

DEPARTMENT OF HEALTH

Rheynn Slaynt

Jane Crookall Maternity Unit
Noble's Hospital, Isle of Man



INDUCTION OF LABOUR INFORMATION



Isle of Man
Government

Reillys Ellan Vannin

Jane Crookall Maternity Unit, Nobles Hospital, Isle of Man

INDUCTION OF LABOUR

Arrangements have been made for you to be admitted to the Jane Crookall Maternity Unit for induction of labour.

Day..... Date..... Time.....am/pm

The Jane Crookall Maternity Unit (JCMU) is clearly sign-posted and is situated on the first floor in the east wing (red corridor). There is an intercom to the unit and the staff will be expecting you.

It is very important that you contact the Maternity Unit on 650030 prior to your admission to ensure a bed is available for you. If you are planned to be an evening admission then please call between 5 – 6pm. If arrangements have been made for you to be admitted in the morning then please call at 7am.

Please read this information leaflet and if you require further advice do not hesitate to contact the unit at any time.

USEFUL CONTACT TELEPHONE NUMBERS:-

Jane Crookall Maternity Unit	650030	(24 hour advice line)
Antenatal Clinic	650322	(answerphone leave message non-urgent)
Community Midwives	650327	(answerphone leave message non-urgent)
National Childbirth Trust NICE	0870 444 8709 0845 003 7783	www.nct.org.uk publications@nice.org.uk

JANE CROOKALL MATERNITY UNIT VISITING TIMES:-

Partners may visit from 8am – 9pm

For other family members and friends the visiting times are 2pm - 4pm and 7pm - 8pm

Please Note: The main hospital entrance will be locked between 9pm - 8am and access will be only via the A&E Department.

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On arrival at the JCMU

- Please report to the main desk in the central ward area
- You will be shown around the unit and introduced to the midwife who will discuss with you the induction procedure.
- Your midwife will take and record your blood pressure, pulse and temperature.
- The midwife will feel your abdomen to see how your baby is lying.
- A tracing of the baby's heart will be performed using a CTG monitor.

What to bring with you

- Your hand held records/Co op card.
- Personal hygiene products including thick maternity pads.
- Baby clothes, including nappies, to take baby home in and additional cotton wool.
- Night wear and change of clothes
- Please remember to leave valuables at home as we are unable to ensure their safety.
- You will need loose change if wish to purchase newspapers or for phone calls.
- Any medication you are taking especially insulin and glucometer/inhalers if required.
- Camera and mobile phone if you wish.

Can my partner stay with me?

Your birthing partner can remain with you for the initial examination if you are planned to have prostaglandin gel. Depending on the findings they would be asked to go home and return early the next morning. This is to allow adequate rest for you both.

Unfortunately we do not have the facilities for partners to stay and we wish to provide security and privacy to all women and their babies.

If you did happen to establish in active labour during the night then we would contact your partner and ask them to return to the unit to be with you.

If attending for your waters to be broken in the morning your partner will be able to stay with you throughout for support.

What is induction of labour?

Labour is a natural process that usually starts on its own. Sometimes labour needs to be started artificially; this is called "induced" labour.

The difficult part of induction of labour is that it may take several days and requires a lot of patience on your part. We take the process slowly because we do not want to give you strong contractions too quickly as this can be dangerous to your baby and painful for you. We try to mimic labour as best as possible so you are able to adapt to the contractions gradually.

Why might you be offered an induction

Your midwife or doctor should already have explained why you are being offered induction and should have explained the risks and benefits. Essentially, an induction would be considered if it was felt that prolonging your pregnancy would carry an increased risk to you or your unborn baby.

The main reasons for offering induction would be:-

1. Your pregnancy has gone past the due date. There is evidence that there is an increased risk of unexplained stillbirth after 42 weeks of pregnancy. Consequently you would be offered induction if your pregnancy extended 10 – 14 days past your expected delivery date.
2. Concerns regarding your blood pressure.
3. You have or have developed diabetes.
4. There are concerns about the growth of your baby.
5. Your waters have broken but labour has not established.

What are the Risks?

An induction is not without risk and as a consequence has not been suggested to you without good reason. All women who are induced have a 1:4 risk of requiring a Caesarean Section (CS).

1. Risk of over stimulating the uterus (1-5%)

Hormones are used in the induction process to make the muscle of the uterus contract. In a small number of instances the uterine contractions can be too strong or too frequent. If this occurs there is a reduction of oxygen to the baby and the baby may then be compromised.

2. Risk that induction will fail (up to 15%)

This means despite giving medicines to stimulate the womb to contract the cervix fails to open. Failure of induction is more likely if the cervix is "unfavourable." If an induction fails then this situation should be discussed with you and a decision would be made to either deliver your baby by Caesarean section or make a further attempt at induction.

3. Cord prolapse (<1%)

This means that the umbilical cord drops out through the cervix after the membranes are ruptured. It is more likely to happen if the baby's head has not properly descended into the pelvis at time the waters are broken. It is a rare but serious complication as the baby's head with compress the cord, cutting off the supply of oxygen. In the event of a cord prolapse the baby would need to be delivered immediately by caesarean section.

4. Uterine rupture (<<1%)

This is a very unusual event but can occur in women who have had previous deliveries, especially if one of those deliveries had been by caesarean section. If suspected then the baby would need delivery by Caesarean section.

The Induction Process

There are different methods of induction of labour and these may be used in conjunction with one another. Your midwife or doctor will explain which method is suitable for you. Their decision is based primarily on an assessment of how "favourable" your cervix is. As a pregnancy naturally approaches the time of labour the cervix starts to shorten, soften and open. The baby's head descends into the pelvis and cervix moves into a more forward position in the vagina. A scoring system has been designed where each of these changes are accounted for numerically. The sum total gives a value called the "Bishop's score" which is directly related to how easy or difficult the induction process will be. A high Bishop's score suggests that the cervix is favourable and labour may be easily started by simply breaking the waters and starting a hormone drip. A low score would suggest an unfavourable cervix and then it may be necessary to first ripen the cervix with hormone gel before the waters are broken.

1. Membrane Sweep

If you are being admitted for induction because your pregnancy has gone post dates you may have been offered a 'membrane sweep' in antenatal clinic

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before admission. A membrane sweep involves a vaginal examination to assess how favourable the cervix is. If the cervix is open enough to admit a finger then the membranes are gently separated from the neck of the womb. This can encourage labour to start by itself. If labour fails to start then you will be admitted on your planned date for either prostaglandin gel or rupture of the membranes.

2. Prostaglandin Gel

If, at your clinic examination, your cervix was felt to be unfavourable then initially prostaglandin gel will be used to ripen the cervix. This gel is inserted into the vagina and over a number of hours will soften and open the cervix so that the waters can be broken.

Before the gel is inserted the baby's heartbeat will be checked by CTG (fetal monitor) -

- You will then have a vaginal examination and the gel will be inserted.
- The baby's heartbeat is monitored for a further 30 minutes
- If the heartbeat tracing remains normal the CTG will be stopped.
- You may then mobilise and can eat and drink normally
- Over the next few hours you may start to experience some abdominal discomfort and backache.
- A TENS machine, a warm bath or some simple painkillers may be helpful at this stage.

Occasionally a single dose of gel is sufficient to establish labour but more often two or three doses will be required. The doses will be divided with 6 – 10 hour intervals depending on time of day and regularity of contractions. The cervix will be assessed prior to insertion of each dose of gel and changes noted.

When the cervix has opened sufficiently then the waters can be broken (Artificial Rupture of Membranes (ARM)).

3. Artificial rupture of membranes (ARM)

Artificial rupture of the membranes (ARM) is the term given to breaking the bag of waters around the baby.

Some women do not need Prostin as the cervix has started to dilate (open) naturally making it possible to break the waters around your baby. If this is the case then you will be asked to attend on the morning of your appointment at 8am.

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The midwife will carry out a vaginal examination and feel the bag of water (membranes) enclosing the baby through the opening to the womb (cervix). A hole will be made in these membranes, using a small blunt ended device similar to a crochet hook, this is called an amnihook. This procedure does not harm the baby but may be slightly uncomfortable for you. Once the membranes have been ruptured you will feel a continuous warm stream of fluid and this will continue to drain from the vagina.

4. Hormonal Stimulation of Uterine Contractions

- Once the membranes have been ruptured then a drip will be sited in the back of your hand or arm. This allows administration of a hormone called oxytocin (Syntocinon). This hormone will cause your uterus to contract and these contractions will encourage the cervix to open.
- Syntocinon must be given initially in a low dose and this dose is adjusted depending on the strength and frequency of your contractions.
- The drip will remain in place until the birth of your baby. During this time you and your baby will be continually monitored.

You will be informed and fully involved in your plan of care and any changes will be discussed fully by the midwife or Doctor.

How induction may feel

- An induced labour is likely to be more painful than a spontaneous labour. Prostin may cause cramp like period type pains, backache and mild tightening.
- A small number of women may experience a hot/burning feeling in the vagina where the prostaglandin gel has been inserted.
- You may have a blood stained 'show' or discharge following the vaginal examination.
- Simple analgesia and warm baths are sometimes very effective at this early stage.
- As labour unfolds, you may want to reassess your need for pain relief. Your midwife will discuss your options and help you decide.

How induction affects your mobility

- We will monitor your baby's heartbeat for approximately 30–60 minutes after insertion of prostaglandin gel. Following this we will encourage you to keep mobile as this will encourage your labour to establish.
- If you have a drip to increase the strength of contractions we need to monitor the baby's heartbeat continuously. Obviously, this will affect your opportunities to mobilise.
- Your movements will be further restricted if you choose to have an epidural for pain relief in labour.

Eating and drinking in labour

- A light diet and plenty of fluids are encouraged in the early stages of induction. Your body requires a lot of energy for labour.
- Fluids, especially water, are also important for your body to perform properly. Drink cool bottled water if you prefer and ice is provided on the delivery suite.
- We advise that you refrain from taking carbonated drinks such as cola, etc.
- Your midwife will advise you about eating and drinking as labour progresses.

About induction

- The time the induction procedure can take may vary and is dependant upon the method of induction used.
- Your baby will usually be born within 2-3 days of your admission.
- We appreciate this is an exciting time for everyone at home. Please keep your relatives and friends informed and ask them not to contact the maternity unit as no information can be given out to them due to confidentiality. Please let them know how long the induction may take. Please ask your relations to remain at home until you contact them with the news.
- Mobile phones can be used in the unit but it is expected that they remain on silent in patient areas so that other ladies are not disturbed. Text can be used in patient areas if you wish but to phone relatives please use areas such as the day room.

What happens if I decline induction of labour

An induction is never suggested unless your doctor feels that allowing your pregnancy to continue carries a significant risk to you or your baby.

If you choose to decline an induction then you would be putting yourself and baby at risk but we would endeavour to monitor your pregnancy closely with repeated heartbeat assessments of the baby and clinical assessment of yourself until such time as you went into spontaneous labour or choose to accept an induction.

WE WISH YOU WELL WITH YOUR LABOUR AND BIRTH OF YOUR BABY AND LOOK FORWARD TO SEEING YOU ON THE ARRANGED INDUCTION DATE



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The information in this document can be provided in large print
or audio tape on request.



Department of Health

Jane Crookall Maternity Unit
Nobles Hospital, Isle of Man
Telephone: 650030
Website: www.gov.im