

Information for patients and carers

Outpatient induction of labour

My induction date: _____

My induction time: _____



Induction of Labour

Induction of labour (IOL) is the process we use to start labour artificially. We use different methods to help your cervix (the neck of the womb) to soften and dilate and help your uterus (womb) to start contracting. You have chosen to have an outpatient induction. This leaflet is to let you know what to expect during the induction process and when to call for help or advice.

Why is labour induced?

IOL is a common procedure. Approximately 30% of labours in the UK are induced per year. There are many reasons a woman may be offered an IOL. One of the most common is a pregnancy that goes overdue to 42 weeks. IOL is offered when it is felt delivery is in the best interest of the mother and baby compared to continuing the pregnancy.

Why offer an outpatient induction of labour?

If your pregnancy is considered uncomplicated, starting the induction process as an outpatient is an option. It allows you to stay at home whilst waiting for the induction to work and labour commence. There are many benefits if you have an outpatient induction:

- The amount of time you spend in hospital before labour will be reduced
- You may be more relaxed and comfortable at home and therefore the process may be more likely to work
- The induction process may feel more natural if you are at home, like going into labour yourself

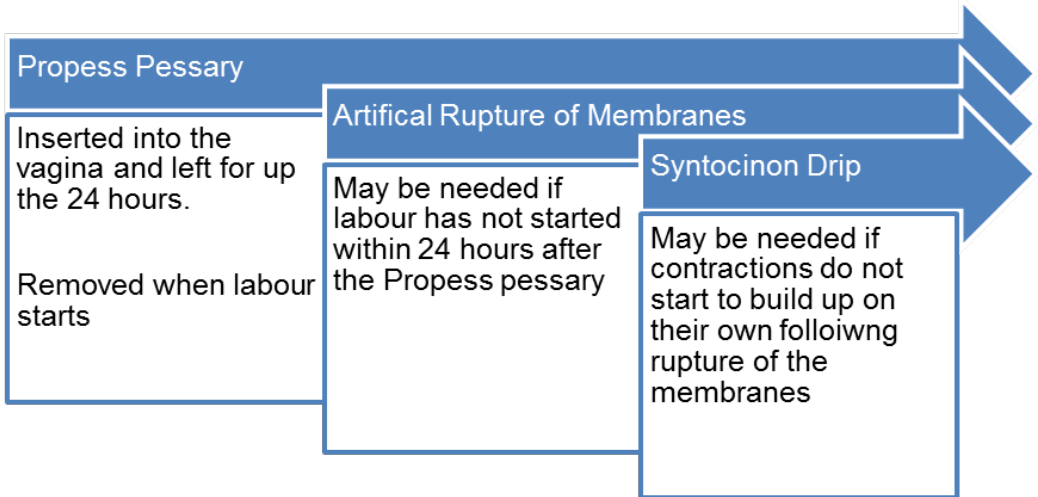
Who can have an outpatient induction?

You may be offered an outpatient induction if your pregnancy is considered uncomplicated; this means you have generally been healthy during your pregnancy; your baby is head down and is well grown. In addition, you:

- Are over 37 completed weeks of pregnancy

- Have a companion who will stay with you whilst you are at home
- Have access to a phone with credit and connection to a phone network
- Have a body mass index (BMI) less than 40
- Are happy to have an outpatient induction

Induction of labour process




Stage 1 – Inserting the Propess pessary

At Lancashire Teaching Hospitals we use a Propess pessary for outpatient induction of labour. The pessary looks like a small flat tampon and has a tape attached which makes it easier to remove if needed. It remains next to the cervix for up to 24 hours.

The Propess pessary contains a synthetic prostaglandin. This encourages labour by causing the cervix to soften, shorten and start to open.


Checking In

Your midwife will check your history, conduct an antenatal assessment and perform a CTG (external monitoring of the baby's heart beat)



Examination

The midwife will perform a vaginal examination to assess your cervix. If appropriate, they will then insert the Propess pessary. You then need to stay on the bed for 30 minutes to allow the Propess pessary to swell



Final Check

You will be asked to return to see the midwife 60 minutes after insertion. She will ask you a few more questions and check your baby's heart beat. If the midwife is happy you can then go home.

Stage 2 – At home

We would like you to telephone **Maternity Ward A on 01772 524959** **six hours** after the Propess is inserted. They will be expecting your call.

This will allow the midwife to check the induction is proceeding safely by asking you questions about your symptoms, baby's movements and general wellbeing. If there are no concerns you can stay at home overnight.



What to Expect - this is different for everyone

- Period type discomfort
- Back Ache
- Regular contractions that build in intensity and frequency
- Your waters may "break"
- You may not feel anything - the Propess will still be working



- Have a bath or shower
- Eat and drink
- Mobilise
- Take paracetamol (keep a note of the timings)
- Use TENS machine
- Wear pads to monitor any vaginal loss
- Take care not to dislodge the Propess on wiping after the toilet



When to call for help or advice

- Regular painful contractions, with breaks inbetween, that have lasted for an hour.
- Your waters (membranes) break
- You baby's movements reduce in frequency
- The pain is not managable with paracetamol, bathing, TENS machine.
- Bleeding
- Consant abdominal pain
- You feel unwell - sickness, diarrhoea, temperature
- You have changed your mind about staying at home.
- The Propess has fallen out
- You are losing any green or red fluid from the vagina

If there is constant or severe abdominal pain or bleeding you may be advised to pull the Propess pessary out. To do this grab hold of the string and pull down firmly.

In an emergency it is acceptable to call an ambulance.

Stage 3 – Returning to hospital

If labour starts before the 24 hours the midwife will assess both yours and your baby's wellbeing. If everything is reassuring then your labour can proceed as planned this includes, the midwife-led Birth Centre and use of the pool.

If anything is non-reassuring the midwife will ask the obstetric team to review you and your baby and they will discuss a plan of care with you.

If labour has **not started** within 24 hours you will be seen on Maternity A Ward, where the midwife will examine you to see if it is possible to break your waters; known as Artificial Rupture of Membranes (ARM).

If ARM is possible, you will be transferred to the Delivery Suite where a midwife is available to provide one-to-one care.

If ARM is not possible, you will be seen by a doctor who will discuss your options.

Artificial Rupture of Membranes (ARM)

Once the cervix has opened, ARM can be performed, to encourage the uterus to contract so that labour begins. You will be examined vaginally and using a small plastic hook the membranes are caught and broken. This procedure is not painful, although the examination may be uncomfortable. Following this, the baby's heart rate is continually monitored for around 30 minutes, after that you will be encouraged to get up and walk around to help labour start.

If you develop contractions (3 or 4 strong contractions in a ten-minute period) then regular assessments will be carried out to monitor your labour progress. You can discuss these with the midwife.

If good contractions do not follow an ARM you will be offered a syntocinon drip.

Oxytocin drip

Oxytocin is an artificial form of the natural hormone and is used to start or strengthen contractions for labour. It is given by a drip into a vein in your arm and is started at a slow rate. It is increased gradually until you are having regular and strong contractions. Once a syntocinon drip has started, your baby's heart rate will need to be monitored continuously until birth.

If your waters can not be broken

You will be seen by the obstetric team. They will discuss your options which may include further hormones in the form of a gel or performing a Caesarean section. Each woman is different, and your wishes will always be taken into consideration.

Frequently asked questions

How long will the induction take?

Induction can take between 24 to 48 hours. The amount of time varies from person to person. Some women go into labour very quickly, in others, it takes longer. Please be prepared that it could take 48 hours to get to a point that you are able to have your waters broken or go into labour. Bring plenty to do and be aware that walking around is helpful too.

Are there any risks?

Like any drug or medical procedure, induction carries risks, which must be balanced against the potential benefits.

Rarely, women may experience an unusual reaction to the medication and experience strong contractions without a break in between. This usually happens within the first hour after the pessary has been inserted. This is called 'hyperstimulation' and can lead to a disturbance in the baby's heartbeat.

Induction of labour can also be associated with an increase in intervention in births, such as requiring an assisted birth (e.g. forceps) or a Caesarean section.

Occasionally, despite trying all the induction methods, labour may not begin. If this happens to you, a doctor will come and discuss the next steps with you.

Contact details

Should you require further advice or information please telephone:

Maternity A: **01772524959**

Maternity Triage: **01772 524495.**

Emergency: **Dial 999** and ask for an ambulance.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

References: NICE (2023) Clinical guideline – Induction of labour. For information about NICE clinical guidelines programme you can visit their website at www.nice.org.uk

Follow us on social media @lancshospitals

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

All our patient information leaflets are available on our website for patients to access and download:

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Production date: February 2024
Review date: February 2027
JR 1123 v1