

Patient information

Induction of Labour

What is Induction of labour?

Induction of labour (IOL) is when we artificially encourage the start of your labour.

This option is offered for a variety of reasons, usually when the risks that come with induction are smaller than waiting for your baby to be born in its own time. Examples include:

- Pregnancy beyond 41 weeks.
- If your baby is thought to be smaller or larger than average
- If you have had an assisted conception
- If you are over 40 years old
- If your waters have broken and labour does not begin.
- Conditions such as diabetes or high blood pressure.
- Concerns about your baby including slowing growth or reduced movements.

Your midwife or doctor will discuss the details of why IOL is recommended for you, as well as the alternatives to induction. These alternatives may include:

- Waiting for labour to start on its own.
- Opting for the induction to start at later date.
- Choosing a planned caesarean birth.

If you have any further questions about why you are being offered an IOL, or the associated risks listed in this leaflet, please discuss these with your midwife or doctor so that you can use this information to support your decision making.

Risks of induction

The risks and benefits of induction are different for every person. It is important that you understand the risks listed below and discuss these with your doctor or midwife before giving consent to start the induction process.

- Induction can only be offered in hospital. It cannot be offered in a midwifery led unit or as part of a home birth.
- It may not be possible for you to use the birth pool during an induction, particularly if you need an oxytocin infusion.
- Induced labours can be more painful or intense than a labour that starts on its own. There is a higher chance that you may require an epidural.
- There is a risk of overstimulation of the uterus (this means contractions are too frequent or too long), which could put stress on your baby. There are medications which can be given to reverse the process if this occurs.
- Vaginal examinations are required to help guide your care. These may be uncomfortable and carry a small increased risk of infection.
- Induced labours carry a higher risk of needing an instrumental birth (ventouse or forceps) or a caesarean birth. The statistics for 2025 at our Trust are shown below.

	Natural labour	Induced labour
1st baby	59% vaginal birth 22% instrumental birth 19% Caesarean birth	34% vaginal birth 25% instrumental birth 41% Caesarean birth
2nd baby+	88% vaginal birth 5% instrumental birth 7% Caesarean birth	74% vaginal birth 8% instrumental birth 18% Caesarean birth

Please note- these differences may be due to the reason for IOL, the process of IOL, or a combination of factors.

- IOL is not always successful. If labour does not start your midwife or doctor will discuss your options and preferences with you; this may include waiting, trying again or having a caesarean birth.

How long does induction take?

On average the process of induction and labour can last between 3 to 5 days. It varies because each person can react differently to each stage. We recommend bringing enough comfy clothes and activities (books, magazines, etc.) to keep you distracted. If you use any regular medicines or inhalers or if you use a glucose monitor to monitor your blood sugars, please bring those with you as well.

Activity on Labour Ward is unpredictable and there can sometimes be delays in starting your labour. The midwives and doctors will keep you updated as much as possible if this occurs.

Please be assured that we always prioritise based on clinical need and we will move you to labour ward as soon as we can to ensure you get the right care at the right time. You can go for walks during this time around the hospital grounds.

Choosing not to be induced

You may decide that IOL is not right for you.

It is important to understand that even if you accept induction, you can choose to stop at any time.

Depending on your specific circumstances, alternatives may include:

- Waiting longer for labour to start on its own.
- A membrane sweep to encourage labour
- Increased monitoring (for example ultrasound scans)
- Caesarean birth.

Where Induction has been recommended due to concerns about you or your baby, monitoring only gives a snapshot of the current situation. It cannot reliably predict any changes after monitoring ends.

Membrane sweep

A membrane sweep is usually offered from 40 weeks of pregnancy but may be offered earlier if an early birth is recommended.

During a membrane sweep, a midwife or doctor will gain consent to insert fingers into your vagina, locate your cervix, and will gently sweep their finger around the inside of it. This encourages your body to release hormone-like substances called prostaglandins. These can help to soften your cervix and start contractions.

Benefits:

- May help to improve your chance of labour starting on its own.
- Does not involve medications.
- Can be performed more than once.

Risks:

- May be uncomfortable
- May cause some mild vaginal bleeding
- Repeated examinations can increase the risk of infection
- It isn't successful for everyone.

How is labour induced?

Induction is a multi-stage process which can be broken down into the following three stages:

1. Encouraging your cervix to soften, shorten (a process called 'effacement') and start to open ('dilate')
2. Rupturing the membranes around your baby ('breaking your waters')
3. Using an oxytocin infusion (hormone drip) to help strengthen and regulate your contractions.

Not all women/people will require all the stages, and some will start to contract and progress into labour by themselves. Sometimes it is not safe to continue the induction, and your baby may need to be born by a caesarean section in these cases.

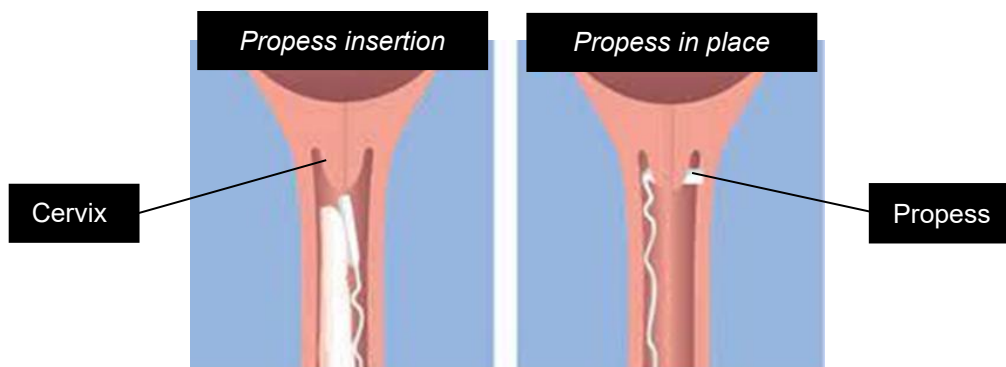
Stage one - preparing the cervix for labour

The first stage of the induction process involves preparing your cervix for labour. Prior to labour, your cervix can be long, firm and closed. During labour your body produces hormones called prostaglandins which helps to soften, shorten and open your cervix ready for labour.

In an induced labour we have several options available at ESHT to encourage this process to happen.

Propess

Propess is a small, tampon-like pessary which stays in place for 24 hours and slowly releases prostaglandins to help prepare your cervix. Your midwife or doctor will gain consent to insert this into your vagina and place it next to your cervix during a vaginal examination. It may take two cycles of propess to be effective.

**'Mechanical' options**

At ESHT we also offer both Dilapan-S® and Cervical Ripening Balloons. Both are 'mechanical' options. This means they do not contain any hormones and use pressure to help the cervix open. Mechanical options are offered to women/birthing people who have had a previous caesarean birth or those that wish to avoid hormones during their induction.

Dilapan-S® is a thin rod measuring only 4mm thick initially. Your midwife or doctor will perform a vaginal or speculum examination (similar to a smear test) to insert 3-5 of these rods into the cervix. Over 12 – 24 hours these rods expand slowly up to 15mm, helping the cervix to open.



A **Cervical ripening balloon** is a soft silicone tube (catheter) with two inflatable balloons at one end. A midwife or doctor will, with consent, insert the catheter into the cervix during a vaginal or speculum examination and sterile water is used to inflate the balloons. The end of the catheter will be visible outside of the vagina.

The cervical ripening balloon stays in place for 12-24 hours putting pressure on the cervix to help it open ready for labour.



It's your choice: There is no single "right" method of induction, and both hormonal and mechanical methods have similar overall success rates in achieving labour. Mechanical methods are often associated with a shorter induction process, are generally reported as more comfortable, and carry a lower risk of fetal compromise compared with hormonal methods.

Care during the first stage of the induction process

During the first part of your induction, midwives and doctors are available to respond to any questions or concerns you have.

A midwife will check on the wellbeing of you and your baby regularly. Between these checks we encourage you mobilise around the bedside and hospital grounds and we have many birthing balls which you are able to use. During this stage of IOL you will be on the antenatal ward.

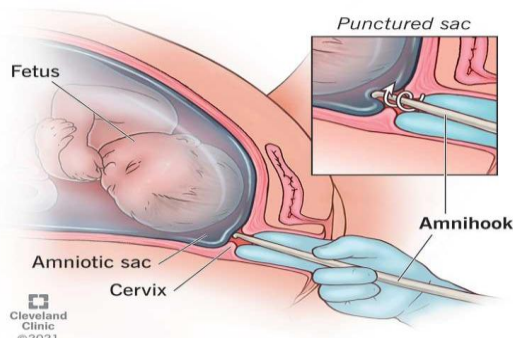
Outpatient Induction

We have criteria to help determine who is suitable for this option and we will discuss this with you if applicable.

Unfortunately, outpatient induction cannot be offered to those with medical complications or where there are concerns about your baby, as these inductions require increased monitoring in hospital.

During an outpatient induction, you can go home for 12-24 hours after the first Propess / Dilapan-S® has been inserted. We then call you the following morning to arrange a time to return to continue with the next stage of your induction. If you have any concerns during this time with movements, vaginal bleeding or if you begin to regularly contract then please call triage.

We recommend that you inform a midwife on the ward (or via our triage line if you are at home) if you



experience any concerns during your induction, including:

- Any worries about your baby's movements, these should continue throughout your labour.
- Any vaginal bleeding or green / brown discharge
- If you think your waters have broken
- Your Propess / Dilapan-S® has fallen out
- Your contractions feel too frequent (more than 4 in ten minutes) or strong
- Any other pain that you are concerned about

Avoid sexual intercourse to prevent disrupting the position of the pessary. All other activities such as gentle exercise and showering, can continue as normal.

Stage 2: Breaking your waters (artificial rupture of membranes; 'ARM')

Breaking your waters allows your baby to engage (drop down) onto the cervix ready for labour.

Releasing the waters can help strengthen any contractions you are having or help contractions to start if they haven't already. This will happen on the labour ward.

In order to break your waters, your midwife or doctor will gain consent to perform a vaginal examination and use a small instrument called an Amnihook to create a hole in the membranes (see image below).

Once your waters have been broken, we will encourage you to use upright positions, to help encourage labour to start.

In the majority of cases, we allow some time to see if your contractions start by themselves, however, in some cases we may recommend starting the hormone drip straight away. We will discuss which option is recommended for you. It is usual to have 2-6 hours to wait for your contractions to start but in some cases you could wait up to 24 hours with consultant approval.

Benefits:

- May help to start or strengthen contractions.
- Allows your baby's head to engage onto your cervix, helping it to dilate.
- Allows your team to assess the colour of your waters.

Risks:

- The Amnihook can occasionally cause a minor scratch to your cervix or your baby's head.
- The risk of infection can increase once your waters have been broken for a prolonged period.
- In rare cases, cord prolapse can occur. This is an emergency where the umbilical cord slips down in front of your baby and usually requires delivery by unplanned caesarean birth. The clinician

breaking your waters will ensure they cannot feel the cord near your baby's head before they proceed.

Stage 3: Synthetic Oxytocin infusion ('hormone drip')

Oxytocin is the hormone that you produce naturally during labour and it helps keep contractions at a steady pace. If contractions do not start, or you are not progressing by this stage of the induction, then we offer an infusion of Oxytocin (also called a 'hormone drip') through a cannula placed in your hand or arm. The aim of the infusion is to encourage your uterus to start contracting strongly and regularly to establish labour.

Benefits:

- Mimics your body's natural hormones.
- Effective at creating regular, strong contractions.
- The dose is personalised to meet your body's needs.

Risks:

- Can be more intense than spontaneous labour, which might mean you need to reassess your pain relief options.
- Contractions can cause the baby to become distressed. Continuous monitoring helps us to pick this up quickly.
- Oxytocin can increase your chances of having a heavy bleed after birth.
- Oxytocin can cause you to have too many contractions. We will stop or reduce the drip if this happens.

Once you start the hormone drip this usually continues until your baby is born. The dose is altered regularly according to how your body responds. The aim is for you to contract approximately 4 times every 10 minutes.

How can I optimise my induction of labour experience?

Natural production of oxytocin occurs when you feel safe and calm.

This list has some suggestions of things you can do to help:

- Activities such as dimming the lights, cuddling your birth partner, thinking about meeting your baby and harvesting colostrum can help increase natural oxytocin.
- Eating energy rich snacks (instead of big meals), keeping hydrated and regularly passing urine is beneficial.
- Rest as much as you can to help prepare for labour. When you are awake, keep upright and mobile to help baby descend into the pelvis.
- Alternative options such as aromatherapy, massage from your birth partner, TENS, breathing techniques or a warm bath/shower can help you manage any pain you have.
- Paracetamol, co-codamol Entonox ('gas and air') and pethidine are available to those who require pain relief medication on the ward.
- Once on delivery suite and epidurals are also available.

Can my birth partner stay with me?

Your birth partner is welcome to stay with you during your induction, labour and birth, and after the birth of your baby 24 hours a day. Once you are on the Labour Ward, you will be able to have a second birth partner join you for support if you wish.

Where do I go to be induced?

You will be allocated a slot to come to the Frank Shaw Ward at either 12, 4 or 8pm. If you have had an outpatient IOL, you will receive a telephone call on the morning after you have returned home with a time to come back to the ward.

Your induction date:

Your induction will start on:

Frank Shaw Ward ☒
Delivery Suite ☒

Where can I find further information?

- ESHT Website
[Maternity – East Sussex Healthcare NHS Trust](#)
- National Institute for Clinical Excellence (NICE) guideline:
<https://www.nice.org.uk/guidance/ng207>
- NHS Website: <https://www.nhs.uk/pregnancy/labour-and-birth/signs-of-labour/inducing-labour/>
- Association for Improvement in the Maternity Services (AIMS):
<https://www.aims.org.uk/information/item/induction>
- Birth Rights: <https://www.birtherights.org.uk/advice-factsheets/>
- Tommy's Pregnancy Hub: <https://www.tommys.org/pregnancy-information/giving-birth/inducing-labour>
- Induction of labour animation:
<https://www.youtube.com/watch?v=34sGkGbQ4Q4&list=PLHXWYFSKEJuevSXAXQAYipHEgGEvXXi7S&index=4&t=1s>

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

NHS 111

☎ 111

NHS Choices online

www.nhs.uk

East Sussex Healthcare NHS Trust

Frank Shaw Ward

☎ 0300 131 4934

Maternity Triage

☎ 0300 131 5347

Important information

The information in this leaflet 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 our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4784 or by email at: esh-tr.patientexperience@nhs.net

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

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

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

Reference

The following clinicians have been consulted and agreed this patient information:
Members of the Guideline implementation Group

The directorate group that have agreed this patient information leaflet:
Women and Children's MATNEO QSF

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Responsible clinician/author: Sam Padain Consultant Midwife

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