

Breaking your waters

If your cervix has already started to open (which can be felt during an internal examination) then the membranes covering the baby's head can be broken with your consent. This is performed on the Obstetric unit. Some women will become established in labour after having their waters broken, however often it is necessary to continue the process with the addition of a syntocinon drip (which is a synthetic form of Oxytocin).

Pain Relief

As with a natural labour, some women experience discomfort as the cervix begins to soften. Midwives will support you to manage this, and will be able to discuss your options depending on your experience. Discussing non-medical approaches such as using your TENS machine, Aromatherapy Oils, finding a different position/walking/using the birth ball, water therapy or massage can be helpful. You can also discuss medication such as paracetamol, codeine, pethidine and gas and air. It is important to be aware that the IOL drugs used can over stimulate the uterus

What if the Induction doesn't work?

For the majority of women it does work, however, for some women it is not always successful. Your Midwife and Obstetrician will assess your condition and your baby's well-being and discuss all options with you which may include a rest day and trying again or birth by a Caesarean Section.



Ways to encourage birth

We know that no two births are the same and women have individual preferences for their birth experience. Our ultimate aim is to support you to have a positive birth experience. For most women and babies, having a vaginal birth means that you have a quicker recovery, your baby is less likely to need the support of our neonatal unit and breast feeding is more likely to be successful. Vaginal birth has many sensory and cognitive benefits to the new-born baby.

We also know that following induction of labour, women are more likely to have an assisted delivery (forceps or ventouse), than women who have a spontaneous labour. After 37 weeks of pregnancy, you are no more likely to have a Caesarean Section, than someone who goes into labour on your own.

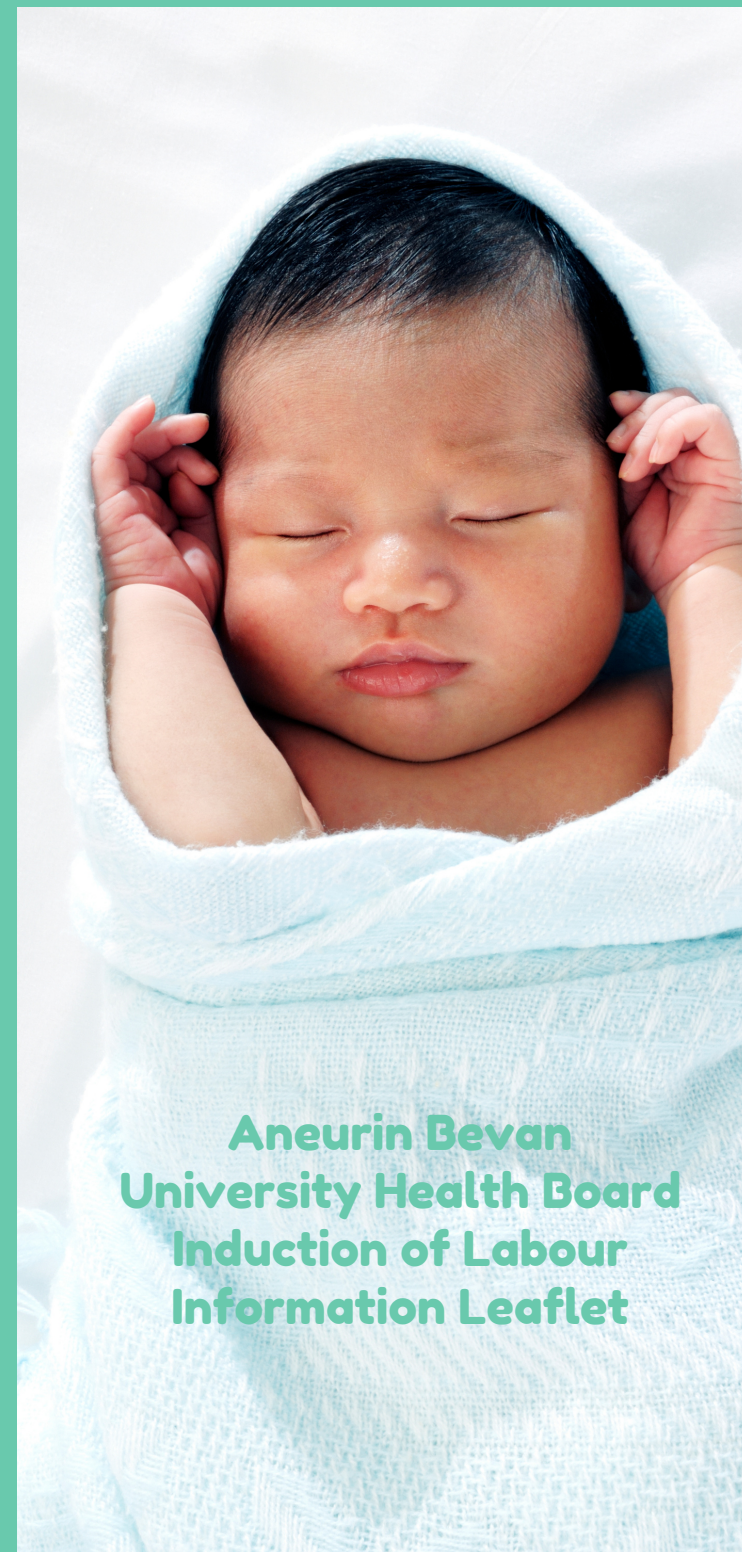
The most likely outcome is to have a vaginal birth. The position of your baby and the natural birth hormones you release can affect your progress through labour, so during the induction process there are many ways that you can optimise your chance of a vaginal birth.

Please talk to your midwife about this further but some of our suggestions include being upright and mobile as much as possible, creating a calm and familiar environment by bringing pictures of your loved ones, positive affirmations and personal items from home (like your perfume or a pillow case), using a birthing ball, adopting positions like all fours or leaning over a birthing ball and having a good understanding of the process of birth.

General Information

You will need to bring your hospital bag in with you which should contain all necessary items for both you and your baby. As it is normal for an induction of labour to take some time, we encourage you to bring some snacks for both you and your partner, and entertainment for your comfort. The Grange University Hospital offers free Wi-Fi. Some people have found books, audiobooks, crafts and electronic devices helpful to pass the time.

The QR Code attached with direct you to further information including current visiting information.



Induction of Labour

When labour is started artificially, it is called Induction of Labour

Before making a decision about induction of labour it is important that you understand the reasons why induction is being offered, when, where and how the induction could be carried out, the arrangement and support for pain relief (as we recognise that you are likely to find induced labour more painful than spontaneous labour), what your alternative options are, the risks and benefits of induction of labour and what your options are if induction is not successful.

It is also important to be aware of ways to optimise the success of induction if this is what you choose. We hope this leaflet gives you some insight into induction of labour at Aneurin Bevan University Health Board and should be used as well as a full discussion with your Midwife or Obstetrician.

Please take time to discuss the information about induction of labour with your birth partner, look at a variety of sources of information, ask questions and think about your options. Please also discuss with your Obstetrician or Midwife about a membrane sweep that can be performed in a clinic setting or in your own home. (Please follow the QR code overleaf for further information).

Using the BRAIN analogy for decision making



BENEFITS
RISKS
ALTERNATIVES
INTUITION
NOTHING

Why is Induction of Labour necessary?

There can be many reasons why induction of labour is recommended. The most common reason is to avoid the risks associated with a prolonged pregnancy. Your labour may also need to be induced due to medical reasons concerning either you or your baby or both. For example, if you have diabetes or there are concerns around your baby's growth, induction may be recommended.

Common reasons for IOL are to reduce the risk of stillbirth and harm to yourself and baby from continuing the pregnancy.

What happens if I decide to have an induction?

Induction in ABUHB is undertaken in one of two ways:

Outpatient induction is routinely offered to mothers who are 13 days overdue and have not experienced any complications in their pregnancy. This means that you can choose to go home for up to 24 hours after having the process of induction started. If you respond to the first dose of the induction drug, your recommended place of birth would be on an alongside midwifery unit (at The Grange University Hospital) (please follow the QR Code for more information).

Inpatient Induction of Labour: If you decide to have an Inpatient Induction, you will be admitted to the Antenatal Ward or Induction Suite. You will be contacted on the day of your planned induction of labour to advise of what time to attend.

The Midwife will ask to carry out a full antenatal check, including blood tests, and monitor your baby's heartbeat for approximately 30 minutes. The process will be explained to you and if you are happy to continue, a vaginal examination will be offered.



GIG
CYMRU
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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

How is my Labour Induced?

Inpatient induction involves the use of hormone drugs, breaking your waters, or a combination of both. We have provided further information below.

Sometimes the whole process from being admitted to hospital for an induction of labour, to becoming established in labour, can take up to 5 days. (Including a rest day, where this is sometimes necessary to give your body time to respond)

Prostaglandins (most common method)

When you are offered induction we use an assessment tool called a 'Bishops' score' based on how your cervix feels on vaginal examination, and a change in the 'Bishops' score' can be very positive. The main role of prostaglandins is to soften the cervix and allow it to open enough for us to break your waters. This can take several days. Some women will experience the onset of contractions during this time although it is not the primary aim of the medication. Usually more than one dose may be necessary to induce your labour.

It is easy to feel disheartened if contractions do not happen right away, but in fact it is not expected at this stage. For some women the response to the prostaglandins can be quicker and that is okay also. For women who experience immediate contractions this can be the start of labour, but is more likely to be a response to the induction drug.

We use two forms of prostaglandins; Propess and Prostin. Propess is usually offered first and slowly releases prostaglandins over 24hrs. You will then be offered prostin, usually 2 tablets 6 hours apart. Some women describe the Propess as a small 'tea-bag' like piece of gauze that is inserted in your vagina and releases prostaglandin. Prostin is a tablet roughly the size of an almond that is placed high in the vagina and dissolves over a few hours.

If your waters have broken naturally before labour (with no other signs of established labour) you will be offered a full discussion of the most appropriate induction method depending on your bishop's score, your pregnancy and medical history, whether you have had babies before and your personal preference. Propess is likely to help limit the amount of recommended vaginal examinations and give you a more gentle build up to established labour.