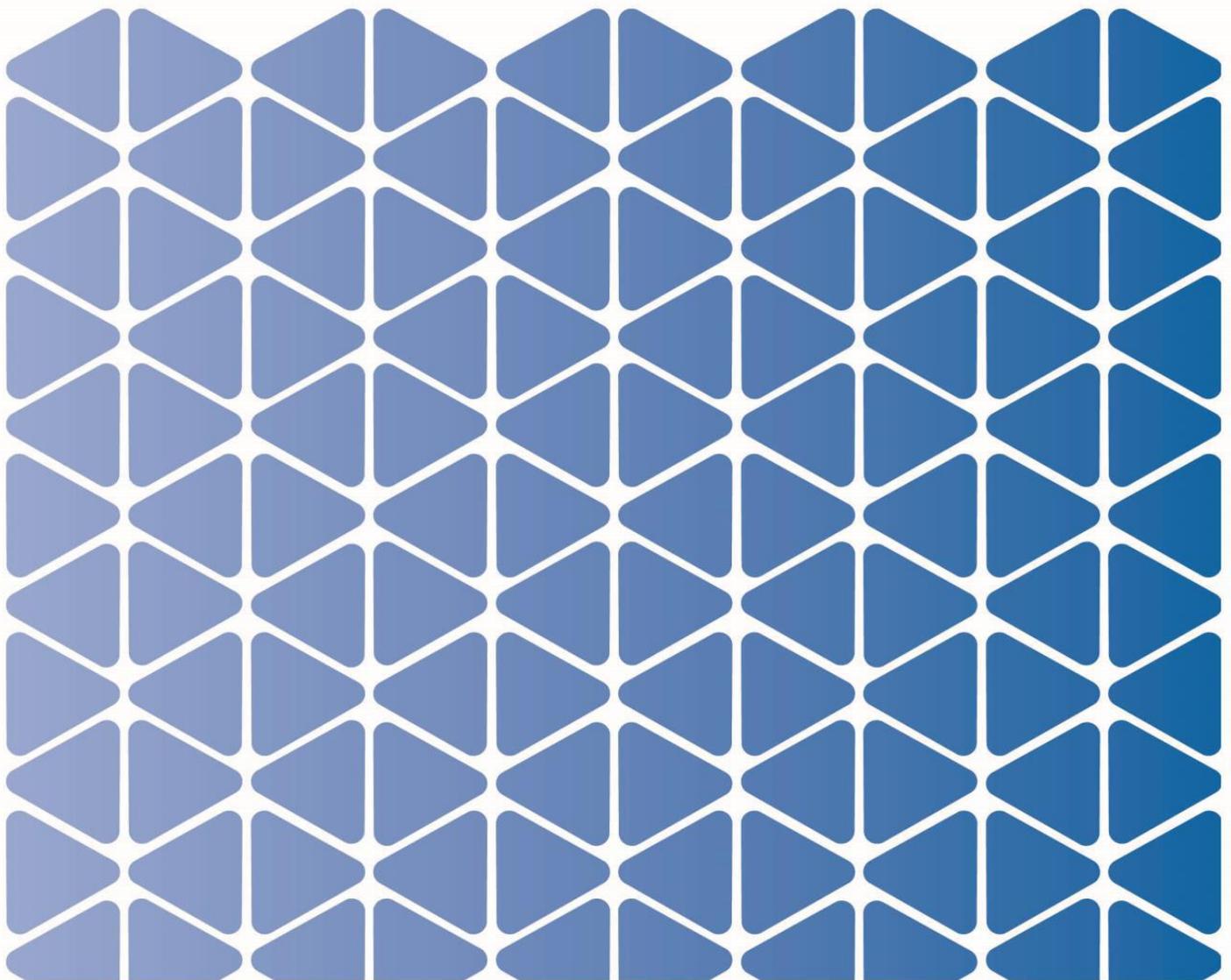


PATIENT INFORMATION

**WHAT YOU NEED TO KNOW
ABOUT INDUCTION OF LABOUR**



Induction of labour

Towards the end of your pregnancy, your midwife or doctor will explain and discuss induction of labour with you. This will usually take place 12 days after your due date; however this may be sooner if complications arise during your pregnancy.

Membrane sweep

As part of the induction it is recommended that you have membrane sweeps. This will happen approximately 4 and 2 days before your induction date. This has been shown to increase the chances of labour starting naturally within the next 48 hours; it is performed by your community midwife at home or in Day Assessment Unit and involves a vaginal examination. Even if you do not go into labour it may make the next stages easier.

Where will I go?

You will be given a date to attend the ward for your induction.

If this is your first baby and your pregnancy is low risk your midwife or doctor may talk to you about 'Outpatient' induction.

If you are not suitable for 'Outpatient' induction your midwife or doctor will arrange for you to attend the hospital to enable your labour to be induced. Please telephone on the morning of your induction, at 09:00 the Lavender Antenatal Ward at Worcestershire Royal Hospital on: 01905 760586.

If the ward is very busy and there is no bed available at this time you may be asked to call back in a few hours. The midwives and doctors will be aware of the reason your induction has been planned and will make sure that you are invited into hospital as soon as possible.

How will my labour be induced?

The midwife caring for you will ensure that you fully understand the process before commencing the induction and will be happy to answer any further questions that you may have. It is important that you are able to provide us with a fully informed consent prior to the induction.

There are 4 aspects of induction of labour; you may not need all of these.

1. Membrane sweeps
2. Propress pessary
3. Breaking the waters
4. Syntocinon (hormone) drip

A CTG (Cardio Tocograph) will be performed to monitor your baby's heart rate. Once you have given your consent, a midwife will perform a vaginal examination to assess your

cervix, if required a Propess Pessary containing the hormone prostaglandin, into your vagina with two fingers. The midwife will then position the Propess next to your cervix. This is like having a small flat tampon inserted. Once the Propess is inserted into your vagina it will stay there for 24 hours. It has a string attached to it which will allow the midwife to remove it easily.

How long will it take?

Once the Propess has been inserted Prostaglandin is slowly released over 24 hours and acts in a similar way to the hormone that your body produces when you go into labour naturally. It will remain in for a maximum of 24 hours and you may require a further Pessary which will remain in for up to 24 hours also. You will be asked to rest initially, lying down on your left side for half an hour. After this time you can get up, go for a walk around or go for a meal in the hospital restaurant.

Your midwife and doctor will make a plan as to how frequently we monitor you and your baby. It is important that you tell us if you are having any uterine tightening's; which can be painful. On rare occasions your tightening's may come too frequent without a break in between, (hyperstimulation) if this happens your midwife will monitor the baby's heart rate on the CTG and if there are any concerns about your baby the Propess will be removed.

For some women labour starts shortly after the Pessary has been inserted. For others it takes longer. After 24 hours if you are not in labour the consultant will discuss with you the next stage of induction. It maybe suggested that a second Propess is inserted to allow the cervix to soften, shorten and open (ripen) further, in which case the process will be repeated over a further 24 hours.

If however there are signs that your cervix has started to ripen a plan will be made to break the sac of waters surrounding your baby (Artificially Rupture Membranes/ARM) and commence a Syntocinon infusion, this is an artificial hormone drug that encourages contractions. This will be done on Delivery Suite when a bed and midwife are available, the amount of time you wait to go to Delivery Suite can vary, and this could be up to or over 72 hours. If you have a long wait for transfer to Delivery Suite you and your baby will be monitored to ensure you are both safe and well. The consultant on call will be kept informed of any delays, and will review each case on a regular basis.

The Syntocinon is given through a tiny tube into a vein in the arm. Once contractions have begun, the rate of the drip will be adjusted so that your contractions occur regularly until your baby is born. Whilst being given the hormone drip your baby's heartbeat should be continuously monitored on a CTG machine. You can still maintain some mobility by moving around, standing, kneeling on a bed or sitting on a birthing ball.

What pain relief is available?

- Paracetamol and Codeine
- TENS
- Water Therapy
- Aromatherapy
- Gas and Air (Entonox)
- Pethidine injection
- Epidural-once on Delivery Suite

These are some of the options available and the midwife will be happy to discuss pain relief and what is most suitable for you throughout the induction process.

What should I bring?

For many women, induction can take a long time. For this reason it is a good idea to bring books magazines or a tablet. Hospital meals and tea and coffee will be provided for you but not for your birth partner. You may also like to bring some additional snacks and drinks which are useful once labour has started. We recommend that you bring some comfortable clothes to wear, or even comfortable nightwear and a dressing gown. Please don't forget your slippers and your delivery bag. Please bring any regular medication that you may need during your stay and hand them to your midwife on arrival.

For further information regarding your stay please see leaflet WAHT-PI-351 (Welcome to the Antenatal Ward)

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.