

Having your labour induced

What is induction of labour?

Induction is considered when it is felt that there will be a better outcome for you or your baby than if birth is delayed. It is important that you are able to have a vaginal delivery for induction to take place.

Induction of labour is when you have your labour 'started off' and is a common procedure for about 1 in 5 women (20%). Our figures for The Liverpool Women's Hospital show that 28% of all women who give birth were induced between January 2002 until December 2002.

There are many reasons for having your labour induced, some examples are:

- Any medical problems with mother or baby
- Your waters break and you **do not** go into labour yourself after 4 days, if this is the option that you have decided upon.
- Your pregnancy has gone beyond 10 days over your due date. Four hundred and eighty seven women (8.3%) who gave birth in the Liverpool Women's Hospital from January 2002 until December 2002 were induced because they went over their due date. There is also a leaflet called **What if I go over my due date**.

What are the risks of having my labour induced?

- As with any other intervention, induction of labour may have unwanted side effects.
- There may be a higher chance for you to need help when you give birth. The reason for this extra help may not be caused by the method used for your induction but may be due to the reason for your induction, such as being overdue, or your waters breaking. Extra help may mean that the doctor needs to use forceps or suction to help you give birth. Sometimes you may have a higher chance of needing a caesarean section to give birth.

What alternatives do I have?

This depends on the reason for inducing labour. If the induction is for clinical reasons i.e, the safety of your baby and yourself, this will be explained to you. Waiting for labour to happen naturally in your case may not be appropriate as you or your baby are at increased risk before this occurs. If it is thought that there is a high risk to you or your baby, caesarean section may be an alternative.

How will my labour be induced?

Once the decision has been made to induce labour the midwife or doctor will arrange a date with the staff on the Induction Suite, which is situated on the Delivery Suite.

On arrival at the Induction Suite you will be introduced to the midwife caring for you during the induction procedure. However, if the Induction Suite is busy you may be asked to take a seat in the waiting room. The midwife will keep you fully informed of how long you may have to wait until a room is available.

- Once in the Induction Suite your midwife will check your temperature, pulse and blood pressure. She will also check which way your baby is

lying by feeling your abdomen (tummy) as your baby needs to be 'head' first for your labour to be induced.

- Your baby's heartbeat will be recorded using a CTG (cardiotocography) machine to make sure your baby is well. This monitoring will take a minimum of 20 –30 minutes.
- Your midwife will ask permission to perform a vaginal (internal) examination. to assess your cervix (neck of the womb) to find out if your body is ready for labour. This examination will help to decide how your labour is going to be induced.

What happens if my cervix is ready for labour?

If your cervix is ready for labour your midwife will ask your permission to break your 'waters'. The 'waters' are the fluids that surround your baby when it is in its bag (sack) in the womb. Your midwife will use a small plastic hook to break your waters during this vaginal examination. You will carry on losing this water, sometimes until your baby is born.

Following this your midwife will place a drip into a vein, usually in your arm. This drip contains a hormone called Oxytocin, which will cause you to have contractions. The amount of oxytocin is carefully measured and monitored by an electric pump.

Throughout your labour your baby's heartbeat will be monitored using a CTG machine.

What happens if my cervix is not ready for labour?

If your midwife is unable to break your waters, she will place a vaginal tablet containing Prostaglandin near to your cervix during your vaginal examination. This Prostaglandin tablet should help to prepare your cervix for labour.

Following this examination your baby's heartbeat will be monitored again for one hour, to make sure all is well.

Your midwife will listen to your baby's heartbeat every hour to make sure all is well and she will also observe any tightening or contractions you may start to have.

Approximately 6 hours after your first vaginal examination your midwife will ask if she can check your baby's heartbeat with the CTG machine. Following the monitoring your midwife will perform another vaginal examination to assess your cervix.

If your cervix has opened, your midwife may be able to break your waters and your care would continue as described above in '**what happens if my cervix is ready for labour**'.

If your cervix is still not ready for labour your midwife will insert another prostaglandin tablet and again your baby's heartbeat will be monitored on the CTG machine for one hour.

If you have not started to have strong, regular contractions following your second prostaglandin tablet, you will be examined 6 hours later with view to breaking the waters surrounding the baby and starting the Oxytocin drip. You will be transferred to the delivery Suite for further care. Please read the leaflets entitled '1st 2nd 3rd stages of labour' and 'Monitoring your baby in labour' which you might find useful

Useful points to remember

- The length of time it takes to induce labour varies from woman to woman. It can sometimes take 24 hours before your labour starts.
- Be prepared for possible delays, as you may have to wait for a room to become available before your induction can be started.
- Occasionally, if the Induction Suite or Delivery Suite is very busy we may have to cancel your induction and arrange another date. You will be able to go home, as this date should be the following day.
- There may be long periods of time where nothing seems to be happening, therefore it is a good idea to bring books, games and magazines with you to pass the time.
- Visitors are not allowed on Central Delivery Suite, however 2 birthing partners may be with you whilst you are on Central Delivery Suite.
- 1 Visitor is permitted during your stay on the Induction Suite.

Who should I contact for further information?

You can obtain further information about induction of labour by telephoning Liverpool Women's Hospital on 0151 708 9988 and asking switchboard to 'Bleep the Central Delivery Suite Bleep Holder'.

This information was generated from The Women's Information Network Group in the Liverpool Women's Hospital

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician

For further information there is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

www.lwh.org.uk

Click on

Clinical Services

↓

Support & Information

↓

Useful organisations

If you require any advice about the information on the web sites please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery

This leaflet may be available in different formats on request

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