Information for patients

Induction of Labour

Jessop Wing
The midwife or doctor responsible for your antenatal care has made arrangements for you to be admitted to the Jessop Wing for induction of labour. This is a process designed to start 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 ………………. ward, at …………… (am/pm) on …………………… (date)

What will I need to bring with me?

- Please remember to bring your 'Maternity Care Record' with you.
- You will also need your clothes, nightclothes, toiletries, baby clothes, nappies and sanitary towels.

What will happen when I arrive?

When you arrive at the Jessop Wing a midwife will give you a full examination; this will include taking your temperature, pulse and blood pressure, and examining your abdomen. Your baby’s heartbeat will also be monitored for a short while using an electronic machine.
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 more suitable for you.

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

1. A hormone pessary
2. Breaking your waters
3. Breaking your waters and a hormone drip

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.

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 small 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 contract (labour pains). There is a string attached to the pessary so that it can be removed easily if you should go into labour.
What can I do 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.

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. You may go into labour during this time.

Some women including those who have had a previous Caesarean Section may have the pessary removed after 12 hours.

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 who will examine you to see if the neck of your womb has responded to the pessary, and 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.
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 Infusion

Once your waters have broken we hope that your contractions will start. If this doesn't happen the doctor will suggest that you have a hormone infusion (a drip) to help them start. 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.

How long will it take?

It is difficult to predict how long your induction and labour will take, because it will depend upon which method of induction is used.

There are occasions when the maternity unit is very busy and this means your induction will be delayed. The staff at the Jessop Wing 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.
Further Information

If you require any further information about induction of labour please contact your community midwife.
Sheffield Teaching Hospitals supports organ donation.

Do you?

organdonation.nhs.uk

This information can be made available on request in alternative formats including Braille, large print, audio, electronically and other languages. For further details email: alternativeformats@sth.nhs.uk

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