

## Outpatient induction of labour with Propess

### What happens once the decision is made to induce my pregnancy?

You will be given a date and time to attend Murray ward, Level 1 at Conquest Hospital, The Ridge, St Leonards-on-Sea, East Sussex, TN37 7RD.

On arrival the midwife will welcome you; ensure you are informed of the process and that you give your consent for the induction to take place. She/he will check you and your baby's wellbeing and perform a vaginal examination to see if your cervix is ripe and beginning to open.

### What does ripe mean?

Your cervix is the bottom part of your uterus (neck of the womb) that opens to allow the baby to move from your uterus and down the birth canal to be born. During pregnancy your cervix is closed and firm. Towards the end of pregnancy it softens, or ripens. As you go into labour it will soften more, get shorter and open up.

However If your cervix is not quite ripe, we will attempt to ripen the cervix using a pessary called Propess. The pessary looks like a very small tampon, which is inserted into the vagina during an internal examination by the midwife or doctor. The Propess pessary contains the active ingredient dinoprostone, which is a naturally occurring female hormone also known as prostaglandin. Once inserted into the vagina the pessary will stay there for 24 hours slowly releasing the hormone to ripen your cervix. There is a string attached to the pessary to allow us to remove it easily. The string will sit inside the vagina.

### What are the benefits of using Propess rather than using Prostin tablets?

Prostin tablets have previously been used in this Trust for many years to induce labour. A midwife would have inserted Prostin tablets behind the cervix during an internal examination at frequent intervals until the cervix was open enough to have your waters broken or you had gone into labour. However; the main advantage of Propess is that you will have less vaginal (internal) examinations, minimising discomfort. Once Propess is inserted if all is well with you and your baby, you can go home and await events although we do recommend that you come back to the maternity unit to give birth to your baby so we can monitor you and your baby's wellbeing.

### Are there any risks or side effects from Propess?

The side effects of medication can affect people in different ways. The following are some of the side effects that are known to be associated with Propess; it does not mean that all people using this medicine will experience these:

- abdominal discomfort
- nausea and vomiting
- diarrhoea
- abnormally strong contractions of the womb which may cause problems with the baby's heart rate
- vaginal swelling and discomfort or irritation.

Propess may not be appropriate for all women or for all circumstances, but this will be discussed with you before it is used

## What do I need to be aware of once the Propess pessary is in place?

After the pessary has been inserted into your vagina you will be asked to lie on your side for 30 minutes. This allows the pessary to absorb moisture from your vagina, which will make the pessary swell and prevent it from falling out.

Before and after the Propess has been inserted we will check your baby's wellbeing by monitoring his or her heart rate pattern using a machine called a Cardio Toco Graph (CTG). After about 60 minutes if all is well, you can move around and then after a few more minutes you may go home and wait for your labour to start.

You will be asked to return to the ward about 24 hours after the Propess was inserted for another assessment should you not go into labour spontaneously.

We recommend that once your labour starts you come back to the maternity unit so we can support you during your labour and birth. We would not recommend you have a home birth if you are having your labour induced. As you have been given medication it is important that we monitor you and your baby for the possible side effects as described above.

If the string from the pessary moves to the outside of your vagina you must be careful not to pull or drag on it, as this may cause the pessary to come out. Please take **special care** when wiping yourself after going to the toilet, after washing and when getting on and off the bed. **In the unlikely event that the pessary should come out, please call the phone numbers you have been given immediately. The pessary will need to be reinserted.**

## What can I do and not do at home?

You can walk about, bath or shower, eat, drink and relax as you would normally do. We recommend you do not have sexual intercourse, or insert objects or medication into the vagina.

## When do I call the unit the maternity unit? 01424 755255 ext 8042 Murray Ward

If any of the following occur please call the maternity unit **immediately** for advice:

- If you start having regular contractions
- If you start to have very strong / very frequent contractions i.e. more than 5 contractions in 10 minutes or you have a continual contraction that lasts for more than 2 minutes. This is called hyperstimulation and it is very important that we monitor you and your baby as soon as possible if this happens.
- If you think your waters have broken (this may be a gush of fluid or a continual dribble of fluid from your vagina).
- If you are concerned about your baby's movements.
- If you have continual abdominal pain.
- If you have vaginal swelling or soreness.
- If you feel unwell, have difficulty breathing, have vomiting or diarrhoea.
- If you start bleeding vaginally.
- If your Propess pessary falls out.
- If you are at all worried or have any questions

Please ask to speak with a Midwife; they will ask you some questions and give you advice. If there are concerns you will be asked to come back to the maternity unit where you will be met and assessed by a midwife.

## What happens if my labour starts within 24 hours of the pessary being inserted?

Approximately 75-80% of women will have given birth within 24 hours of having Propess inserted.

If you start having regular contractions, we advise you to call **Murray ward – Tel: (01424) 755255 Ext: 8042** to be advised on when to come back in. As your labour progresses the pessary may fall out or it may need to be removed by the midwife.

You will be supported in labour in the same way as if you had started spontaneously. Providing all is well with you and your baby you will have the full range of options available to you within the maternity unit including active, mobile labour. You and your baby's wellbeing will be checked throughout labour and you will receive individual advice and support as you need it.

## What happens if my labour does not start within 24 hours of the pessary being inserted?

If you have not started your labour within 24 hours of having propess we would like you to return to the maternity unit. A time to return to the unit will have been agreed with you at the start of the induction process. The midwife will welcome you and assess you and your baby's wellbeing. The midwife or doctor will also ask to perform an internal examination to remove the Propess pessary and to feel your cervix.

If your cervix is ripe and starting to open you will be advised to have your waters broken. With your consent, the midwife or doctor will break your waters during an internal examination using a long slim plastic instrument with a small hook on the end using gentle pressure against the bag of membranes. You may also be put on a drip to make your contractions come. If it is necessary to use the hormone drip, your doctor will recommend that we monitor your baby's heartbeat continuously with the CTG machine, in order to make sure your baby is coping well with labour. The timing of this will be discussed with you and the Matron in charge of Delivery suite.

**If your cervix is not ripe the midwife or doctor will discuss further treatment with you at this time. The options or advice may be that you are given time to rest and await events. A second pessary may be inserted. If you require a second propess we advise that you remain in hospital**

## How can I get further information about induction of labour and Propess?

It is important you feel well informed, feel part of the decision making process and give your consent for any procedures that we may carry out.

**If you have any questions about your induction of labour or any other concerns please ask your midwife or doctor.**

**Murray Ward Telephone number: (01424) 755255 Ext: 8042.**

## Sources of information

NICE guidelines published in July 2008. CG70 Induction of Labour. National Collaborating Centre for Women's and Children's Health Commissioned by the National Institute for Health & Clinical Excellence. <http://guidance.nice.org.uk/CG70/Guidance/pdf/English>

Information about Induction of Labour for women, their partners and their families:  
[www.nice.org.uk/article.asp?a=17330](http://www.nice.org.uk/article.asp?a=17330)

Information for women who are planning a homebirth but who are 'overdue':  
[www.homebirth.org.uk/overdue.htm](http://www.homebirth.org.uk/overdue.htm)

## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about patient information. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

### Conquest Hospital

Email: [esh-tr.palsh@nhs.uk](mailto:esh-tr.palsh@nhs.uk) - Telephone: **01424 758090**

### Eastbourne District General Hospital

Email: [esh-tr.palse@nhs.uk](mailto:esh-tr.palse@nhs.uk) - Telephone: **01323 435886**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

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The following clinicians have been consulted and agreed this patient information:

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The directorate group that have agreed this patient information leaflet:

Guideline Implementation group and Women and Children's Clinical Unit

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Responsible clinician/author: Dexter Pascall Consultant Obstetrician