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About Induction of Labour - Information for Pregnant Women, Their Partners and Their Families

About this booklet

This booklet:

- Is for pregnant women, their partners and their families
- Gives information to help you make choices about induction of labour
- Provides information on the main reasons for induction of labour
- Provides information on the best methods for induction of labour
- Is based on a national evidence based clinical guideline on induction of labour

About clinical guidelines

Clinical guidelines are recommendations for good practice and exist to help patients and their healthcare team make the right decisions about health care. The guidelines are developed by teams of healthcare professionals, patients and scientists who look at the best evidence about care for a particular condition.

The advice in this booklet is adapted from a guideline produced by the Royal College of Obstetricians and Gynaecologists (RCOG) on behalf of the National Institute for Clinical Excellence (NICE) for the NHS in England and Wales.

Everyone has the right to be fully informed and to share in decision-making about health care. Health care staff should respect and take into account the wishes of the people in their care. Guidelines are recommendations for good practice. There may be good reasons why your treatment differs from the recommendations in this booklet, depending on your individual circumstances and wishes.

The National Institute for Clinical Excellence (NICE) is a part of the NHS. It produces guidance for both the NHS and patients on medicines, medical equipment and clinical procedures and where they should be used.

What is induction of labour

During pregnancy your baby is surrounded by a fluid filled membrane (sac) which offers protection whilst he or she is developing in the uterus (womb). The fluid inside the membrane is called amniotic fluid.

In preparation for labour the cervix softens and shortens. This is sometimes referred to as "ripening of the cervix".

Before or during labour the membranes rupture (break) releasing the fluid. This is often referred to as "your waters breaking".

During labour the cervix dilates (widens) and the uterus contracts to push your baby out.

In most pregnancies labour starts naturally between 37 and 42 weeks, leading to the birth of the baby.

Induction of labour is a process designed to start labour artificially.

When is induction recommended?

When it is felt that your or your baby's health is likely to benefit, the midwife or doctor may offer and recommend induction of labour. On average about one in five labours are induced.

There are a number of reasons why induction may be offered and recommended. For example if you have diabetes or pre-eclampsia (high blood pressure).

If you are healthy and have had a trouble free pregnancy, induction of labour may be offered if:

- your pregnancy is more than 41 weeks
- your waters break before labour starts

When induction of labour is being considered, your doctor or midwife should fully discuss your options with you before any decision is reached. This should include explaining the procedures and care that will be involved and whether there are any risks to you or your baby.

If you have had a previous caesarean section or have had more than five babies this may affect whether induction is recommended.

If your pregnancy is more than 41 weeks

Even if you have had a healthy trouble free pregnancy, you should be offered induction of labour after 41 weeks because from this stage the risk of your baby developing health problems increases. An induction because you are overdue does not increase the chance of you needing a caesarean section.

If you choose not to be induced at this stage then from 42 weeks you should be offered:

- Twice weekly checks of your baby's heartbeat using a piece of equipment called an electronic fetal heart rate monitor.
- A single ultrasound test to check the depth of amniotic fluid (or "waters") surrounding your baby.

An ultrasound scan in early pregnancy (before 20 weeks) can help to determine your baby's due date more accurately. This reduces your chances of unnecessary induction.

If your waters break before labour starts

Sometimes a woman's waters break before labour starts. This happens in about one in twenty pregnancies and is known as prelabour rupture of the membranes (or PROM). When this happens, about nine out of ten women will go into labour naturally within twenty-four hours. The longer the time between PROM and the birth of the baby the higher the risk of infection to you or your baby.

If you are more than 37 weeks pregnant and your waters have broken but you have not gone into labour you should be offered the choice of either:

- Induction of labour

OR

- A "wait and see approach" to see if labour will start naturally

As a wait and see approach carries a slight risk of infection, you will need to:

- check your temperature twice a day
- check for changes in the colour or odour of your amniotic fluid ("waters")
- check for any other signs of fever (e.g. shivers, flushing)

If you have not gone into labour after, at most, four days induction is strongly recommended.

If your waters break before you go into labour, your chances of having a caesarean section will not be increased by choosing either induction or "wait and see".

How is labour induced (started)?

There are a variety of methods that can be used to induce labour. You may be offered one or all of the methods described below depending on your individual circumstances.

Membrane sweeping

This has been shown to increase the chances of labour starting naturally within the next 48 hours and can reduce the need for other methods of induction of labour.

Membrane sweeping involves your midwife or doctor placing a finger just inside your cervix and making a circular, sweeping movement to separate the membranes from the cervix. It can be carried out at home, at an outpatient appointment or in hospital.

If you have agreed to induction of labour, you should be offered membrane sweeping before other methods are used. The procedure may cause some discomfort or bleeding, but will not cause any harm to your baby and it will not increase the chance of you or your baby getting an infection. Membrane sweeping is not recommended if your membranes have ruptured (waters broken).

Using prostaglandins

Prostaglandins are drugs that help to induce labour by encouraging the cervix to soften and shorten (ripen). This allows the cervix to open and contractions to start.

Prostaglandins are normally given as a tablet or gel that is inserted into the vagina. This is usually done in hospital on an ante-natal ward. More than one dose may be needed to induce labour. Doses should only be given every six to eight hours.

If your membranes have not yet ruptured (waters broken) prostaglandins are the recommended method of induction. This is the case whether this is your first pregnancy or not, and whether or not your cervix has ripened.

Before giving prostaglandins your midwife or doctor should check your baby's heart beat. After being given prostaglandins you should lie down for at least thirty minutes. Once your contractions start your midwife or doctor should monitor your baby's heartbeat using a "CTG" or electronic fetal heart rate monitor. Once it is established that everything is okay, the CTG should be discontinued and you will be able to move around. For further information see the National Institute for Clinical Excellence information booklet *"Monitoring your baby's heartbeat during labour"* - 2001.

There is no evidence to suggest that labour induced with prostaglandins is any more painful than labour that has started naturally. However prostaglandins sometimes cause vaginal soreness.

Very occasionally prostaglandins can cause the uterus to contract too much which may affect the pattern of your baby's heartbeat. If this happens you should be asked to lie on your left side. You may be given other medication to help relax the uterus and any prostaglandin tablet or gel remaining in your vagina may be removed.

Using Oxytocin

Oxytocin is given in hospital in the delivery room (labour ward).

This is a drug that encourages contractions. Oxytocin is given through a drip and enters the bloodstream through a tiny tube into a vein in the arm. Once contractions have begun, the rate of the drip can be adjusted so that your contractions occur regularly until your baby is born.

If your membranes have ruptured (waters broken) prostaglandins and oxytocin are shown to be equally effective methods of inducing labour. This is the case whether this is your first pregnancy or not, and whether or not your cervix has ripened.

Whilst being given the oxytocin the midwife or doctor should monitor your baby's heartbeat continuously. For further information see the National Institute for Clinical Excellence information booklet *"Monitoring your baby's heartbeat during labour"* - 2001.

If your waters have not broken, a procedure called an amniotomy may be recommended. This is when your midwife or doctor makes a hole in your membrane to release (break) the waters. This procedure is done through your vagina and cervix using a small instrument. This will cause no harm to your baby, but the vaginal examination needed to perform this procedure may cause you some discomfort.

Women who have oxytocin are more likely to have an epidural to help with pain. An epidural is a pain relief injection given into your back. Oxytocin is given by a drip and being attached to this will limit your ability to move around. Whilst it may be okay to stand up or sit down, it will not be possible to have a bath or move from room to room.

Very occasionally oxytocin can cause the uterus to contract too much which may affect the pattern of your baby's heartbeat. If this happens you should be asked to lie on your left hand side and the drip will be turned down or off to lessen the contractions. Sometimes another drug will be given to counteract the oxytocin and lessen the contractions.

If you have already had prostaglandins, oxytocin should not usually be given for at least six hours. Your doctor or midwife should fully discuss these options with you before any decision is reached. They should explain the procedures and care that will be involved and whether there are any risks to you or your baby.

Further information

For further information about induction of labour, and all other aspects of pregnancy and childbirth, talk to your midwife or doctor.

Everyone has the right to be fully informed and to share in decision-making about health care. You can discuss this guideline with your midwife or doctor. If you have access to the internet and would like to find out more about childbirth, visit the NHS Direct website <http://www.nhsdirect.nhs.uk/> or telephone NHS Direct on 08 45 46 47.

For further information about NICE, the Clinical Guidelines Programme or other versions of this guideline (including the sources of evidence) you can visit the NICE website at www.nice.org.uk. Copies of the NICE guideline can be requested from 0870 1555 455, quoting the reference number 24010.

For the full version of the Clinical Guideline including sources of evidence for the recommendations made in this booklet contact The Clinical Effectiveness Support Unit, The Royal College of Obstetricians and Gynaecologists (RCOG). You can visit the RCOG website at or e-mail iol@rcog.org.uk.

Acknowledgement

This patient information was developed with help from the Centre for Health Information Quality, Help for Health Trust (website www.hfht.org/chiq or e-mail chiq@hfht.org).

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