

Induction of labour Post dates (overdue) pregnancy



Information for women and their partners

This leaflet gives you information about induction of labour if your pregnancy is overdue. It helps you understand your choices, so you can be fully involved in making decisions about you and your baby. Your midwife can discuss this with you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is induction of labour?

Induction of labour is a process used to start labour medically. The aim of induction of labour is to start your contractions, which leads to the softening and opening of your cervix (neck of the womb) so you can give birth to your baby. While in most pregnancies labour starts naturally between 37 – 42 weeks, there are a number of reasons why we recommend induction of labour, the most common of which is being overdue.

When you are induced, it may take several days before you go into labour. During this time you may need a simple analgesia (painkiller) such as paracetamol initially.

Induction of labour is a relatively common procedure. About 1 in 5 women have their labour induced.

When is labour induced if my pregnancy is overdue?

If you are healthy and have had no problems during your pregnancy we will offer you an inpatient or outpatient induction of labour when you have gone 10 – 12 days past your due date (41 weeks + 3 days – 41 weeks + 5 days). Your midwife or doctor will discuss induction of labour with you at your 38 week antenatal check to make sure you know your options and what we recommend if you go over your due date.

Why is inducing labour recommended if my pregnancy is overdue?

Induction of labour is recommended to reduce the small but increased risk of fetal compromise (distress) and serious problems for your baby. Babies born after 42 weeks are more likely to pass meconium (open their bowels) during labour. While this rarely causes a problem, if your baby breathes this



into their lungs it can cause a serious breathing problem called meconium aspiration.

Also, if your pregnancy lasts longer than 42 weeks your baby's health is at greater risk because your placenta may not work as well. For example, the risk of stillbirth increases from 1 in 3,000 pregnancies at 37 weeks to 3 in 3,000 at 42 weeks and 6 in 3,000 over 42 weeks.

Although the above risks are very small, we have no accurate way of identifying exactly which pregnancies could have a problem, which is why we recommend you have labour induced before 42 weeks.

How is natural labour encouraged?

Your midwife or doctor will offer you a membrane sweep between 40 and 41 weeks if you are having your first baby and at 41 weeks only if you have had a baby before, as recommended by the National Institute of Clinical Excellence (NICE) 2008.

Membrane sweep

Membrane sweeping increases the likelihood of labour starting naturally within the next 48 hours and can reduce the need for induction of labour. This involves your midwife or doctor performing a vaginal examination during which a gloved finger is put just inside the Cervix and making a circular sweeping movement to separate the membranes from the cervix. This stimulates the cervix to release labour inducing hormones (prostaglandins) which are naturally produced by the body. A membrane sweep can be done at home, in the antenatal clinic or in the postdates clinic.



The examination may cause some discomfort or a small amount of bleeding (a show) but will not harm your baby. If the bleeding becomes heavy/does not stop you must contact the labour ward.

If labour hasn't started, your midwife or doctor will give you a date to come into hospital for induction.

What do I need to do on the day of my induction of labour?

In most cases, you should call the either labour ward or the postnatal ward at about 8am on the morning of your induction to check a bed is available (please check with your midwife). Occasionally your induction may be delayed until later in the day or the day after because there is no bed available.

You may be suitable for an Outpatient Induction of labour if you have a low-risk pregnancy and meet the specified criteria. This will have been discussed between you and your midwife and further information provided regarding the procedure for the day as this differs to an in-patient induction of labour.

When a bed is available we will ask you to come in as soon as possible, usually by 10am. You are welcome to have a partner or friend come in and stay with you throughout the day (please check with your midwife what the current visiting policy is, as this may vary depending on Government guidance). If you are induced overnight and not in labour we recommend that your partner goes home to rest as we can call them if you go into labour.



How is labour induced?

When you are admitted to the ward the midwife will assess you and monitor your baby for 30 minutes. After this, we will do a vaginal examination to assess your cervix. During this examination we will make a decision with you as to which of the following we will use to try and start your labour.

Insertion of Dinoprostone pessary

This is a pessary that is attached to a ribbon (like a small tampon). This is easy to remove and is put in your vagina during a vaginal examination. The pessary contains prostaglandin which is gradually released and helps to soften the cervix before labour starts.

We will use a CTG (cardiotocograph) machine to monitor your baby's heart beat and contractions before and after we put in the Dinoprostone pessary. You leave it in place for up to 24 hours and then we remove it. This hormone can sometimes take 24 to 48 hours to start your labour. We may give you more doses.

Dinoprostone vaginal tablets

Sometimes we may need to give you more doses of prostaglandin. You may have a Dinoprostone pessary inserted followed by a Dinoprostone tablets if labour has not started. Occasionally we just use the Dinoprostone tablets.

Breaking the waters (artificial rupture of the membranes)

Once your cervix has started to open, we may need to break your waters (artificial rupture of the membranes). Your midwife or doctor will do a vaginal examination and break the membranes. This will not harm you baby.



Using oxytocin for contractions

If your contractions have not started, we will offer you a drip of oxytocin. Oxytocin is an artificial form of the hormone oxytocin which starts contractions. We will adjust the rate of the drip so that your contractions become regular and strong to help your labour progress.

What happens if I choose to have induction of labour?

Induction with prostaglandin can be similar to the onset of natural labour. However, if you need an oxytocin infusion this results in a labour that starts more quickly and so you may need to consider pain relief. There is some evidence to suggest that women find induced labour more painful compared to those that have spontaneous labour. A midwife will discuss pain relief with you when you are admitted and will arrange your chosen pain relief when you need it.

When oxytocin is used it is important to monitor your baby's heart beat and contractions continuously (CTG). Your midwife can still help you to move about and get into your preferred position for labour.

Induction may mean it takes several days to go into labour and your midwife will discuss pain relief options with you throughout the process.

A small number of women don't respond to the drugs that we give them and we say that the induction has been "unsuccessful". In these rare cases you will need to have a caesarean section to deliver your baby.



What happens if I choose not to have induction of labour at 41+3 weeks – 41+5 weeks?

If you choose not to be induced we will offer you an appointment with a consultant to discuss further management of your pregnancy.

This may involve:

- An ultrasound scan to check your baby's growth, amount of fluid (waters) around the baby and blood flow in the umbilical cord. We may do this scan twice a week to check the amniotic fluid volume.
- Using a CTG machine to check your baby's heartbeat twice a week. This machine assesses your baby's health at that particular time.

These checks cannot predict how your placenta will continue to function or how your baby will cope once labour begins.

If these test results are normal, your baby may still be at an increased risk of problems. After 42 weeks the placenta is less efficient and other complications can still happen.

Where can I get more information?

National Childbirth Trust Helpline: 0300 330 0700

www.nct.org.uk

Royal College of Obstetricians and Gynaecologists

www.rcog.org.uk

National Institute of Clinical Excellence (NICE)

www.nice.org.uk

Search for 'induction of labour'



NHS Choices

www.nhs.uk

Search for '40 weeks plus'

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on **020 3299 1844**.

