

Induction of labour Maternal Age Making Decisions

This document will provide you information to help you make decision about your treatment. At the end you will be asked some questions to help prompt discussion with the healthcare team.

This digital toolkit was created using Adobe acrobat. Most smart phones will already have Adobe Acrobat Reader installed. If not you can find it in your app store.

Paper versions of this toolkist are available on request.

Making decisions about induction of labour

This toolkit is to support you with choices if you have been offered Induction of Labour (IOL). It may help you to make informed decisions about your care, in partnership with midwives and doctors. It's important for you to understand and be involved in your care planning which includes discussing the reasons you are offered or recommended an induction.

An induced labour is one that is started artificially (not by itself). Around 3-4 out of 10 women are induced in the UK. It is your choice whether to have labour induced or not and using this tool can help you decide and help you ask questions.

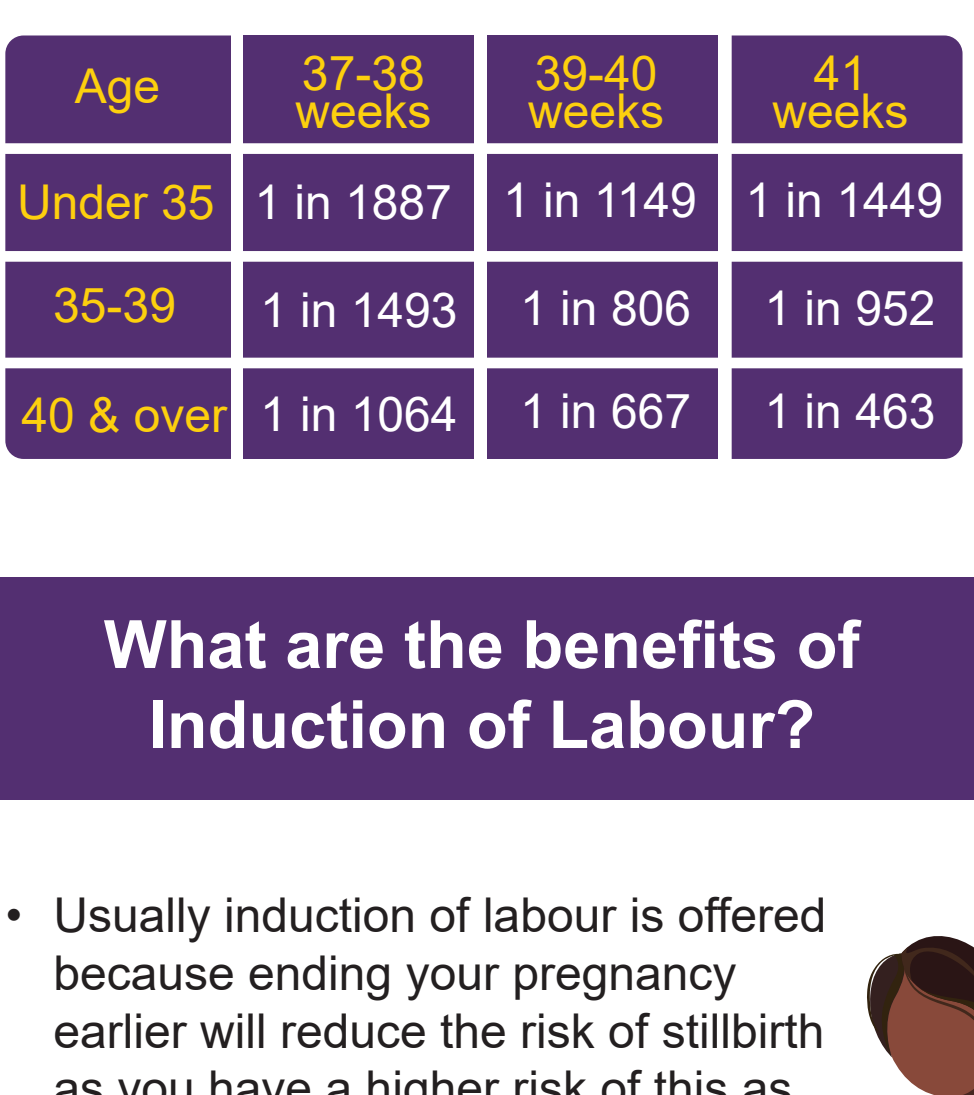
Why might I be offered an induction of labour?

Induction of labour may be offered for a many different reasons. If you are age 40 or above, you will be offered an earlier induction of labour. The reason for this is because there is an increase in the number of stillbirths in women aged 40 and over. The research is not clear on why this happens. The research shows the rate is also higher if you are having your first baby.

- For women aged 40-43 you will be offered induction between 39-39+6 weeks pregnant.
- If you are aged 44 or over, we would usually aim for your baby to be born by 38 weeks.

When considering this choice, you need to speak to your midwife to see if you have any other risk factors.

The graph and chart below give you some statistics from two different research studies. They show rates of stillbirth as pregnancy continues and impact of women's age.



The Absolute risk of stillbirth in the USA (excluding those with medical diseases). Reddy at al Am J Obstet Gynecol 2006;192:764-70

| Age | 37-38 weeks | 39-40 weeks | 41 weeks |
|-----------|-------------|-------------|-----------|
| Under 35 | 1 in 1887 | 1 in 1149 | 1 in 1449 |
| 35-39 | 1 in 1493 | 1 in 806 | 1 in 952 |
| 40 & over | 1 in 1064 | 1 in 667 | 1 in 463 |

What are the benefits of Induction of Labour?

- Usually induction of labour is offered because ending your pregnancy earlier will reduce the risk of stillbirth as you have a higher risk of this as pregnancy continues.
- Induction of labour after 39 weeks pregnancy does not increase your chances of caesarean birth, long term problems for your
- The risks of choosing induction will vary depending on your own personal situation. It may stop a serious infection occurring however it may affect your birth options and limit your birth place choice.
- You may be recommended more interventions (for example, oxytocin infusion, vaginal examination, continuous baby (fetal) heart rate monitoring and epidurals) which may limit your ability to move around).
- There may be a need for an assisted vaginal birth (using forceps or ventouse), with the associated increased chance of obstetric anal sphincter injury (OASI - third or fourth-degree perineal tears). The OASI care bundle will be offered to try and reduce this happening.
- There is a chance the medication used to induce labour could cause hyperstimulation – this is when the uterus (womb) contracts too frequently or contractions last too long. This can lead to changes in the baby's heart rate which could result in the baby being compromised – we have clear guidelines to follow if there are too many contractions and we monitor you to ensure your baby is coping with the contractions.
- You may be less likely to be able to use a birth pool.
- An induced labour may be more intense and painful than a natural labour as the hormones don't trigger the release of women's own natural endorphins (which help relieve pain)
- Your hospital stay may be longer than with a natural labour.
- Sometimes (1 in 100) induction of labour may be unsuccessful and other options would be discussed with you and the midwives/doctors for a plan to be made together.
- Your highest chance of a vaginal birth is if it starts naturally (by itself) and you birth on a Midwife-Led Unit near Delivery Suite – speak to your consultant midwife to explore this option.

What are the alternatives?

- You have the option of waiting longer to see if you labour starts naturally.
- You could choose to be induced at a later date.
- If you would like to discuss any other alternative options, please let the midwives know about this and they will arrange for an appointment with a doctor or consultant midwife to ensure there is a clear plan with you.

What happens now?

- It is important to make a choice that is right for you.
- Try using the tool below to help you make a decision that is right for you and your baby.
- The midwives will book your induction of labour if this is what you choose and give you a time to attend the Delivery Suite.
- If you choose to wait for your labour to start or wait longer for your induction of labour, extra monitoring of you and your baby will be offered. You should also discuss your plans with the obstetric doctors if you wish to wait longer. This is due to your risk increasing if you continue your pregnancy. Extra monitoring cannot guarantee the wellbeing of your baby, but it may pick up concerns at the point of the monitoring.

Questions

What are the benefits?

What are the risks?

What are the alternatives?

What does your intuition or your gut feeling tell you?

What happens if we do nothing for now? Can we wait and take some time to think?

Further information

The Induction of Labour Information for Birthing People and their families which gives further information on induction of labour including

- process
- risks
- membrane sweep
- stages of induction