you will be offered a meeting with a doctor to discuss your choices and how both you

Where can I get more information about induction?

- Your midwife or doctor would be happy to answer any questions about your induction of labour.
- NHS Choices Website:
<https://www.nhs.uk/conditions/pregnancy-and-baby/induction-labour/>
- National Institute for Health and Care Excellence (NICE) Website:
<https://www.nice.org.uk/guidance/cg70/ifp/chapter/About-this-information>

by giving you a different medication to stop your contractions.

- **Emergency Caesarean Section.** All women going through labour are at risk of needing an emergency caesarean section whether they are being induced or are in natural labour. This may be because your labour is not progressing the way it should or because there are signs that your baby is becoming distressed during labour. Your risk of needing an emergency caesarean after an induction will depend on the reason for your induction and your individual circumstances

and your baby will be cared for as your pregnancy continues.

2. **Caesarean Birth**– an alternative to induction is to choose to give birth by Caesarean. If this is your preference, you will meet with a doctor who will discuss the risks and benefits of this choice for you.

What is a membrane sweep?

This is a procedure where your midwife or doctor examines you internally and sweeps their finger around your cervix (the neck of your womb). This releases hormones that can help to start your labour. If you have been advised to have an induction you should be offered a membrane sweep before the date you are given to come in for your induction. You may choose to have more than one sweep. Having a membrane sweep increases the chances of you going into natural labour by 24% within 48hrs and 48% within one week and can avoid the need for induction.

Ask your midwife or doctor if you would like to be offered a sweep.

What happens during induction?

If you choose to have an induction you will be given an appointment date and time. You will be asked to attend either the Antenatal Ward or Labour Ward depending on

your individual circumstances. You will meet your midwife who will monitor your baby's heartbeat (using a machine called a CTG) and perform a vaginal examination to decide which method of induction will be best for you. This may include one or more of the below:

1. Prostaglandins

These are hormones that prepare your cervix for labour. Most women who are having an induction will need to use them. They are given to you as either a vaginal pessary or gel.

- **Propess:** Most women are given a prostaglandin called Propess. This is a small pessary (a tampon with a string on it) which stays in your vagina for 24 hours. During this time you and your baby will be monitored regularly but you will be able to walk around and eat and drink normally. You may experience some period like pains or contractions and some women will go into labour. If you do not go into labour after 24 hours of using Propess you will be offered either an ARM (see below) or further Prostaglandins.
- **Prostin:** This is a vaginal gel which works over six hours and is offered to you if your waters have already broken, or if you need more prostaglandins after using Propess.

2. ARM (Artificial Rupture of Membranes)

This is when your waters are broken by your

Will my birth partner be able to stay?

While you are on the antenatal ward your birth partner will be able to stay with you during the day (from 8am until 10pm), but not overnight. Once you are on the labour ward or the birth centre your birth partner can stay with you all the time.

What are the risks of induction of labour?

The risks of induction will depend on your individual circumstances. Your health care professional should discuss these risks with you when they offer you induction

The risks may include:

- **Failed induction.** This is when your labour does not start despite being given medication to try to induce you. This is more likely to happen if you are offered induction before you reach 39 weeks of pregnancy. If this happens your health care team will discuss your options with you. These include having a second attempt at induction, having a Caesarean Section or more rarely, allowing your pregnancy to continue.
- **Tachysystole/ Hyperstimulation.** This is when you have too many contractions. This can be treated by stopping the medication you are on, or

Prostaglandins or if you would like to have an epidural, then we would recommend that you give birth on labour ward.

What pain relief is available to me during my induction?

We have a separate information leaflet about pain relief. If you would like to read this then please ask your Midwife or Doctor for the 'Pain Relief in Labour: How do the Options Compare?' leaflet.

What monitoring do I need?

If you are having outpatient induction your midwife will check both you and your baby before you go home to make sure that this is safe for you. This will include a check of your pulse, temperature and blood pressure together with monitoring the baby's heartbeat on a machine called a CTG.

Once you are in labour your baby's heartbeat will be closely monitored. If you are giving birth in the midwife led birth centre this will be checked every 15 minutes, and more frequently when you are close to delivering your baby. If you are giving birth on labour ward you will be offered continuous monitoring of your baby's heart rate and of your contractions via a machine called a CTG. This does not stop you changing positions or using a birthing ball, but may mean you cannot labour in water.

midwife or doctor and it is done on labour ward. It involves a vaginal examination and the use of a small hook to break your waters. It should be no more uncomfortable than a normal vaginal examination. It can only be done if your cervix is at least 1-2cm dilated so most women will need to have prostaglandins first. Some women will go into labour themselves after their waters have been broken. If you do not have regular contractions after your waters have been broken you will be offered Syntocinon.

3. Syntocinon

This is a hormonal medication that runs through a drip that will be put in the back of your hand. Syntocinon causes you to have regular contractions and will usually continue to run throughout your whole labour. While you are having Syntocinon your baby's heart rate will be monitored continuously with the CTG machine and the progress of your labour will be assessed regularly until your baby is born.

4. Cook's balloon

This is a small balloon that is put into your cervix through your vagina and which mechanically opens your cervix. This is an alternative to prostaglandins.

What is outpatient induction of labour?

Depending on the reasons you are having induction you may be offered “outpatient induction”. Outpatient induction means that you can go home from the hospital after you have been given Prostaglandin (either Propess or Prostin). Before you go home from the hospital your midwife will check to make sure this is safe for both you and your baby. You will be given information about when to come back to the hospital.

Some of the reasons you may be suitable for outpatient induction include

- You are being induced because you have gone over your due date
- You are being induced because of your age
- You have diet controlled gestational diabetes
- Your waters have broken and you have chosen to have immediate induction

What happens if I go home?

If you go home you can eat, drink, sleep and move around like normal.

We would advise you to return to the hospital if:

- You experience regular, painful contractions
- Your waters break
- You have vaginal bleeding
- Your baby moves less than normal
- You need painkillers stronger than Paracetamol

- You have fever or diarrhoea
- You have contractions that have no breaks between them
- You are worried about anything else

If you have been offered Propess for your induction you will be asked to return to the antenatal ward after 24 hours if you haven't already gone into labour. If your Propess falls out before this time then we would like you to come to the Antenatal Ward to have it replaced. Please bring the Propess with you if this happens. If you have been offered Prostin for your induction you will be asked to return to the antenatal ward after 6 hours if you haven't already gone into labour

Where can I have my baby if I am having an outpatient induction of labour?

If you have an outpatient induction of labour and go into labour by yourself after Prostaglandins you can choose whether you would like to give birth on the midwifery led birth centre or on the labour ward. If you choose to give birth on the birth centre your midwives will check both you and your baby to make sure that this is safe for you. In any labour there is a possibility of needing to move from the birth centre to the labour ward if the midwives caring for you have concerns about you or your baby, or if you want to use an epidural for pain relief

If you do not go into labour after one dose of