

# Induction of labour

## Reduced fetal movements

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?

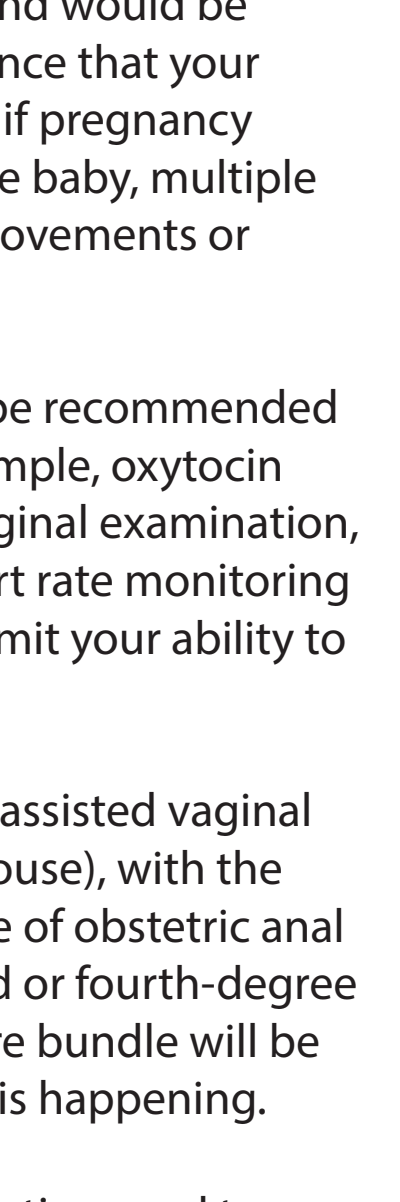
Induction of labour may be offered for a variety of reasons including reduced fetal movements (RFM). It important for you to discuss with the midwives and doctors the reasons they are recommending an induction. When considering this choice speak to your midwife to see if you have any other extra risk factors to think about (for example: maternal age >35, smoking, maternal medical conditions). These risk factors may affect the timing of when IOL will be offered.

If you have reduced fetal movements after 39 weeks you will be offered induction of labour. If you have reduced fetal movements between 26-39 weeks other factors need to be assessed when deciding on the timing for an induction of labour.



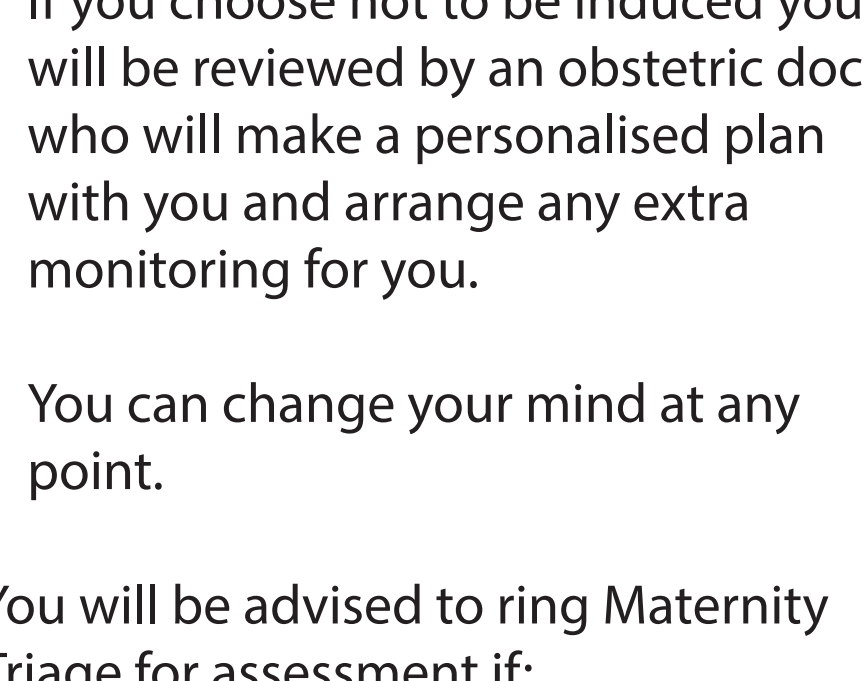
### What are the benefits of induction of labour?

- There can be a link between episodes of RFM and stillbirth. The link can be stronger when women have multiple episodes of RFM in late pregnancy (after 26 weeks).
- Most women who present with RFM give birth to healthy babies. For a very small number of babies the reduced fetal movements may be because the baby is trying to keep it's energy due to reduced oxygen supply from the placenta. Sometimes this resolves; occasionally it continues. .
- The aim of inducing your labour is to reduce the risk of still birth.
- Research tells us that having an induction of labour at/after 39 weeks will not increase your chances of caesarean birth, long term problems for your baby or admission to the Neonatal Unit when compared with continuing your pregnancy



### What are the risks of Induction of Labour?

- The risks of choosing induction will vary depending on your own personal situation. Induction may reduce the risks highlighted however it may affect your birth options and limit your birth place choice.
- Birth prior to 39 weeks is associated with small increases in long term problems for your baby. So, a decision for induction before 39 weeks and therefore an earlier birth needs to be carefully considered and would be appropriate if there is evidence that your baby may be compromised if pregnancy continues (e.g. growth of the baby, multiple episodes of reduced fetal movements or additional risk factors)
- During induction you may be recommended more interventions (for example, oxytocin infusion (hormone drip), 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 used 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.



### What are the alternatives?

You can make a choice:

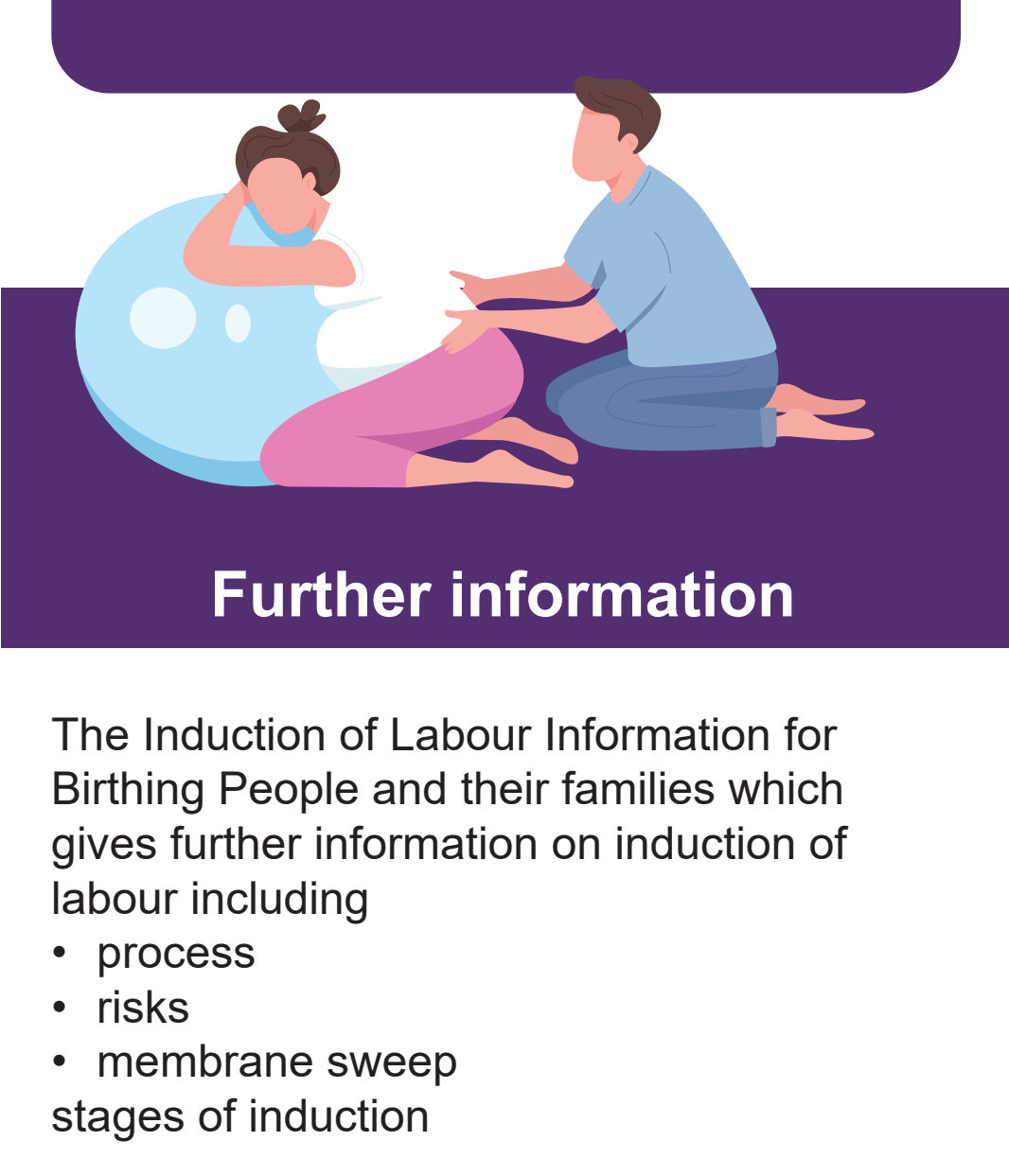
- You have the option of waiting for your labour to start naturally.
- If you decide to wait for natural labour the Midwives may recommend to attend the unit for extra monitoring of you and your baby and they will refer to the on call team of doctors to make sure an individualised plan is made with you. The extra monitoring usually recommended is assessment of baby's heart rate and it also may include extra ultrasound scans. This cannot guarantee the wellbeing of your baby but it may pick up concerns at the point of monitoring.
- If you would like to discuss alternative options please let the midwives know about this and they will arrange for an on call doctor to come and speak to you and make sure there is a clear plan made.

### 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.
- If you choose to have an induction of labour, your midwife will arrange this and give you further information. She may get a doctor to review you depending on your individual situation.
- If you choose not to be induced you will be reviewed by an obstetric doctor who will make a personalised plan with you and arrange any extra monitoring for you.
- You can change your mind at any point.

You will be advised to ring Maternity Triage for assessment if:

- you go into labour (contractions start)
- your water's break
- you have further reduced/altered movements
- you have any other reason on our triage guidance leaflet



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