

# Induction of labour

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.

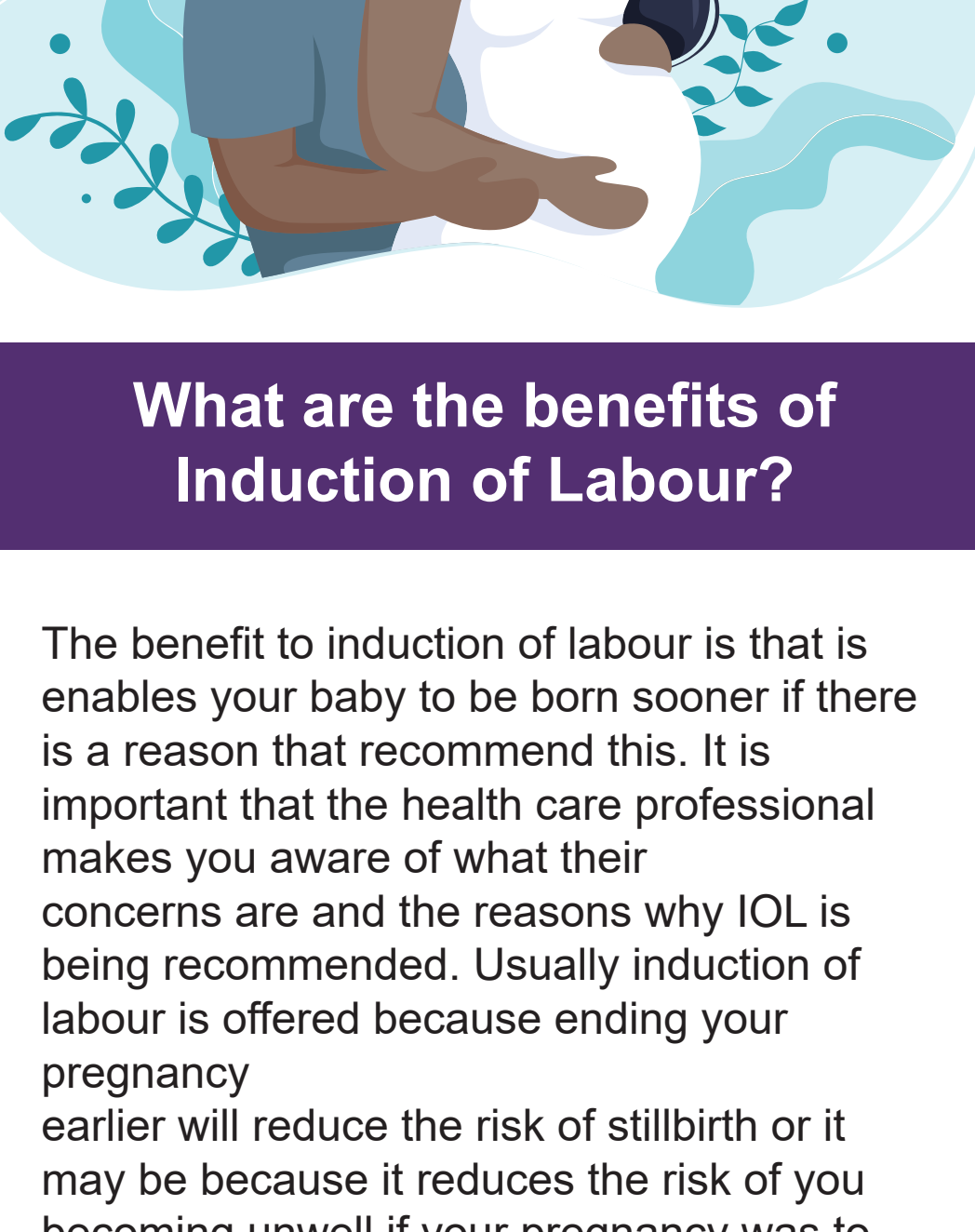
## Making decisions about induction of labour

This toolkit is to support you with choices if you have been offered Induction of Labour (IOL) and help you make an informed decision about your care, in partnership with midwives and doctors.

It important for you to discuss with the reasons you have been recommended an IOL so you understand and are involved in your care planning. An induced labour is one that is started artificially (not by itself). Around 3-4 out of 10 woman are induced in the UK. It is your choice whether to have labour induced or not and using this toolkit can help you decide

### Why might I be offered an induction of labour?

There are many reasons why women are offered induction of labour. These can include when there is a medical problem for you or a concern about the wellbeing of your baby. Examples include having diabetes or gestational diabetes, symptoms of pre eclampsia or high blood pressure, concerns about the growth or your baby, the blood flow to your baby or the amount of water around your baby or another reason. There are specific tool kits for when you go overdue, if your have reduced movements, if you are older than 40 and if your waters have broken after 37 weeks.

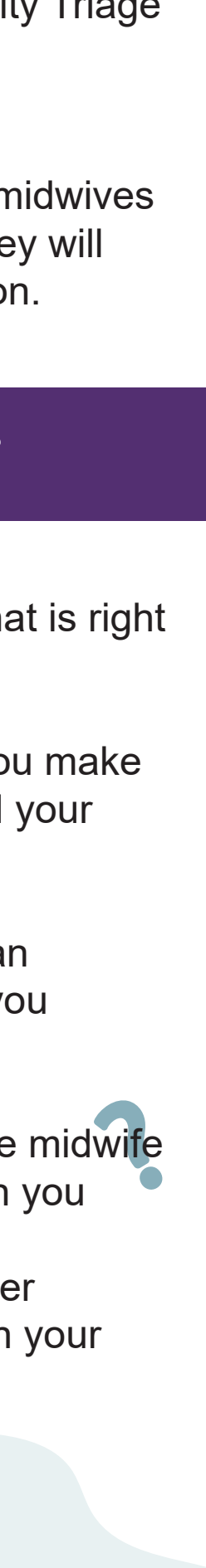


### What are the benefits of Induction of Labour?

The benefit to induction of labour is that is enables your baby to be born sooner if there is a reason that recommend this. It is important that the health care professional makes you aware of what their concerns are and the reasons why IOL is being recommended. Usually induction of labour is offered because ending your pregnancy earlier will reduce the risk of stillbirth or it may be because it reduces the risk of you becoming unwell if your pregnancy was to continue.

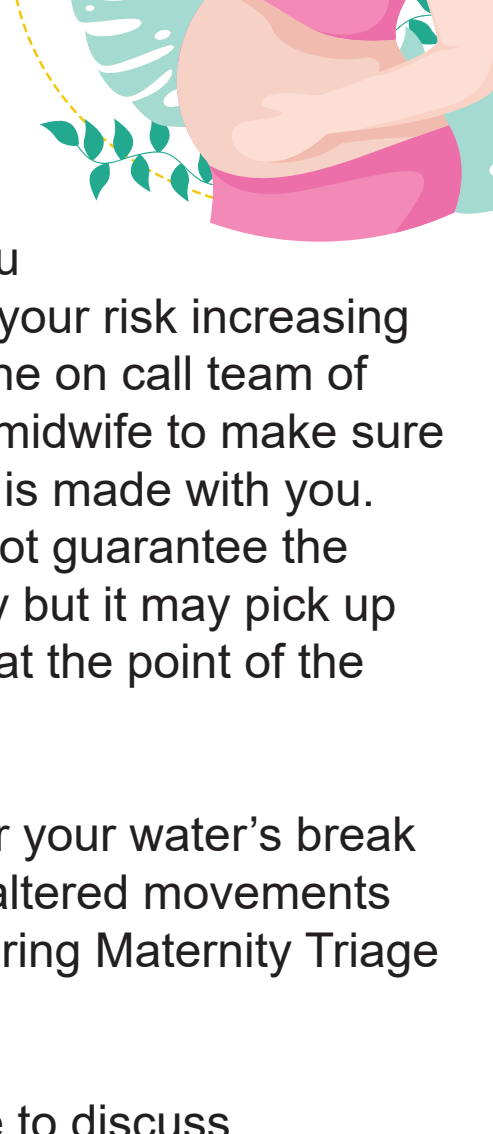
### What are the risks of Induction of Labour?

- The risks of choosing induction will vary depending on your own personal situation. It may reduce the risks to you or your baby 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 natual 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 for your labour to start naturally.
- The Midwives will recommend attending the unit for extra monitoring of you and your baby due to your risk increasing and they will refer to the on call team of doctors or consultant midwife to make sure an individualised plan is made with you. Extra monitoring cannot guarantee the wellbeing of your baby but it may pick up concerns if they exist at the point of the monitoring.
- If you go into labour or your water's break or you have reduced/altered movements you will be advised to ring Maternity Triage for assessment.
- If you If you would like to discuss alternative options please let the midwives or doctors know about this and they will provide you with further information.



### 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.
- Your midwife will book you in for an induction of labour if this is what you choose.
- If you decide not to be induced the midwife will make a personalised plan with you which may include, additional appointments or referrals for further discussion or monitoring based on your individualised situation.



## Questions

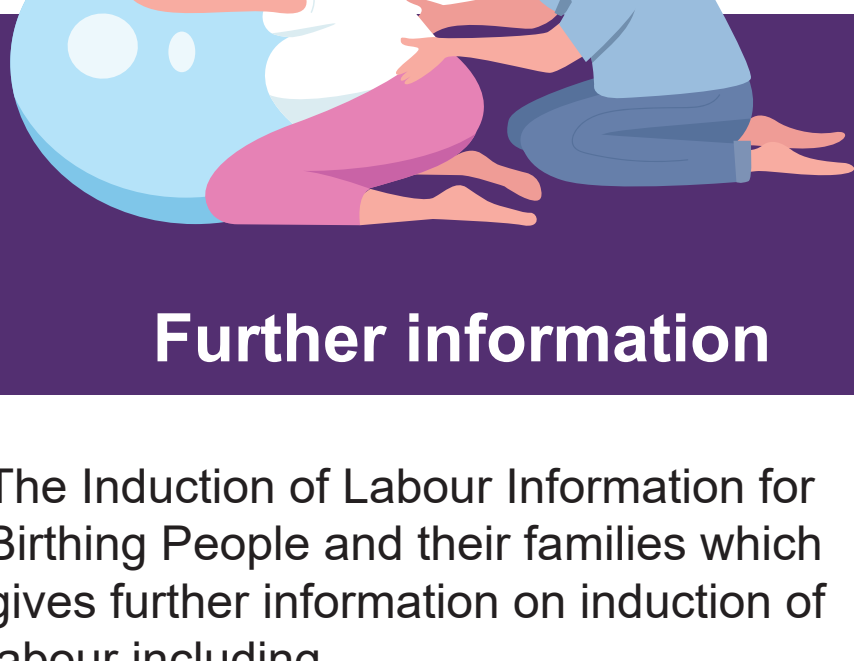
What are the benefits?

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