

# Induction of labour including outpatient induction of labour (IOL)



*Obstetrics & Gynaecology*

patient**information**



The Rotherham  
NHS Foundation Trust

## Bring your medicines when you come into hospital

Prescription medicines

Medicines you have bought

Alternative & herbal medicines

Inhalers



Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: [your.experience@nhs.net](mailto:your.experience@nhs.net)

Slovak

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

Slovensky

Kurdish Sorani

کوردی سۆرانی  
نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت بۆ نەو دی لەم بەلگنامە بە تێبگات یان بیخوێنیت، تەنیا بە یاسوئەندیمان پێوە بکە لەسەر نەو ژمارەیی سەرەودا یان بەو نێمەیلە.

Arabic

عربی  
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

Urdu

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

Farsi

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

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers\*

### \*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

## Induction of labour

You have been offered an Induction of Labour, which means using either pharmacological methods (hormone based medication) mechanical methods (a balloon catheter or small hydrogel coated rods) or a combination of both with the aim to start your labour artificially. This leaflet aims to provide you with general information about the procedure. It is very important that you understand the care choices being offered to you by the doctors and midwives caring for you, so that you and your birthing companions can make fully informed decisions regarding the timing, place and method of induction.

Your doctor or midwife should explain to you the reasons why you are being offered an induction (artificial starting of labour). They should be able to talk with you about this and the alternatives should you feel that an induction is not the right choice for you, this could include waiting for natural labour to start or a caesarean birth. These options will be discussed in full during an appointment with your doctor or midwife and based on individual preferences and clinical circumstances. The risks associated with each method of induction will also be discussed with you, based on your individual circumstances, as part of this appointment.

## Induction of labour

You will be able to discuss where, when and how your labour will be induced and also what pain relief options are available or may be required at different stages of the induction. If the induction of labour does not work further discussions will take place between yourself and the doctors on what options are available including further attempts at induction after a rest period or caesarean birth. You will be able to speak about your medical situation and what you would prefer to happen.

From 39 weeks of pregnancy you will be offered a membrane sweep to help encourage your labour to start spontaneously, unless there is a reason not to do this, for example if your waters have broken before labour starts. If your pregnancy is classed as more high risk you may be offered more than one sweep, this will be discussed and agreed between yourself and your doctor.

A membrane sweep involves the doctor / midwife examining you internally by putting two fingers up through your vagina and up into your cervix and making a circular sweeping movement to separate the membranes around baby from the cervix. This is to stimulate the production of hormones called prostaglandins that encourage labour to start. There may be some discomfort and / or light bleeding during or immediately following the sweep but it will not cause harm to you or your baby.

### If I have opted for an induction, when will I need to come to hospital?

**When your induction is booked you will be given a date to attend hospital. Please attend Antenatal Day Unit (ANDU) (located on Wharncliffe Ward) at 7am on this date.**

When you attend ANDU, a full antenatal check of you and your baby will be carried out by the midwife. An assessment of your cervix will then be offered to help determine the most appropriate method of induction for you and your baby.

Most people can be induced in an outpatient setting and go home if a balloon is used. Outpatient induction of labour will only be offered to you if your doctor/midwife feels it is safe to do so.

### Why have an outpatient induction of labour?

An outpatient induction of labour:

- Reduces the amount of time you will need to stay in hospital before your labour begins.
- Allows you to stay at home and wait for labour to start.
- Makes the process of induction as close as possible to going into labour naturally.

## Induction of labour

### Who can have outpatient induction of labour?

You may be offered an outpatient induction of labour if:

- Your pregnancy is 'low risk'.
- You have medical or obstetric problems but your doctor is happy for you to have an outpatient procedure.
- You have access to and are able to communicate by telephone.
- You have an adult who will stay with you at home on that day.
- You have transport to bring you to the hospital.
- You live within 30 minutes (driving distance) from Rotherham Hospital.

Your midwife / doctor will assess if you are suitable for outpatient induction of labour and discuss this with you. You may need to stay in hospital because of medical reasons or if the hormone pessary method is used.

### Can I choose not to be induced?

If after considering all the facts, you decide not to be induced we are happy to make an appointment for you to see a doctor and discuss the other options for you.

## Induction of labour

### What will I need to bring with me?

- Your green 'Maternity Care Record'.
- The coloured straps used to help monitor the babies heart beat (if you have been given them).
- You will also need an overnight bag in case you need to stay.
- You may also want to bring some music and something to read.

### Can my birth partner stay with me?

Yes - your birth partner can be with you when you attend the hospital for induction and be with you on ANDU. If you need to stay in hospital and are admitted onto Wharnccliffe Ward, then your birth partner can be with you between 10am - 8pm. When you are transferred to Labour Ward you can have up to two birth partners and they can stay with you at all times.

### What will happen when I arrive?

When you arrive a midwife will discuss everything with you and she will check that both you and baby are well before starting the induction. They will take your temperature, pulse and blood pressure, test your urine and examine your tummy to check what position baby is laid in. Your baby's heartbeat will also be monitored for a short while using an electronic machine, which involves two straps round your tummy, one transducer monitors baby's heartbeat and the other measures if you are having any contractions. The induction of labour process will be explained to you in full and both you and your birth partner will be given the opportunity to ask your midwife any questions you may have.

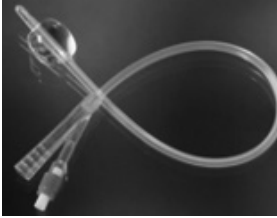
### How will I be induced?

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.

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

If the cervix is ready and open it may be possible to break the waters. If your cervix is not ready then one/or all of the methods below will be used to get things ready.



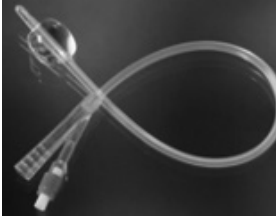


**Balloon**

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

1. Balloon induction - can be done as an outpatient or in hospital if required
2. Dilapan-S (small coated rods) - requires you to stay in hospital
3. Hormone pessary / tablet - requires you to stay in hospital
4. Breaking of the waters - once this is done you need to stay in hospital
5. Breaking of the waters and use of a hormone drip.

**You may only need one or all of these methods.**



**Balloon**

### 1. Balloon induction

This is the only method used for outpatient induction of labour. This is because it has minimal side effects and does not need you to be monitored as closely as when we use medicinal methods (prostaglandin tablets).

The procedure involves inserting a balloon catheter (a soft tube with a balloon on it) through the cervix (neck of the womb). It is usually inserted with the mother lying on her back with her legs up for a short time. A sterile instrument is put into the vagina, so the neck of the womb can be seen and cleaned with an antiseptic. The catheter (a thin soft rubber tube) is then inserted and the balloon is filled with sterile water.

The balloon stays in place for 24 hours and gently presses on your cervix to help it soften and open. The end of the catheter is loosely taped to your inner thigh.

The aim of the balloon is to release your natural hormones that will soften and open the cervix ready to have your waters broken. The balloon sometimes softens the cervix and causes labour to start.

The balloon is left in place for up to 24 hours. You will be monitored after the procedure for half an hour. If all is normal you will be able to return home while you are waiting for your labour to start with the balloon in place. Prior to going home, the midwife / doctor will explain how to contact the hospital and when to return - see overleaf.

## Induction of labour

You will be given an appointment for follow up 24 hours later for removal of the balloon / review if the balloon has fallen out by itself.

### **What are the benefits?**

The studies on balloon induction have been reviewed by NICE (a body that recommends treatments to the NHS). The evidence showed balloon catheter induction is safe and works well.

Balloons are especially recommended in women who may have more risks from the hormone methods e.g. women who have had 4 or more babies / women who have had previous caesareans.

### **Generally, they showed the following benefits:**

- softening of the cervix in 96 out of 100 people
- no increase in, or fewer, caesarean births
- spontaneous vaginal birth within 24 hours in 69 of 100 people
- a positive birth experience in almost 90 of 100 people
- less pain than with hormone tablets / gel

### **Are there any complications / risks?**

The studies showed that the risks of a balloon catheter included:

- excessive contractions of the uterus in 5 of 100 people, but this was much less than with the hormone tablets / gel (17 of 100 people)
- concerns about baby's heart rate in 2 out of 100 of babies, but this was much less than with the hormone tablets / gel (15 out of 100 babies)
- the procedure can be mildly uncomfortable but should not be painful
- there is a very small risk of infection but no higher than with the hormone medicines

**Please ask your health professional to explain anything you don't understand.**

### **What can I do at home and when should I contact the hospital?**

During the time you are at home you can do things as you normally would e.g. showering, bathing, walking. However please avoid having sex.

We will give you some disposable thermometers to check your temperature with at home every 4 hours. If your temperature is 37.5 degrees or above you should telephone us and return to hospital.

You should contact the hospital if you have any of the following:

- Painful tightenings / contractions / severe pain
- Bleeding
- Your waters break (membrane rupture) - if this happens you should ring to have the balloon removed
- Concerns about your baby's movements
- The balloon falls out - if this happens you can dispose of the balloon at home
- You require pain relief
- You have any worries / feel unwell / feel as though you have a temperature.

### **When should I return to hospital?**

If you ring the hospital with concerns the midwife will advise you to return or otherwise as below:

Time:

Date:

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When you return a doctor/ midwife will monitor you and your baby and assess whether it is possible to break the waters around the baby. If your waters can be broken and all is well but we are unable to proceed with your induction at that time you may be able to go home and wait for a telephone call from the Labour Ward to return at a later time for this. This can be at any time of day/night depending on availability.

If the cervix is not ready, then we will discuss with you further options which may involve a hormone tablet or if this is not advised then a doctor will discuss further options with you.

### **How do I contact the hospital?**

Ring the Wharnccliffe Ward on 01709 424348 or Labour Ward 01709 424491.

### **What are the alternatives to outpatient induction of labour?**

The alternative is inpatient induction of labour



**Propess**

### 2. Hormone pessary / tablet / gel

When you are examined if your cervix feels firm and closed we will attempt to soften your cervix using a hormone drug. These drugs act like natural hormones that kick start labour. The pessary which looks like a flat tiny tampon, is inserted into your vagina and placed behind your cervix. 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).

If a tablet or gel is used, these work over 6 hours.

Inserting the pessary / tablet 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 recline 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.

### **What will happen next?**

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, every 8 hours.

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

We may recommend that you only have the pessary for 12 hours for example, if you have had a previous caesarean.

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

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 whether it is possible to break your waters.

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.



### 3. Breaking your waters

When you are examined, if your cervix is soft and has already started to open (dilate), then it might be possible to break your waters. Once your cervix has opened and it is possible to break your waters, a plan will be made for you to attend Labour Ward for continuation of your induction.

It is important that you have one-to-one care on Labour Ward when you have your waters broken. The planned work of breaking your waters will be risk-balanced and prioritised as the emergency work coming into Labour Ward allows. This way we can make sure your midwife can care for you safely on a one-to-one basis.

To break your waters, a doctor or midwife will pass a small plastic hook through the vagina, into your cervix to break the bag of waters surrounding your baby. This can be uncomfortable but should not be painful.

The water will continue to leak out and you may find you start having regular contractions.

Your midwife will listen to your baby's heartbeat regularly and will offer you pain relief if you need it.

#### 4. Breaking of the waters and use of a 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 contains Syntocinon, a synthetic version of the naturally occurring hormone oxytocin.

Your body naturally produces oxytocin, 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 options and preferences with you.

## Induction of labour

### Pain relief

Induced labours may be more painful than natural labour. You will be offered support and different pain relief options.

### 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 how you and your baby respond at each stage of the induction process. Be prepared that you may not have your baby on the day you begin the induction process.

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 birth on the same day that the induction process is started.

There are occasions when the maternity unit is very busy and this means your induction may be delayed. If a delay occurs, we will keep you fully informed.

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.

## Induction of labour

### What if it does not work?

If you do not go into labour after the induction of labour process then your midwife or doctor will discuss what happens next.

This will depend upon your wishes and circumstances. You may be offered another hormone pessary or a balloon. In some cases you may be offered a caesarean section.



## How to contact us

### **Antenatal Day Unit (within Wharncliffe Ward)**

Telephone 01709 424348

### **Greenoaks Antenatal Clinic**

Telephone 01709 424347

### **Labour Ward**

Telephone 01709 424491

### **Switchboard**

Telephone 01709 820000

## Useful contact numbers

**If it's not an emergency,  
please consider using a  
Pharmacy or call NHS 111  
before going to A&E.**

### **NHS 111 Service**

Telephone 111

### **Health Info**

Telephone 01709 427190

### **Quit Smoking Service**

Telephone 01709 422444

### **UECC (A&E)**

Telephone 01709 424455

**For GP out of hours,  
contact your surgery**

## Useful websites

[www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)

[www.nhs.uk](http://www.nhs.uk)

[www.rotherhive.co.uk](http://www.rotherhive.co.uk)

## Easyread websites

[www.easyhealth.org.uk](http://www.easyhealth.org.uk)

[www.friendlyresources.org.uk](http://www.friendlyresources.org.uk)

[www.easy-read-online.co.uk](http://www.easy-read-online.co.uk)

## We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

### **Patient Experience Team**

D Level

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

Monday to Friday

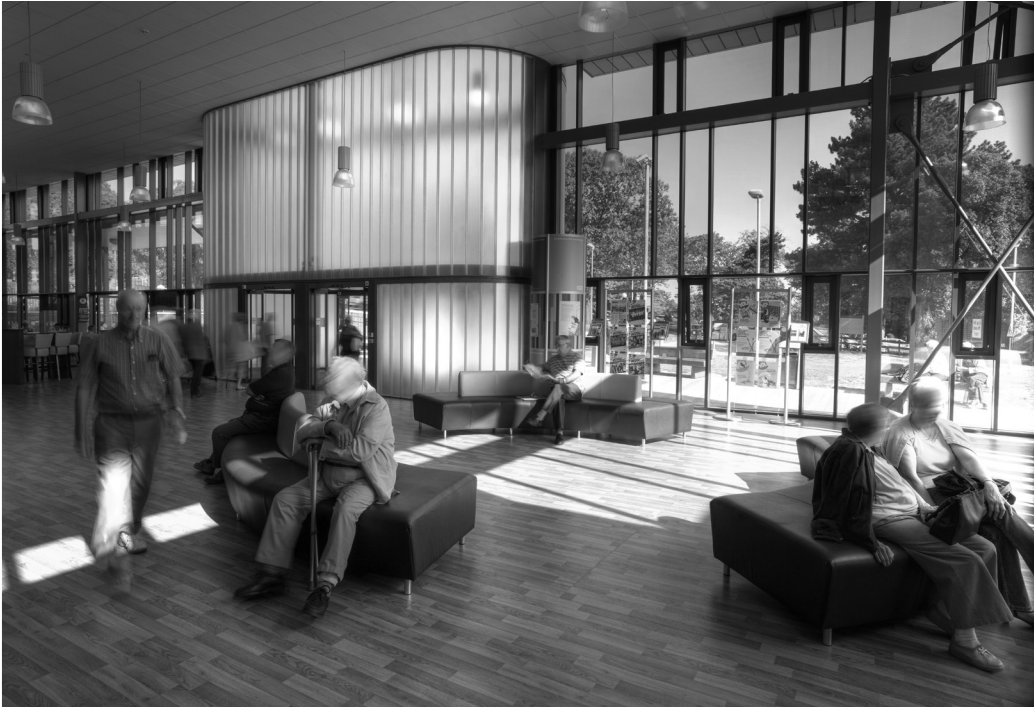
9.00am until 4.00pm

Email: [your.experience@nhs.net](mailto:your.experience@nhs.net)





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