

Induction of labour



Obstetrics & Gynaecology

patientinformation

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at feedback@rothgen.nhs.uk

Slovak

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

ههنگه تۆ یان کاسنیک که تۆ دهیناسی پنیوستی بهیارماتی ههینیت بۆ نهوهی لهم بهنگهنامه به تیبگات یان بیخویننیهوه، تکلیه پهیوهندیمان پنیوه بکه لهسهه نهو ژمارهیهی سهروهدها یان پهو نیمهیه.

کوردی سۆرانی

Arabic

إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

عربي

Urdu

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کی سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

اُردو

Farsi

اگر چناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

فارسی

If you require this document in another language, large print, braille or audio version, please contact Patient Information on 01709 424281 or email patientinformation@rothgen.nhs.uk

Induction of labour

The Midwife or Doctor responsible for your antenatal care has made arrangements for you to be admitted to Rotherham Hospital for induction of labour. Induction of labour means starting your labour artificially. The aim of this leaflet is to provide you with some information about what will happen to enable you and your family to prepare for this event.

When will I be admitted?

Please attend (please tick)

Labour ward

Ward B10

Date

Time

Please ring labour ward 01709 424491 or B10 01709 424348 at 7.30am on the morning of your induction of labour to check what time you need to attend.

Women who have had any problems during their pregnancy (small baby, diabetes, raised blood pressure) will usually be admitted straight to labour ward for induction of labour, whilst women who are being induced because they are overdue (over 41 weeks) will be admitted to ward B10. All women, once their waters are ready to be broken (24 hours following insertion of hormone pessary – see section 1) or are starting in labour, will be then cared for on labour ward.

Induction of labour

What will I need to bring with me?

- Your green 'Maternity Care Record'
- You will also need your clothes, nightclothes, toiletries, baby clothes, nappies and sanitary towels
- You may also want to bring some music and something to read

Can my birth partner stay with me?

On the labour ward your birth partner will be able to stay with you, although we do advise that they go home at night to get some rest before you go into full labour.

Unfortunately the facilities on B10 do not allow for your birth partner to stay overnight.

What will happen when I arrive?

When you arrive a midwife will give you a full examination, this will include taking your temperature, pulse and blood pressure, testing your urine and examining your abdomen. Your baby's heartbeat will also be monitored for a short while using an electronic machine. The induction of labour process will be explained to you. You and your birth partner will be given the opportunity to ask as any questions you may have.

Induction of labour

How will I be induced?

When you and your baby have been checked over you will need to have an internal examination to assess your cervix (the neck of your womb) to see how ready you are to go into labour. Your care will depend upon how soft and dilated (open) your cervix is when you are examined.

The examination will be done by either a doctor or a midwife, who will tell you which method of induction will be most suitable for you.

There are three different ways induction of labour can be undertaken. These are:

1. A hormone pessary called Propess
2. Breaking your waters
3. Breaking your waters and a hormone drip (Syntocinon)

You may only need one type of intervention; however it is possible that you may need a combination of all three. The midwife or doctor will discuss your individual circumstances with you after you have been assessed.

Induction of labour

1. Hormone Pessary

When you are examined if your cervix feels firm and closed we will attempt to soften your cervix using a hormone pessary called Propess. The pessary which looks like a tiny tampon, is inserted into your vagina. It contains prostaglandin (a hormone like substance) which is released slowly over 24 hours to help soften your cervix and stimulate your womb to tighten (contractions).

Inserting the pessary is not painful although you may experience some mild period type pains and tightenings (contractions) after it has been inserted.

There is a string attached to the pessary so that it can be removed easily if you should go into labour or removed 24 hours following insertion.

Can I move around once the pessary has been put in?

After the pessary has been inserted you will be asked to lie on your bed for an hour. This allows the pessary to absorb moisture from your vagina, which will make it swell and prevent it from falling out. Your baby's heartbeat will be monitored using an electronic machine during this time. When this initial hour is over you may move around as normal, you do not need to stay in bed.

Will I be able to eat and drink?

You can eat and drink normally until you start to go into labour or the hormone drip starts. Please check with the midwife if you are not sure.

What will happen next?

Over the next 24 hours the hormone like substance will be gradually absorbed. You may experience some period type pain, backache or contractions. The midwife will listen to your baby's heartbeat regularly and offer you pain relief if you require it. The baby's heart beat will be monitored using the electronic machine for about 30 minutes, 4–5 hours after the pessary is inserted.

It is possible that you may go into labour during this time. If you are on ward B10 then you will be transferred to labour ward. A midwife will care for you during labour and birth of your baby.

Some women including those who have had a previous Caesarean Section may only have the pessary in for 12 hours.

What will happen 24 hours after the pessary has been inserted?

Most women need 24 hours of the pessary, but some women will go into labour during that time.

If you do not go into labour you will be seen by a doctor or midwife who will examine you to see if the neck of your womb has responded to the pessary and they will break your waters if possible.

If your cervix has not responded and it is not possible to break your waters then the doctor will discuss your options and choices with you at this time after fully reviewing your case.

2. Breaking Your Waters

When you are examined, if your cervix is soft and has already started to open (dilate), then it will be possible to break your waters. Once the doctor or midwife has broken your waters the fluid will leak out until your baby is born. You may find that you start to have regular contractions after your waters have been broken. The midwife will listen to your baby's heartbeat regularly and offer you pain relief if you require it.

3. Hormone drip (Syntocinon)

Once your waters have broken we hope that your contractions will start. If it is your first baby or if contractions do not start within a couple of hours the doctor will suggest that you have a hormone infusion (a drip) to help them start. This drip is a mild salt fluid with the hormone Syntocinon added to it. Your body normally produces this hormone during your birth process to bring on contractions. The drip will be put into your arm and once it is in place we recommend that your baby's heartbeat is monitored continuously using an electronic machine. The midwife will discuss your pain relief requirements with you.

Induction of labour

How long does it take to induce labour?

It is difficult to predict how long your induction of labour will take because it will depend upon which method of induction is used and every birth is different. The neck of the womb has to soften and open before labour starts. Some women may be quicker than others and some women may not deliver on the same day that the birthing process is started.

There are occasions when the maternity unit is very busy and this means your induction will be delayed. The staff on labour ward and B10 will try to keep such delays to a minimum, and if a delay occurs they will keep you fully informed about when you might expect to have your labour induced.

This leaflet gives general information about induction of labour. The midwives and doctors will be happy to answer any specific queries you or your birth partner may have about your care.

The Pregnancy Book given to you at the start of your pregnancy has useful information in it regarding all aspects of your pregnancy including induction, labour and birth.

Induction of labour

How to contact us

Greenoaks Ante-Natal Clinic

Telephone 01709 424347

Ward B10

Telephone 01709 424348

Labour Ward

Telephone 01709 424491

Switchboard

Telephone 01709 820000

Useful contact numbers

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

A&E

Telephone 01709 424455

For GP out of hours, contact your surgery

Useful websites

www.nhs.uk

www.gov.uk

www.therotherhamft.nhs.uk

www.patient.co.uk

We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

Patient Services

The Rotherham NHS Foundation Trust

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

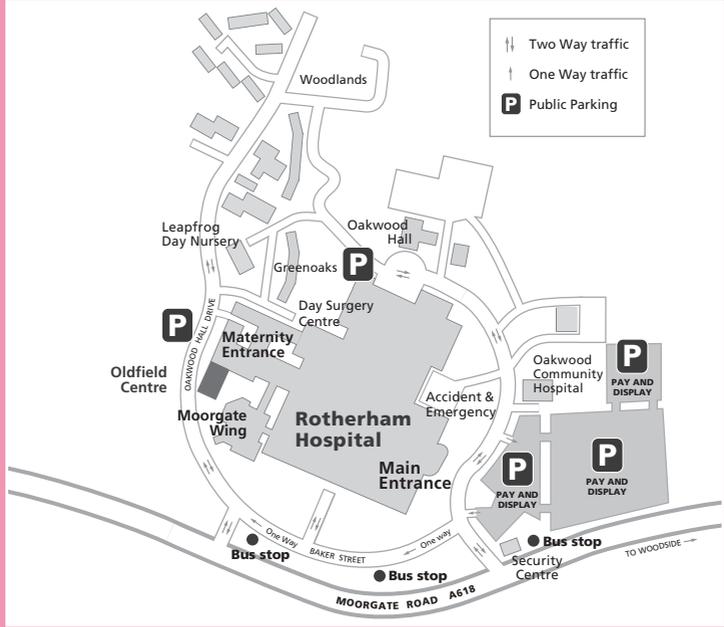
S60 2UD

Telephone 01709 424461

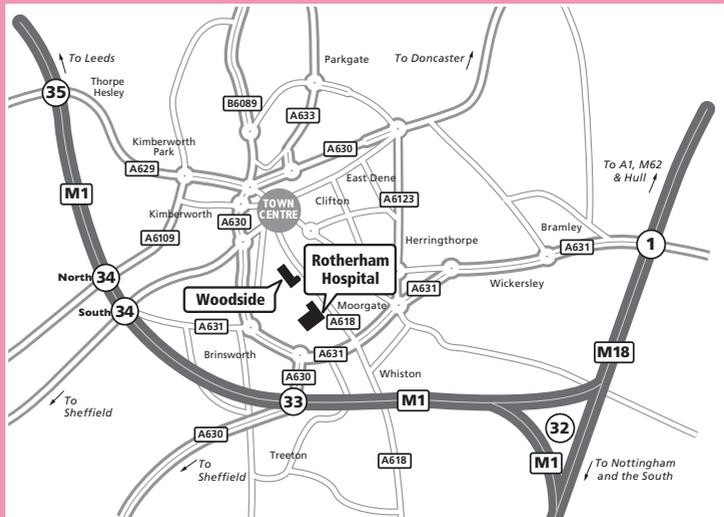
Email complaints@rothgen.nhs.uk

How to find us

Hospital site plan



Rotherham main routes





Sustainable Forests / Low chlorine

LS 639 02/12 V2 Jones & Brooks



The Rotherham **NHS**
NHS Foundation Trust

Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 820000
www.therotherhamft.nhs.uk

