

Induction of labour

Premature rupture of membranes (PROM)

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?

If your waters break after 37 weeks but labour has not started and you have had a low risk pregnancy we advise you see a midwife for an Antenatal Check.

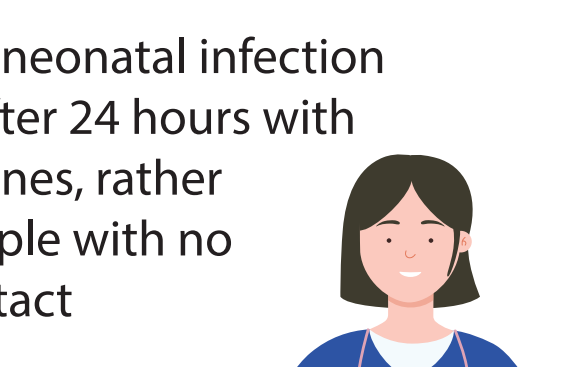
You will need to contact either:

- the Maternity Triage (if you are planning to give birth at the hospital)
- The Highfield Midwife on-call (if you are planning a home birth or birth at Seacombe Birth Centre)

Based on the antenatal check you will be offered choices relating to what to do next.

If there are any clinical reasons why induction is recommended

sooner (less than 24 hours after Rupture of Membranes) your midwife will discuss these with you.



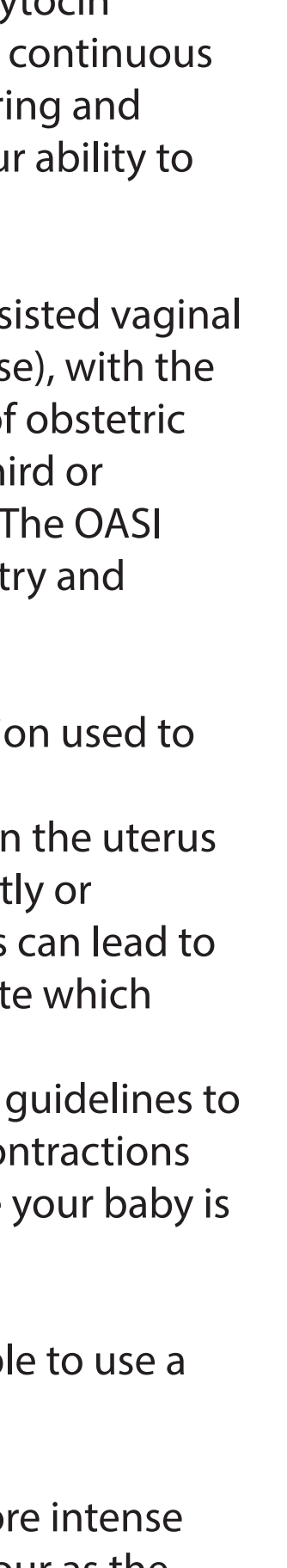
What are the benefits of Induction of Labour?

- The benefit of induction of labour is that it can reduce the time between your waters breaking and the birth of your baby. This may reduce the chance of infection of you or your baby. National guidance is that Induction of labour is appropriate around 24 hours after PROM to reduce this risk of infection
- 60% of people with pre labour Rupture of Membranes will go into labour within 24 hours
- the risk of serious neonatal infection increases to 1% after 24 hours with ruptured membranes, rather than 0.5% for people with no risk factors and intact membranes

Induction options include

- Propess pessary for 6 hours
- Artificial Rupture of Membranes (ARM) (breaking the forewaters - the waters in front of the babies head)
- Commencing the hormone drip (oxytocin infusion)

The most appropriate option will be recommended to you which will depend on your personal situation



What are the risks of Induction of Labour?

- 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
- 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.

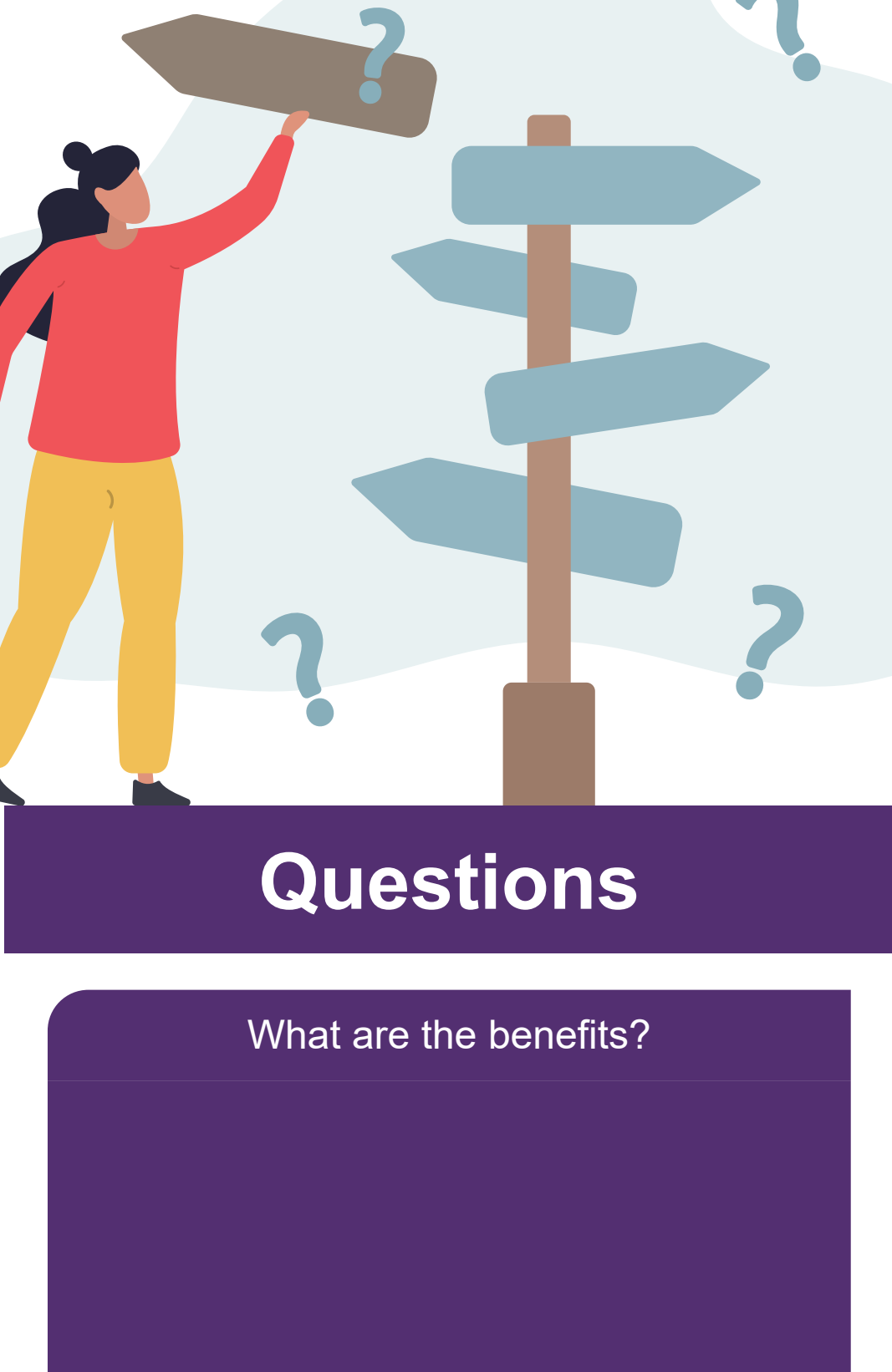
What are the alternatives?

You can make a choice:

- you would like to see if your labour starts naturally and book an induction of labour around 24 hours after your waters have broken.
- you would like to commence induction sooner.
- 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 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 go into labour or show any signs of infection before that time (raised temperature/feeling unwell/change in colour or smell of waters) or have reduced movements you should ring the Maternity Triage and will be advised to return to hospital.



Questions

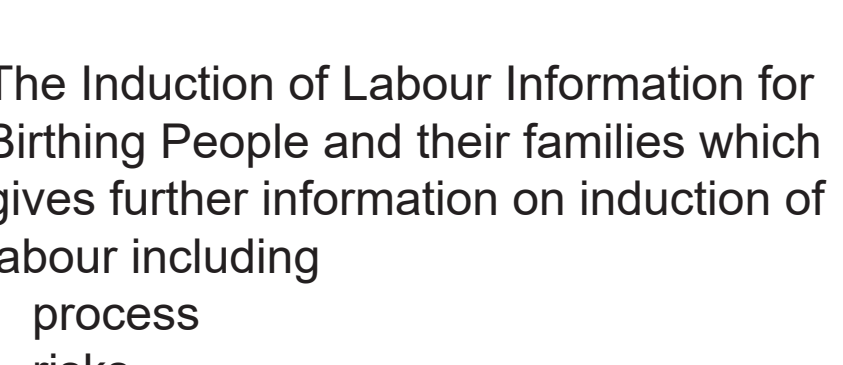
What are the benefits?

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