



## Induction of Labour- Post - dates induction of Labour for low risk Pregnancies

**Post Dates induction** is offered between Term plus Seven and Term plus Fourteen. The estimated due date (EDD) for your baby is described as Term. A member of GWH Maternity staff will contact you by telephone to invite you to come into hospital for induction between Term plus Seven and Fourteen.

The decision to induce your labour will have been discussed with you by your community Midwife. Post-dates induction will be offered to you once your baby is overdue for example Term (your EDD) plus ten to fourteen days.

If your pregnancy has become complicated, with high blood pressure for example, there is another care pathway that has its own patient information leaflet available from your community midwife or The Great Western Hospital.

It is very important that you know why induction of labour is being offered and that you have discussed it fully with your community midwife and you are happy with the decision.

This discussion should include a clear explanation that if the induction process is unsuccessful a Caesarean section will be recommended.

There should be an opportunity for you to discuss this further prior to the start of the induction process.

Once the decision for induction has been made your name will be added to the Post Dates induction diary held on Hazel ward + Delivery suite. A midwife will call you anytime after term plus seven days.

### **Membrane Sweep**

Once you are overdue your community midwife may discuss a procedure called a “**Stretch and Sweep**”. This is a vaginal examination that can be performed, in the community, by a midwife. This is to assess any cervical changes (readiness of the neck of the womb) in preparation for birth. If this procedure is needed your midwife will discuss this with you in more detail.

**NICE 2008 (reviewed in 2014)** recommend that a membrane sweep should be considered prior to induction of labour from term (your EDD). Membrane sweeping



## Induction of Labour- Post- dates induction of labour for low risk pregnancies

makes spontaneous labour more likely, and so reduces the need for formal induction of labour.

### Place of induction

Post Dates induction varies on the current workload within the maternity unit and the clinical priority. A member of staff will contact you between term (your due date) plus seven days to term plus fourteen. This call usually happens during the day unless you state that you are happy to be called outside of these hours. Each day you go overdue you will become a higher priority than the day before.

Occasionally Delivery Suite can be very busy and your induction may be deferred until the next day or possibly longer. Unfortunately we cannot anticipate this in advance when arranging your induction and we do appreciate that this can be upsetting.

We do try to avoid all unnecessary delays, but please be patient with us as we cannot always anticipate how many ladies are admitted in labour and we want to offer you the safest possible care in labour. In this circumstance we will continue to monitor you, and your baby, and keep you informed.

**Please arrange childcare (if appropriate) for the day that you are admitted.**

**Please note that once the induction is started you will be an inpatient in hospital.**

### Medical Induction of labour - Process for women receiving Propess for Preparation of the cervix prior to membrane rupture

**Propess** is a manufactured form of a hormone called Prostaglandin that you produce naturally in pregnancy. It is a small, thin pessary (approximately 1.5cm x 0.5cm size) like a very small tampon with a ribbon attached. It releases prostaglandin slowly over a period of 24 hours. This encourages softening of the cervix and may also play a part in starting labour.

If the cervix is not ready (favourable), the induction involves a Prostaglandin pessary (**Propess**) or possibly Prostaglandin gel (**Prostin**) being inserted into the vagina to prepare the cervix for the next stage.

Sometimes **Propess** may need to be given even if your waters have broken naturally, if the cervix is not ready for labour.

Once the cervix is open enough (favourable) the next stage is to rupture the membranes (break the waters) and then start an intravenous infusion (drip) to induce contractions.



# Induction of Labour- Post- dates induction of labour for low risk pregnancies

## When will I be given Propess?

You will usually be given your **Propess** on the ward once the admission process is completed. Occasionally when Delivery suite is very busy there could be a delay in the administration of your **Propess**.

## How is Propess given?

When you are admitted for induction of labour the midwife will discuss the process of induction with you. The midwife will perform an antenatal examination including checks of your temperature, blood pressure, pulse and respiratory rate. The midwife will also ask you for a urine specimen.

The midwife will monitor the baby's (fetal) heart rate patterns using a Cardiotocograph (CTG) machine for approximately half an hour prior to **Propess** being given. Your midwife or doctor will perform a vaginal examination (an internal) as gently as possible to feel the cervix. If required, the **Propess** pessary will then be gently inserted vaginally and lodged behind the cervix. The ribbon attached to the pessary hangs down in the vagina. This enables the **Propess** to be removed when required.

You will be asked to remain on your bed for at least a further one hour to enable us to monitor the baby's (fetal) heart rate patterns after the **Propess** is given. This is done because **Propess** can occasionally cause sensitivity or excessive contractions that can cause a change in the baby's heart rate. Sometimes it is necessary to be monitored for longer periods of time or continuously. The pessary absorbs moisture from your vagina which will make the pessary swell and prevent it from falling out. It then remains in place for up to 24 hours if you have not already established in labour.

If the ribbon from the pessary comes out of your vagina, you must be careful not to pull or accidentally drag on it, as this may cause accidental removal of the pessary.

## PLEASE TAKE SPECIAL CARE

- When wiping yourself after going to the toilet
- After washing yourself
- Getting on and off the bed or chair.

In the unlikely event that the pessary should come out, please inform the midwife **immediately** as the pessary can be reinserted as long as it is not contaminated.

## How will I feel after being given Propess?

You may experience some or all of the following:

- Backache



## Induction of Labour- Post- dates induction of labour for low risk pregnancies

- Tightening of the uterus (womb) or period-type pains
- Some ladies feel a warm (or occasionally burning type) feeling in the vagina just after the Propess has been given.

**Propess** may cause contractions and you may go into labour, or your waters may break on their own as the cervix begins to open. If this happens you will be transferred to the Delivery suite when you are in established labour. However, sometimes the Propess can give you uncomfortable or even painful contractions without the cervix actually opening. The staff will advise you and make you as comfortable as possible until you are in established labour. You may need pain relief during the induction process and this can be discussed at any time with your midwife.

### **Please inform the midwife if:**

- **You experience regular contractions (2 contractions in every 10 minutes), your waters break or you are worried.**

### **Will the Propess work straight away?**

Generally the answer is **no** because women respond differently to Propess. Once the **Propess** has been given and the monitoring of the baby's (fetal) heart rate pattern is complete you will then be able to walk around.

### **What observations will be done?**

The midwife looking after you will check your baby's heart rate by listening in and do your observations every 4 hours including temperature, pulse rate and respiratory rate. After 6 hours the midwife will repeat the CTG monitoring of the baby's (fetal) heart rate.

### **How long does the first Propess stay in?**

If you do not go into labour in the next 24 hours a repeat vaginal examination will be offered and the Propess pessary will be removed.

### **What happens if my cervix is open enough (favourable) for the next stage of induction?**

Once the cervix is open enough for Artificial Rupture of Membranes (ARM)- waters to be broken) you will be transferred to the Delivery Suite **as soon as they are able to accept you**. As mentioned previously, if busy there may be a delay and you could wait several hours or overnight. Staff will ensure that you are kept informed at all times.



# Induction of Labour- Post- dates induction of labour for low risk pregnancies

Your observations and the baby's (fetal) heart rate pattern will be monitored at regular intervals.

## What happens if my cervix is not open enough for the next stage of the induction when the Propess is removed?

At this time, if it is required, Prostin gel may be inserted. If you don't go into labour you will be re-examined 6 hours later to see if it is possible to break your waters.

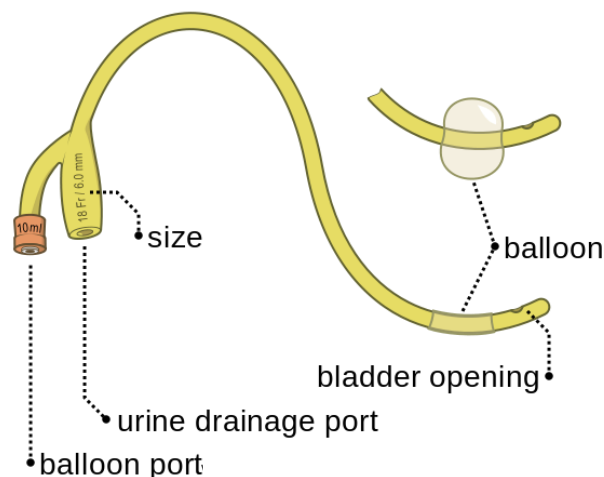
## What happens if the cervix is not ready for the next stage of the induction process after the Prostin gel is absorbed?

If the cervix is not ready for rupture of membranes then an Obstetrician will discuss **Balloon Catheter Induction**.

### What is Balloon Catheter Induction?

A catheter is a soft, rubber tube that is normally used to empty the bladder of urine. When the catheter is inserted into the bladder, a small balloon in the end of the tube is inflated with water, to stop the tube from falling out.

The catheters can also be used to induce labour. During a speculum examination, the tip of the catheter is passed through the opening of the neck of the womb (cervix), and the balloon is gently inflated on the other side (inside the womb).



### How does it work?

The balloon puts even pressure on the neck of the womb which stimulates the release of natural prostaglandins and can allow your cervix to open enough to allow



## **Induction of Labour- Post- dates induction of labour for low risk pregnancies**

your waters to be broken. The catheter can be taped onto your leg to apply traction to the cervix.

In some cases the catheter will induce labour contractions; however, often the waters need to be broken for the labour to keep progressing until the actual birth.

If you have this method of induction the catheter may fall out as the cervix opens, or the balloon will be deflated and the catheter removed approximately 12-24 hours later. You will then be assessed to see if it is possible to break your waters (see below). A Syntocinon drip is often needed after this (see below).

### **What observations will be done?**

Your baby will be monitored every six hours with a heartbeat trace (CTG). As per routine induction guideline's, and Observation's (B/P, pulse, temp) taken four hourly.

### **What happens once my waters are ready to be broken (Artificial Rupture of Membranes-ARM)?**

Once the cervix is open enough for the waters to be broken you will be transferred to the Delivery suite as soon as they are able to accept you. As mentioned previously, if they are busy there may be a delay and you could wait several hours or overnight. Staff will ensure that you are kept informed at all times.

Your observations and the baby's heart rate pattern will be monitored at regular intervals

### **How will my waters be broken?**

To do this a simple vaginal examination is performed and a hole is made in the membranes A small hook is used to break the bag of waters. This does not touch the baby. This is referred to as artificial rupture of membranes (ARM) and is done in Delivery Suite.

Usually, once the waters are broken you will continue to lose water vaginally. At any stage of the induction process you can have pain relief. Please discuss this with your midwife so that together you can decide which will be the most suitable or appropriate for you at the time.

### **What happens once my waters have been broken?**

If your contractions do not start spontaneously within 1-2 hours an intravenous infusion (drip) that contains a hormone called Syntocinon is started. This drug makes the uterus contract, as in normal labour. The infusion will run throughout your labour and will be increased or decreased to support regular contractions during this time and your baby's heart rate pattern will need to be monitored continuously.

### **What happens if my cervix doesn't open and my waters can't be broken?**



# Induction of Labour- Post- dates induction of labour for low risk pregnancies

The obstetrician will be informed he/she will then come and discuss with you about Caesarean section delivery of your baby.

## Important Things to remember

It is very important that if anything changes in your pregnancy for example the baby is not moving very well, that you contact the hospital immediately so that you can discuss your concerns with a midwife

## What about my birth partner?

Your partner is very welcome to be with you as much as you need them to be. However, it may be a good idea for them to go home and have some rest once you have settled in and had your first **Propess**. You will find they will be much more supportive and helpful if they can stay awake during the labour. We can always call them at any time if you need them.

**Please do not hesitate to ask if there is anything you do not understand, or if you have any worries regarding your induction.**

**This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net)**

### Document Control

Division: Women & Children's  
Department: Maternity  
Approved Date: 20 July 2018  
Next Review Date: August 2021  
Document Number: W&C - PIL0020