

Information for Patients

Inducing your labour at home

This information sheet aims to provide you with some general information about starting the process of inducing your labour at home and to help answer any questions that you may have. It is intended only as a guide and there will be an opportunity for you to talk to your midwife about your care throughout your pregnancy.

What is induction of labour?

Induction of labour (IOL) is the process of starting labour artificially. Almost 1 in 5 pregnant women in the UK are induced. A common reason is if your pregnancy has gone past your expected due date, but there are many other reasons.

IOL as an out-patient will only be offered to you if your pregnancy has been normal and is classified as low risk. You will usually be offered induction if your pregnancy has gone 10 - 12 days past your expected delivery date.

Having an out-patient induction will involve an initial assessment and beginning the process in hospital and then returning home to a comfortable and familiar environment. There is some research to suggest that women who are more relaxed tend to go into labour when they are at home in their own surroundings.

What are the benefits of having induction of labour as an out-patient?

An out-patient induction of labour will:

- Reduce the amount of time you will need to spend in hospital before your labour begins.
- Allows you to stay at home and wait for labour to start.
- Reduces the number of internal examinations you will have, which reduces the risk of infection.

Who can have induction of labour as an out-patient?

You may be offered an out-patient induction if:

- Your pregnancy has been classified as low risk.
- You have no medical or obstetric problems.
- You have a relative/birth partner who will be at home with you throughout the process and have immediate access to the hospital if required.
- You live 30 minutes or less away from the hospital.

What happens on the day?

Your midwife or doctor will book an appointment for you to attend the antenatal ward (Ward 65) which is located on the 2nd floor of Saint Mary's Hospital.

When you arrive on the ward you will have your blood pressure, heart rate, temperature and urine checked. The midwife will also review your notes and make sure that out-patient induction is still an appropriate option for you.

The midwife will then discuss the induction process with you and answer any questions you may have. The midwife will then feel your tummy and check your baby's position. They will also observe if your baby is well by monitoring your baby's heart beat using a Cardiotocograph (CTG) machine for a minimum of 30 minutes, sometimes longer if your baby is active.

Once the midwife is satisfied with your observations and with the monitoring of your baby's heartbeat, she will ask if you are happy for her to proceed to an internal examination. This involves a vaginal examination to feel how 'ready' the neck of your womb (cervix) is for labour.

Starting the induction of labour

If the neck of your womb is closed and not ready for labour then a small, flat tampon will be inserted into your vagina and placed behind the neck of the womb. This tampon or 'pessary' contains a medication called Propess, which will be slowly released over a 24 hour period to try and start your labour spontaneously or to get you to a stage where it would be possible to break the waters around your baby. This is called Artificial Rupture of the Membranes (ARM).

Once the pessary is in place, you will be advised to lie down for a short time to allow the tampon to swell inside your vagina and reduce the chance of it coming out when you are at home. The string of the pessary will be visible outside of your vagina. For this reason, it is important to take care when you wipe yourself after going to the toilet, washing and when getting on and off the bed, that the string is not dislodged, as this will pull the pessary away from the neck of the womb, thereby reducing its effectiveness. The pessary needs to stay in place until you return to the hospital 24 hours later.

The midwife will then monitor your baby's heart beat again with the CTG to make sure your baby remains well before you go home. If everything is satisfactory and you have no further questions, then you will be sent home to continue with your day to day activities.

On rare occasions it may be necessary to delay starting your induction to ensure that a midwife is available and that the unit has the space to provide the care you require safely.

We will do our best to ensure that delays are kept to a minimum and that you are kept informed. Please also see the section on page 4 regarding delays.

At home

You will be given an appointment to come back to the antenatal ward 24 hours after you had the pessary inserted. Whilst at home you can continue to eat and drink as usual and carry on with your usual activities.

A midwife from Ward 65 will contact you by telephone later on in the afternoon to see how you are and offer any support.

You will be advised to contact the Maternity Triage Department on Ward 64 on (0161) 276 6567 immediately if:

- You start having regular tightening (contractions) that are 5 minutes apart.
- You think your waters have broken.
- You have any red vaginal bleeding and/or your baby is not moving as much as it usually does.
- The pessary falls out.
- You are worried or have any questions.

What to expect

The pessary works by getting the neck of your womb (cervix) ready for labour. This process means that the cervix will soften, shorten and begin to open. It is not uncommon to feel a period type pain whilst this process is happening. If you are managing at home with pain relief medication such as paracetamol or co-codamol then you can stay at home whilst this is happening. Often, gentle exercise such as walking, use of a birthing ball, massage or warm showers may help at this stage.

If you are distressed, not managing with the pain or feel the contractions are 5 minutes apart, then you should call the maternity triage department who will advise you further whether you should come to the hospital or not.

There is a small chance that you may be very sensitive to the pessary. Contact the maternity triage department for advice if:

- You experience contractions more than 5 times in 10 minutes.
- You experience contractions that are frequent and last a long time without a break in-between.
- You experience severe abdominal pain.
- You have any other concerns.

What happens after 24 hours?

You will have an appointment to return to Ward 65 the morning after your Propess pessary was inserted to have it removed and to continue with the induction of labour process.

On admission you will have a vaginal examination to assess whether the neck of your womb (cervix) has begun to open. If, on examining your cervix, the midwife finds it has dilated but labour has not yet begun, the next step in the process will be to have the membranes around your baby (your waters) broken artificially. This is performed on the Delivery Unit, where a midwife is allocated to provide one-to-one care for you in labour. If labour is slow to begin it may be thought necessary to start a hormone drip called Syntocinon in order to help your labour progress.

How long should IOL last?

This is different for each pregnant woman and depends on how ready the neck of the womb is for labour initially and how sensitive your body is to the drug inside the pessary. Generally speaking, if this is your first baby and the neck of the womb is long and closed on your first examination, then the process of getting the neck of the womb ready for labour can take 2-3 days.

Delays

Due to the busy nature of Saint Mary's Hospital, there can sometimes be delays whilst we await a bed and a midwife to be available on the Delivery Unit to provide one-to-one care for you in labour. This is because the unpredictable nature of childbirth can sometimes cause periods where there are increased numbers of women in labour or there are women who have associated illnesses who require a higher level of care, which can lead to some delays for women who require induction of labour.

In order to maintain a safe birthing environment for women, it may be necessary to postpone or delay your induction of labour until we can ensure it is safe to proceed. This can be a number of days. You may want to take this into account as such delays may have an impact on your family, for example when your partner is anticipating starting paternity leave.

You will remain in hospital during this period so that the midwives and the ward consultant can continue to assess you and your baby's wellbeing and should there be any concerns,

appropriate action would be taken. Similarly, if active labour starts whilst you are on the ward, you would take the same priority as other labouring women in being promptly assigned a midwife on the Delivery Unit.

What happens if the process does not work?

If it is not possible to break your waters at this point then a doctor will discuss further options with you, which will include using other methods to induce labour or to have a planned caesarean section.

Further information

Please contact us on the numbers below:

If you have any questions before your induction, please contact your community midwife or Antenatal Ward 65 in Saint Mary's Hospital **(0161) 276 6530** if your midwife is not available.

If you have any problems or concerns after your induction process has been started, please contact the maternity Triage department on: **(0161) 276 6567**.

If you need to contact the antenatal ward (Ward 65) where you first attended, please contact: **(0161) 276 6530**.

These numbers are available 24 hours, 7 days a week.