



# Tameside Maternity Unit

## **INPATIENT INDUCTION OF LABOUR**

### Information Leaflet

June 2020

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## **Inpatient Induction of Labour – Information Leaflet**

### **What is induction of labour?**

Induction of labour (IOL) is the process of starting labour artificially. Approximately 1 in 3 births in the UK are induced. This leaflet gives you information about inpatient induction of labour.

### **What happens on the day?**

#### **Step 1**

A midwife will phone you between 8am and 9am to let you know what time to arrive on Ward 27. Please remember to bring your hand-held notes and your maternity bag.

When you arrive on Ward 27, you will have your pulse, blood pressure, temperature and urine checked. The midwife will examine and measure your tummy to check your baby's size and the way your baby is lying. The baby's heart beat will be monitored for about 30 minutes, using a CTG machine. The midwife can answer any questions you may have about induction of labour.

#### **Step 2**

If there are no concerns, the next step is to place a medication device called Propess into the vagina. This is like a very small flat tampon which contains an inducing drug. It remains inside your body for 24 hours. The midwife will do an internal (vaginal) examination using two fingers, and will place the Propess high up in the vagina.

The Propess tampon string will lie just outside the vagina (like a normal tampon string) and it is important that you take care not to pull or drag on it. You may need to take particular care when:

- Wiping yourself after going to the toilet
- After washing
- Getting on and off the bed

#### **Step 3**

When the Propess has been given, your baby's heart rate will be monitored again for 30 minutes. If there are no concerns, you will be encouraged to move around and eat and drink as normal.

If your waters break, you experience any tightenings or bleeding or if you have any concern, please inform the staff.

#### **Step 4**

You may start to have contractions. If so, please inform the midwife who will monitor your baby (using a CTG machine) and give you pain relief if you need it. There is a bath and a birthing ball available to use on the ward.

If you have no tightenings at all after approximately 8 hours, the midwife will do a further internal examination to see if the positioning of the Propess needs to be adjusted.

#### **Step 5**

When the Propess has been in for approximately 24 hours, it will be removed and the midwife will do another internal examination to check if it would be possible to break

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your waters. If it would not be possible, she will insert a second type of tablet into the vagina – a Prostin tablet. This contains the same type of hormone as the Propess but some women respond to Prostin in a different way to Propess. If you do need the Prostin tablet, your baby's heart beat will be checked on the CTG monitor both before and after it is inserted.

Approximately 6 hours later, the midwife will re-examine you and may put in a second Prostin tablet. Again, the baby's heart beat will be monitored using the CTG both before and after the Prostin tablet is given.

Approximately 6 hours after this, a doctor will do an internal examination, again to see if it would be possible for your waters to be broken. If it would not be possible, the doctor will discuss your options with you.

### **Step 6**

At some point in the steps described above, it almost always becomes possible for your waters to be broken. Once this stage is reached, the next step is to go to labour ward. You need your own midwife and room on labour ward before this happens. This will usually not be available immediately. The length of this wait depends upon what is happening on Labour Ward.

Your safety, and the wellbeing of all women in labour is paramount. There is regular communication between Ward 27 and Labour Ward and we will try to keep you updated – however it is impossible to give a definite time due to the unpredictability of the environment.

### **Step 7**

When a bed is available for you, you will move downstairs to the Labour Ward, on the ground floor of the Charlesworth building.

Once again, the midwife will monitor your baby using the CTG machine. She will then do an internal examination and break your waters. This involves using an instrument which looks a bit like a crochet hook.

Most women do also need a hormone drip (of oxytocin – the same hormone that the body makes naturally) to stimulate contractions. However, some women find that having their waters broken is enough to get labour started. Therefore, we usually wait for around 2 hours after the waters are broken, to see if labour will start.

### **Step 8**

If there are no signs of contractions occurring after your waters have been broken, your midwife will insert a cannula (small plastic tube) into a vein and start the hormone drip of oxytocin. (Sometimes you will already have a cannula in place by this stage.) The recommendation is for your baby to be continuously monitored using a CTG machine while you are on the drip.

Contractions normally start within the first 4 hours of starting the drip. Your midwife will usually do an internal examination around 4 hours after you have been having regular, strong contractions. She will then examine you every 4 hours to monitor your progress in labour.

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Please ask for pain relief whenever you need it.

This is the final stage in the induction process and you will have a baby at the end of it!



## Common Questions

### Is induction of labour painful?

Some women report that induced labour is more painful than spontaneous labour. Propess and Prostin can both cause vaginal irritation. Induction usually involves more internal examinations than spontaneous labour.

The same options for pain relief are available to all women having a baby. These usually include Entonox ("Gas & Air"), opioid injections (pethidine or diamorphine) and epidural.

### Will I have my baby on the induction date?

Very few women have their baby on the same day as the induction date. The induction process can take several days. The average length of time from the first phase of the induction to being transferred to Labour Ward is 15 hours, but this stage may take up to 3 days.

Induction of labour can sometimes be postponed or delayed in the early stages if the maternity unit is busier than usual.

Women having an induction are prioritised according to medical need.

### Are there any side effects from prostaglandins (Propess or Prostin)?

There is a small chance of 'Hyperstimulation'. This is where the uterus starts contracting very frequently. It happens to approximately 1 in 20 women who are induced, compared with 1 in 100 women who go into spontaneous labour.

If this does happen such that the baby's heart rate is affected, the Propess will be removed and you will be given an injection to temporarily stop the contractions.

These drugs can occasionally produce some side effects which are usually mild and include: nausea, vomiting, dizziness, palpitations and fever. If any of these occur, please inform your midwife.

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## **What are the advantages of induction compared with a planned caesarean section?**

Some of the advantages of vaginal birth include:

- A shorter recovery time,
- the avoidance of surgical risks
- a lower rate of neonatal respiratory distress syndrome (breathing difficulties for the baby).

## **Will I definitely go into labour?**

Occasionally it is not possible to start labour off.

Successful induction is more likely if:

- You have had a previous vaginal delivery
- You have a normal BMI
- You are over 39 weeks, the cervix is 'favourable' (soft and a little bit open) at the start of the induction process.

If the first attempt at induction of labour does not work, options usually include:

- Having a rest day (24 hours) and then repeating the Propess/Prostin regime
- Deciding to postpone the induction
- Planning for a caesarean section

## **Will I have a normal delivery?**

On average, around 3 in every 5 women will have a normal birth, 1 in 5 will have an assisted vaginal birth (forceps or ventouse) and 1 in 5 will have a caesarean section. You may have a higher or lower chance of these birth types depending on your individual circumstances.

If you have any questions about these different types of birth, please ask your midwife or obstetrician. You can also access patient information produced by the RCOG (Royal College of Obstetricians and Gynaecologists) at [www.rcog.org.uk](http://www.rcog.org.uk) (Click on 'Patients', then 'Pregnancy and Birth'. Amongst others, there is a comprehensive leaflet on assisted vaginal birth.)

**If you have any questions about induction of labour, please ask your midwife or doctor.**

## YOUR INDUCTION 48 HOUR TIMELINE – (Inpatient)

### DAY ONE

Approximately 12 hours after insertion of Propress, we will perform another CTG monitoring to ensure your baby's wellbeing.

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At the start of the induction process, you will have a CTG monitoring of your baby and a vaginal examination to assess your cervix and suitability for Propress. If you require Propress, it is placed in the vagina and stays in for 24 hours.

If you have no tightenings approximately 8 hours after you are given Propress, we may need to check that it is still in the correct place. If at any point before this you are experiencing tightenings or contractions, please inform your midwife who will perform a monitoring of baby and provide pain relief if required. There is a bath and birthing balls available to use as well. You are encouraged to mobilise and eat and drink as normal.

When your Propress has been in for approximately 24 hours, it will be removed and your cervix assessed again to check if we can perform an ARM ("break your waters").

### DAY TWO

If your waters cannot be broken, a different tablet called Prostin can be given vaginally, to try to "ripen" the cervix further. A CTG is performed before doing a vaginal examination and inserting the Prostin.

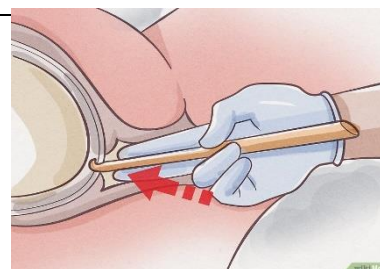
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Approximately 6 hours later (so approximately 30 hours after the Propress was put in), another vaginal examination is performed to check your cervix. At this time, if it is not possible to break your waters, a further Prostin can be given vaginally.

After 24 hours of Propress and 2 Prostin tablets 6 hours apart, a senior doctor will examine you to see if your waters can be broken. If this is not possible, the doctor will discuss further options with you.

## DAY THREE

(Or sooner if an “ARM” is possible earlier)  
(Or later if labour ward is unusually busy)



The aim of Propess and Prostin is to “ripen” (soften and thin) your cervix enough to allow the waters to be broken.

When your cervix is sufficiently soft and open, you need your own midwife and room on labour ward before your waters are broken. Therefore, sometimes there will be a wait to get to Labour Ward. The length of this wait is dependent upon what is happening on Labour Ward, as safety is paramount. There is regular communication between Ward 27 and Labour Ward and we will try to keep you updated – however it is impossible to give a definite time due to the unpredictability of the environment.

Occasionally, some women go into labour in the Propess/Prostin stage of the induction. This can be checked by a vaginal examination and if you are in labour, prompt transfer to Labour Ward is arranged.

When you are on labour ward

Your midwife will monitor your baby using a CTG machine and put a cannula (a small plastic tube) into a vein in your hand. She will then do an internal examination and break your waters.

When your waters have been broken we usually wait 1-2 hours to see if contractions will start. For some women, this is all that is needed to start labour off.

Most women will have a hormone (oxytocin) drip started after these 1-2 hours.

Your midwife will usually do a vaginal examination 4 hours after you have been having regular contractions and then every 4 hours after that. If more examinations are recommended, this will be discussed with you.

Throughout your induction process, feel free to hand express colostrum to give to your baby regardless of how you plan to feed your baby once born. Nipple stimulation can encourage your body to produce oxytocin, which is the hormone that helps to kick start labour. Your midwife can help you with learning how to hand express and there is a helpful video available at:

[www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video](http://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video)

Inform your midwife at any time if you need pain relief, you think your waters have broken, you are bleeding or your baby is not moving as much as normal.

This is a guide to your induction – timings and events may alter depending on individual circumstances.

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

**語言翻譯及病者支持服務 (LIPS):**

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 **0161 922 6991** 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

**Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):**

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem **0161 922 6991**.

لینگویج، انٹرنپریٹیشن اینڈپیشٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

## Document control information

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