

# Induction of Labour Information Guide



My admission date is:  Time:   
My check in area is:

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## What is induction of labour?

In most pregnancies labour starts naturally between **37 and 42 weeks**. In preparation for labour the cervix (neck of womb) softens and shortens. Before or during labour the membranes rupture and the fluid surrounding the baby begins to drain away. This is also known as 'the waters breaking'. The cervix then opens up and the womb contracts and pushes the baby out. Induction of labour is the term used when this process is started artificially. About 1 in 5 labours are induced.

## Why is it necessary?

Induction is offered when it is felt that it would benefit your health or the health of your baby. Your doctor or midwife will explain why it is being recommended for you. The most common reasons for induction are:

- **Prolonged pregnancy.** If you are **41 – 42 weeks** you will be offered an induction. This is because the placenta which nourishes the baby may not work properly after this time
- If your waters are draining for more than 24 hours and labour has not started. There is an increased risk of infection to both you and your baby
- If your baby is not growing as well as expected
- If you have **medical conditions** such as pre eclampsia, high blood pressure or diabetes

## Where does induction take place?

It can take 24 - 48 hours for labour to start. You may stay in a shared room called the **Induction Room** or on an antenatal ward. When labour starts you will be transferred to the **Delivery Suite**.

## Are planned inductions ever delayed?

We aim to avoid this but there are occasions when this might happen. If your induction is delayed this will be explained to you at the time.

## How is labour induced?

There are various methods used to induce labour. You may need just one or you may need a combination. There may be times when one method is more suitable than another and this will be discussed with you by your midwife or doctor. You will have an internal examination when you are admitted to help determine the best course of action.



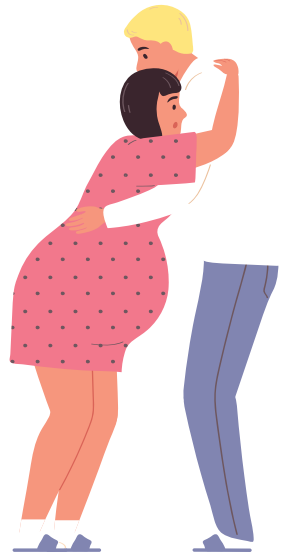
### Step One

#### a. Prostaglandin gel

This hormone is used if the cervix is closed. It softens the cervix and starts the induction process. During an internal examination, the gel is placed around the cervix. You will be asked to stay in bed for around 60 minutes to allow it to be absorbed. It is normal to have some tightenings but this does not necessarily mean that you have gone into labour. It can be normal to repeat the gel every 6 hours until the cervix has softened and opened. This can take 1-2 days. Your baby's heart beat will be checked regularly on a machine.

#### b. Propess

This is very like the prostaglandin gel in that it releases the same hormone to soften the cervix. It looks like a very small tampon and is inserted like the gel, but it stays up by your cervix for up to 24 hours. This allows the hormone to release without the need for repeated examinations/insertion. You can walk around, shower etc. as normal during this time. It also has a string attached to it so it can be easily removed when needed. It takes about the same length of time to work as the gel and is just as effective.



### c. Dilapan

This is a slim rod made of synthetic gel without any hormones. Usually 3 – 5 rods are placed together inside your cervix. Over the next 12 hours they absorb fluid and grow bigger. As this happens, they open and soften your cervix. You can walk around, shower etc. as normal during this time. This can be a good way to open the cervix for women who have had a previous caesarean section and are planning a vaginal birth in their current pregnancy.

### d. Balloon catheter

It is a soft tube (catheter) that is placed into your cervix. It has a balloon near the tip which is filled with sterile water after it has been put in place. The balloon puts gentle pressure on your cervix, helping it to open and soften over 24 hours. You can walk around, shower etc. as normal during this time. There are no hormones in the balloon and so it is a good option for women with a previous caesarean section birth.

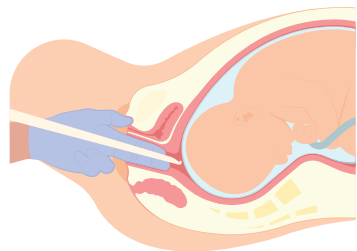


All of the methods in Step One can cause you to feel some contractions and/or discomfort as your body prepares for labour. This is normal and you can speak to your midwife about what you are feeling during this stage.

## Step Two

### Artificial Rupture of Membranes (ARM)

This is another name for ‘breaking’ of the waters. This can only be performed when the cervix is soft and open. During an internal examination the doctor or midwife will gently let the waters go. This allows the baby’s head to push down on the cervix and encourage labour to start. It only takes a few minutes but it can be uncomfortable.





You will be encouraged to move around afterwards. The baby's heartbeat will be monitored for approximately 20 - 30 minutes after the procedure.



### Step Three

#### Oxytocin

This is a hormone which causes the womb to contract. It is given through a drip. A small plastic tube (cannula) will be placed in a vein in your hand and the drip will be connected to it. The rate of the drip is gradually increased until the contractions are regular and strong. When you are on the drip the baby's heartbeat will be monitored all the time.

### What are the risks of induction?

#### The induction is not successful – labour doesn't start

This is rare but it can happen. The doctor will discuss with you whether to postpone the induction or to consider a caesarean section. The options will be fully explained to you and the decision will depend on you and your baby's health.

#### There is an increased risk of assisted birth or caesarean section

Assisted birth means the use of forceps or suction cup to help deliver the baby. A caesarean birth may be necessary if the induction is not successful or if the health of your or your baby causes concern.

#### Increased need for pain relief

Some women find that the contractions are more intense when labour is induced. You will be offered every support and appropriate pain relief. You can use our bath/shower facilities during the first stage of labour. The use of a gym ball, hypnobirthing, Labour Hopscotch and massage are common techniques which can also be used. We can also offer you tablets (paracetamol), injections (pethidine), gas or air (Entonox®) as additional methods that can help manage pain. You can request an epidural when labour has started.

## Over stimulation of the womb

Sometimes the drugs used for induction can cause the womb to contract too much. This can affect the baby's heartbeat and may be very uncomfortable for you. The drugs can be reduced and the baby will be monitored continuously. Medication can also be given to stop the effect of the drugs if necessary.



**During the induction, your baby's heartbeat will be monitored closely – more information on this can be found here:**



## Can my birth partner stay with me?

Yes your birth partner can stay with you on the ward from 8am to 10pm. When you are transferred to the Delivery Suite they can stay with you until you give birth. No other visitors can come to see you during induction.

## If you wish to bring some items to support you, these can include:

- TENs machine, music, hypnobirthing tools including visualisations, a book or magazine, snacks.



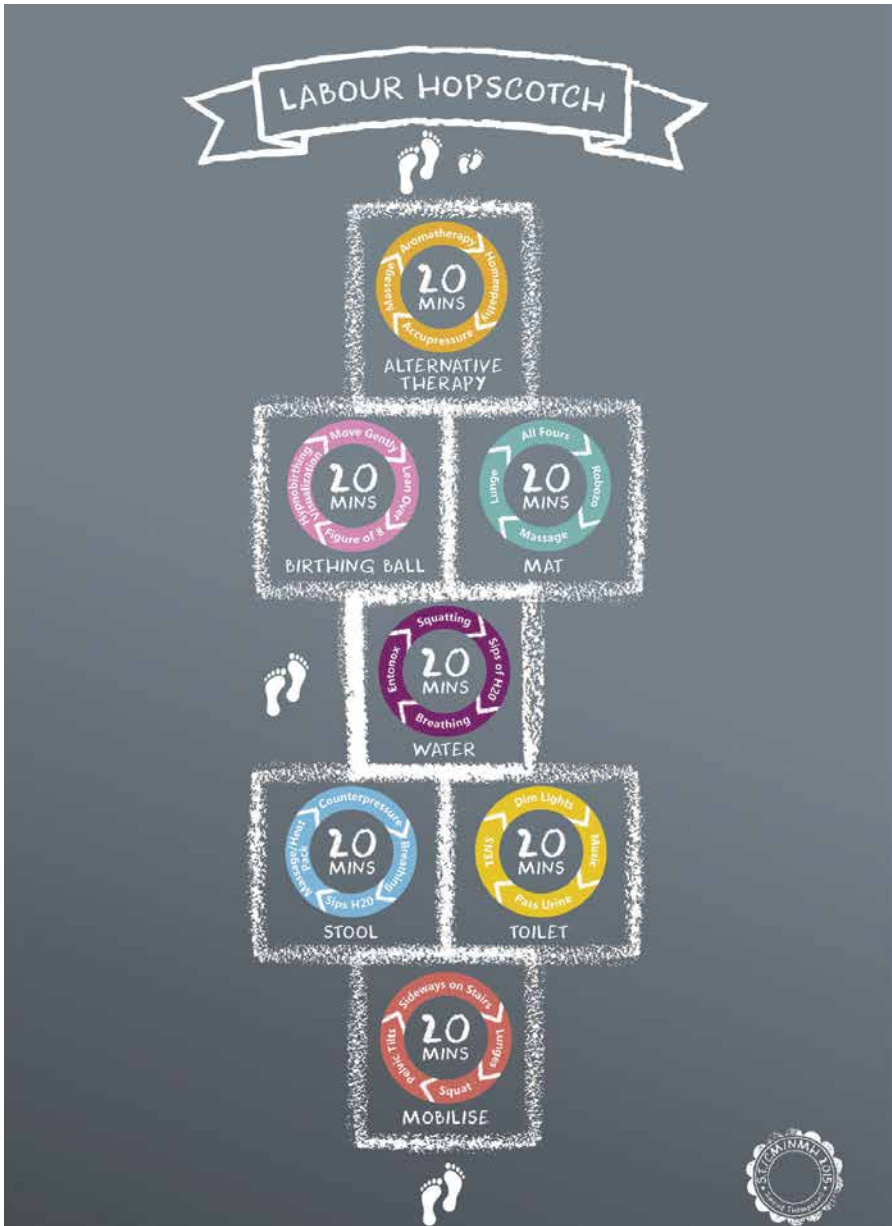
## Be sure to ask any questions you may have before and during the induction process.

Some hospitals can support you to spend time at home in the early stage of induction if you meet certain criteria. Your midwife or doctor will discuss this if it is an option for you.



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

**“Make each step count towards an Active Birth –  
Let our hopscotch guide you”  
– Sinead Thompson**





**Cork University Maternity Hospital**



**University Hospital Waterford**



**Tipperary University Hospital**



**University Hospital Kerry**