

Midwifery care for Induction of Labour

Information for Women and Families



THE ROYAL
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Introduction

Terms you might hear:

Induction of labour

Induction of labour is a set of interventions to try to start labour. An induction of labour may be offered at different times during pregnancy and for a number of reasons. Reasons induction may be offered include your pregnancy continuing beyond a certain number of weeks, concerns related to your health (for instance if your blood pressure is rising) or your baby's well-being (for example, concerns about your baby's growth).

You may be offered one or more interventions to start labour. For example, some women have the earlier interventions (cervical priming and/or their waters broken artificially) and then proceed to labour without further procedures. Some women will be offered a syntocinon drip after cervical priming and/or artificial rupture of membranes to start and maintain contractions.

Membrane sweep

This is done during a vaginal examination where a midwife or doctor uses a single finger to sweep around the cervix and membranes in a circular motion to release hormones to trigger labour. This is also known as a '**stretch and sweep**'.

Cervical priming

This may also be called **cervical ripening**. This involves a vaginal examination and the use of a pessary (a drug which goes into the vagina and sits behind the cervix) to help soften the cervix prior to labour. Another way of cervical priming is by 'balloon catheter' – a thin tube with an inflatable balloon at one end inserted through the cervix.

Artificial rupture of membranes (ARM)

This procedure involves a vaginal examination where a midwife or doctor will attempt to break the waters around the baby using a plastic hook. This may or may not help contractions to start and a drip may be needed to start and maintain contractions.

Syntocinon. This is the brand name of the drug **oxytocin**. Syntocinon is given through a drip into the mother's vein to start and maintain contractions. Usually you will also be offered continuous monitoring of your baby's heartbeat to check that your baby is coping well with the induced labour.

Term pregnancy

Most pregnancies last between 37 and 42 weeks of gestation. Any pregnancy in this range is called a 'term pregnancy'. Giving birth before 37 weeks is often called a pre-term birth. Your estimated due date is the date at which you will be 40 weeks pregnant, but most women give birth during the five week period between 37 and 42 weeks. The baby is fully developed at this time. The date of your last period and measurements of your baby taken during an ultrasound scan are used to work out your 40-week due date. These dates are not always exact.

This document includes information for women and those supporting them in making decisions around induction of labour. In 2018, about a third of all pregnant women in the UK had an induction of labour and the number of inductions is rising.

There are many different reasons why an induction is offered to women and their families. Every woman has a unique set of circumstances and should receive advice specific to her particular situation. These recommendations have been developed to provide some general information and points for consideration. They should be used as a tool to support discussions with your maternity care team, and to help you think about the issues that are important to you and your family.

The recommendations have been developed following a detailed examination of research review evidence, published since the year 2000. The process has involved searching, summarising and completing evidence reviews which focused on the aspects of care which can make a real difference to the health and wellbeing of women and their babies. Women and other experts have been consulted to help identify aspects of induction of labour which are important to women. There is a version of these recommendations for midwives and a technical manual detailing the scientific work which went into this guidance.

This summary and the recommendations can be used to help you gain more information about your options for induction of labour. It includes some questions that you may wish to ask your midwife to help you consider the options for you locally and help you to choose the type of care you would like to receive. You have a right to consent to or decline any procedures or treatments offered to you. You should be asked for your consent before any procedures or treatment; this involves being provided with information, appropriate to you.

The development of these recommendations was carried out by a team at the University of Nottingham. We are very grateful for the support of our Expert Advisory Group and Nottingham Maternity Research Network at all stages of this work. The work was funded by the Royal College of Midwives (RCM). The RCM did not influence the guidance development process or individual recommendations.

Making decisions about induction of labour

The decision to undergo an induction of labour is an important one for many women and their families. Induction of labour may be offered for a number of reasons including being pregnant beyond your estimated due date. Written and verbal information based on current evidence as well as the opportunity to have a thorough discussion with your maternity care team may be helpful in making a decision that is right for you and your family.

Where it is possible to do so, beginning these discussions in the appointments before you reach term may be useful to give you time to consider all the options. It is always your choice to accept or refuse an induction.

If an induction of labour is suggested, you may first be offered a membrane sweep. Then generally, you may be offered 'cervical priming' treatment, which is usually either a drug inserted into the vagina or a small balloon catheter inserted into your cervix. Some women, especially those who have already had a baby, may not require this. After this, you may be offered a procedure to break your waters and some women will be offered a drug called syntocinon, (synthetic oxytocin given through an intravenous drip) to start and continue contractions. It is always your choice to accept or refuse at any stage of an induction; you can discuss the risks and benefits of each option with your team.

There is some evidence to suggest that after 42 weeks of pregnancy, the risk of babies dying is increased although the number is still very low overall. Induction of labour at or beyond term is associated with fewer babies dying (1 per 1000) than not being induced at this time (3 per 1000). Your midwife or doctor can give you more information about this in relation to your own pregnancy. There does not appear to be any difference in the risk of damage to the perineum or bleeding after the birth if labour is induced. Inducing labour at or beyond term may make a forceps or ventouse (vacuum) birth slightly more likely but caesarean birth less likely.

There are different options for inducing labour and it is important to consider each intervention offered as a choice. It is important to discuss the implications of each intervention on your family's plans for birth, the postnatal period and feeding your baby.

Some questions you might like to ask your midwife:

- Why am I being offered an induction at this time?
- Can we discuss the options about induction of labour in relation to my own pregnancy and circumstances?
- If I plan an induction, what are the implications of each intervention for the subsequent treatments offered?
- Where can I have an induction of labour in this area?
 - Do you offer induction on the midwife-led unit?
 - Can I go home after cervical priming?
- What methods of induction do you offer in this area?
- How long will it take before labour starts?
- If I have an induction, how will this affect my choice of place of birth?
- If I have an induction how will my baby be monitored?
 - Will I need continuous monitoring of my baby's heartbeat?
- If I have an induction, can I stand up and move around during labour?
- If I have an induction, will my partner and/or birth companion be able to stay with me at all times?
- If I want to breastfeed will having an induction affect this?
- If I have an induction, what impact might this have on my future pregnancies?
- If I have an induction, what support is available during the whole process?
- If I have an induction, what are my choices for pain relief? Can I use a pool during an induction?
- What happens if I start the induction process, and then change my mind?

Improving the experience of induction of labour

There is good evidence that being well supported by your family and midwife will improve your experience of induction of labour. Further, feeling in control of the decisions for each stage and having good information about side effects and potential consequences of the procedures may help you to have a more positive experience.

Unfortunately, there is good evidence that many women experience induction as a difficult and confusing process. Some women have also said that they felt pressured into having an induction but were not always given clear information about why an induction was offered or what would be involved. Women have said they needed more information about how long induction of labour takes. Induction of labour will be a change in plans for some women and this may be a relief for some women and disappointing for others.

You may be offered the choice of location for induction depending on what is right for you and what is locally available. Some women value the option of spending part of the induction at home (between the cervical priming stage and active labour) as it gave them a chance to rest and be with their families. This may not be possible for all women for reasons related to their own health, their stage of pregnancy or reason for induction. It may also not be available in your local area. Some hospitals provide facilities for partners to stay overnight which can help women feel supported and more relaxed.

Some questions you might like to ask your midwife:

- Why am I being offered an induction of labour?
 - What are the implications if I say yes or no?
- If I have an induction of labour can my family stay with me at all times?
- How long does induction of labour take for each stage of the process?
- If I want an induction of labour what is each intervention for and what effects will it have?
- What options are available to me if the induction of labour does not work?
- If I want an induction of labour but do not necessarily want all the interventions, how do we plan for this?
- If I go home after cervical priming during an induction, how do I contact a midwife?

Membrane sweeps

Most women are offered a 'sweep' at their antenatal appointments around 40 and 41 weeks of pregnancy (first babies) or the antenatal appointment around 41 weeks (for women who have had a baby before). This is done during a vaginal examination where the midwife or doctor sweeps inside the cervix with a single finger to start the local release of hormones from the membranes surrounding the baby.

There is some evidence that when a membrane sweep is offered as a general policy, women who have a sweep are more likely to go into labour and less likely to need an induction, compared to those who do not have a sweep. Some women are offered a further sweep a few days later. Sweeps are always optional and if you do accept a sweep, you can ask your midwife to stop at any time.

Sweeps are considered to be of minimal risk to you and your baby but in a few cases the membranes can be ruptured (this means the waters have broken) which can increase the risk of infection if labour does not follow within the next day. Sweeps can be uncomfortable, painful and can cause light bleeding (spotting) and cramps after the procedure.

Some questions you might like to ask your midwife:

- If I want a sweep, what side effects might I experience?
- If I don't want a sweep now but would like this later in my pregnancy, will I be able to have one and how do I get this?
- Can I have an internal examination, without having a sweep?

Returning home after cervical priming

Some women may have the option to return home after cervical priming. They then return to hospital when labour is established or after a certain amount of time. If this type of care is suitable for a woman's situation, the midwife will discuss the options which include information about when and how to contact a midwife.

The current evidence base for returning home following cervical priming is limited and requires updating to better understand the potential risks and benefits of this. Women may find returning home improves their experience of induction of labour without increasing symptoms of anxiety.

Some questions you might like to ask your midwife:

- Do I have a choice of returning home or staying in the hospital following cervical priming?
- What will determine whether I can return home following cervical priming?
- If I go home, how do I contact a midwife if I am worried or in pain?
- If I go home, when should I return to hospital?
- I may have transport issues in coming in to hospital (especially outside of normal hours) what options are there to support me with this?

Using complementary therapies to start labour

There is little evidence available on most of the common complementary therapies as a means of starting labour.

There is some evidence that acupuncture may increase the readiness of the cervix for labour but has no other influence.

There is some evidence that acupuncture and acupressure do not make any difference to the need for formal induction or likelihood of caesarean or instrumental birth and other outcomes for mothers or babies.

Some women may choose self-hypnosis to support their coping in labour, but there is no evidence available that this is effective to start labour.

There is no good quality information on the safety of herbal preparations as a means of inducing labour.

Some questions you might like to ask your midwife:

- Which complementary therapies are safe for me to use?
- Are any complementary practices available within the maternity services to support my induction of labour?



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The Royal College of Midwives
15 Mansfield Street • London W1G 9NH

0300 303 0444
info@rcm.org.uk
www.rcm.org.uk

 @MidwivesRCM  www.facebook.com/MidwivesRCM  www.instagram.com/midwives_rcm