North Cheshire and Mersey
NHS Foundation Trust

Induction of labour

Maternity

Information for patients and carers

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Caring for you

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Induction of labour

Sometimes, your baby needs to be born before labour starts on its own. This is called induction of labour (IOL). It means we help your body to start labour, either for medical reasons or to reduce risks for you or your baby.

How is labour induced?

There are a few ways to start labour. Your midwife or doctor will talk with you about what is best for you and your baby.

Membrane sweep

A membrane sweep is a simple procedure that may help start labour naturally.

- It is offered from 39 weeks if your cervix (the opening to your womb) is slightly open
- A gloved finger is moved around the membranes just inside the cervix.
- It can help labour start on its own.
- It can help you avoid a hospital induction.

You may have:

- some light bleeding
- discomfort afterwards

There is a small chance your waters might break, or you may experience mild tightenings.

Propess

Propess is a small, soft pessary (like a flat tampon) that goes into your vagina.

- It releases a hormone to help soften and open the cervix.
- It stays in place for up to 24 hours.
- You may have up to 2 Propess over 48 hours.
- Some people go into labour during this time.

Outpatient induction

Some people can start induction in hospital and then go home. If this is suitable you will:

- have Propess in hospital
- go home with instructions
- return for reassessment or if labour begins

If your labour starts during your outpatient induction, you may be able to give birth on The Nest (our midwifery-led unit).

Cervical ripening balloon

If Propess isn't suitable (for example, if you've had a previous caesarean section) or it hasn't worked, a cervical ripening balloon (CRB) may be used instead.

- A soft tube with a small balloon is placed into your cervix.
- The balloon is filled with water to gently stretch and open your cervix.
- It usually stays in place for 12 to 24 hours.
- After this, we check if we can break your waters.

Artificial rupture of membranes and Oxytocin drip

If your cervix is ready, the next step is to break the waters around your baby. This is called artificial rupture of membranes (ARM). This can help labour to start.

There may sometimes be a delay at this stage if Birth Suite is busy, but we will always keep you informed.

If labour doesn't start:

- we will use a hormone drip (Oxytocin) through a small tube in your arm. This helps contractions to start
- the drip is slowly increased until you are having regular contractions (about 4 every 10 minutes)

Risks and considerations of induction

Induction helps many people, but there are some risks. It can increase the chance of:

- needing help during birth with interventions (instrumental or caesarean birth)
- your womb may contract too much (called hyperstimulation)
- excessive bleeding after birth
- your baby needing support with feeding or breathing

We recommend that your baby's heartbeat is monitored continuously during this time to keep them safe.

Induction after 41 weeks

Most people go into labour naturally before 41 weeks. After 41 weeks, the risks for you and your baby increase slightly. We offer induction at 41 weeks to help you go into labour naturally and reduce these risks.

Risks of birth after 41 weeks:

- your baby may be more likely to need special care after birth
- there is a higher chance of caesarean birth
- there is a higher chance of stillbirth

The chance of stillbirth increases after 41 weeks:

- At 41 weeks: about 2 in 1,000
- At 42 weeks: about 3 in 1,000
- At 43 weeks: about 6 to 7 in 1,000

Induction before 39 weeks

Induction before 39 weeks is only offered when there is a medical reason. This is because:

- your baby's lungs and brain are still developing
- your baby is still learning to control temperature, sugar levels and fight infection

Babies born before 39 weeks are more likely to:

- have breathing difficulties
- be admitted to the neonatal unit
- struggle with feeding or staying warm
- need additional support in early childhood (for example, babies born at 37 to 38 weeks are more likely to have special educational needs, though many catch up by secondary school)

We only offer early birth when the benefits are greater than the risks, in line with national guidance. Your team will explain why if this applies to you.

What if I decline IOL?

If you're not sure that induction of labour is the right choice for you and your baby, that's okay. If you are unsure:

- take your time to think
- talk to your midwife or doctor, they will listen to what matters to you
- ask questions about your options

The plan will depend on why the induction was offered. If you do not have an induction, we may offer:

- regular checks of your baby's heartbeat using a monitor
- scans to check your baby's growth, fluid levels and blood flow from the placenta to your baby
- advice on keeping track of your baby's movements

If your baby's movements slow down or feel different, you should contact Triage straight away.

Please remember, you can change your mind at any time. The team will support your decision and change your plan as needed.

When to get help

You should phone Maternity Triage if:

- you have any concerns about your pregnancy
- your baby's movements change
- your waters break
- if you think labour has started
- you need advice after going home with Propess

Contacts and further information

Contact numbers

- **Induction of Labour Bay**
  01925 662334
  You can call the Induction of Labour Bay if you have questions about your induction or if you have been asked to return for review.
- **Maternity Triage**
  01925 275200

Useful websites and documents

- **NHS – Inducing labour**
  https://www.nhs.uk/pregnancy/labour-and-birth/inducing-labour/
  The NHS website explains why labour may be induced and what to expect.
- **NICE – Inducing labour (Guideline NG207)**
  https://www.nice.org.uk/guidance/ng207
  National guidance explains when induction should be offered, how it should be carried out, and what choices and support women should have. It sets out the safest methods for starting labour.