Induction of labour

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Induction of labour

Twenty-five percent of women in Denmark, have their labour induced.

Labour is induced by breaking the amniotic sac so the water breaks and/or by stimulating contractions by using various methods.

Reasons for induction of labour

There can be different reasons why we offer to induce labour. The most common reason is the length of pregnancy. There is a risk that the placenta does not work sufficiently, the longer the pregnancy lasts. Recent studies indicate that babies tolerate the labour better, if labour is before week 42+0.

If you choose not to have labour induced by week 41+5, you will be offered close monitoring of your baby.

There can be other reasons to induce labour before week 41+5, and these include illness or conditions affecting the mother or baby.

If this applies to you, one of our doctors will make a plan with you regarding when to induce labour and whether it should take place during admission.

The labour induction process

The induction process usually alternates between examinations and treatments at the hospital and periods at home waiting for contractions. During this time, it is important to rest, eat and drink, do what feels comfortable, and possibly go for some walks.

General side effects of labour induction

Induction of labour can be a long process and may take several days, so patience is essential.

You may experience irregular contractions, which may disappear again or be ineffective (not starting the labour). However, they may be causing pain and discomfort and increase the need for pain relief.

During active labour the fetal heart rate will be monitored with a CTG (cardiotocography), therefore water birth is not possible.
After birth, there is a higher risk of bleeding than normal and it is our recommendation that you get an IV access during labour, so we can give you medication to make your uterus contract after birth.
In rare cases, labour induction is unsuccessful. In these cases, the midwife and doctor will discuss your situation with you.

Initial examinations before induction

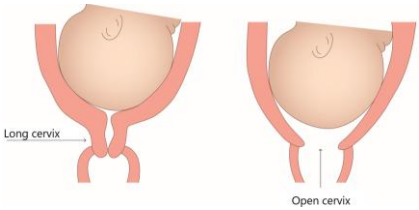
You will come to a scheduled appointment at the maternity ward, where a midwife will examine you and your baby's wellbeing.

Your blood pressure, pulse, temperature, and urine will be checked. The baby's heart rate will be monitored with CTG for at least 20-30 minutes. We will offer you a vaginal examination to assess the best method of induction for you.

The choice of induction depends on:

- How short and dilated your cervix is
- How your pregnancy and/or any previous births have progressed

After the examination, we will share our professional recommendations with you, but it is important to us to know, if you have any specific wishes. Together, we will make the best plan for you.



Membrane sweep/sweeping
If your cervix is already shortened and slightly dilated, the midwife may offer to do a membrane sweep (loosens the membranes) from the uterine wall with her fingers.
This can help ripen the cervix and encourage contractions.
It may cause slight bleeding, more irregular contractions, or leaking of fluid without contractions. Some women may also find it a little uncomfortable.

Methods of induction of labour
Several methods exist, often combined:

- Breaking the water (amniotomy)
- Prostaglandin tablets (Angusta®)
- Balloon catheter
- Labour-stimulating drip

Induction usually starts in the morning or early afternoon. If the maternity ward is busy, induction may be postponed to later that day or the next day, but only if it is safe. You will be contacted if your induction is postponed.

Amniotomy (Breaking the waters) If the cervix is shortened, open 2-3 cm, and baby's head is low in the pelvis, the midwife may perform an amniotomy.

Using a small hook, she breaks the amniotic sac containing the amniotic fluid around the baby. After amniotomy, you can move/walk around to help contractions start.
If the contractions do not begin within 2-3 hours, we recommend a Syntocinon® drip, which is an intravenous drip containing the hormone Syntocinon® to stimulate contractions. (See chapter **Syntocinon® drip**).

Possible side effects:

- Less common: the baby's head may be positioned poorly
- Rare: umbilical cord may slip down causing heart rate changes, emergency C-section may be needed
- Very rare: bleeding from placental vessels in membranes affecting blood flow to baby

Angusta®

If your cervix is not fully shortened and/or dilated, induction with the hormone prostaglandin is recommended. This comes in the form of Angusta® tablets, which should be swallowed whole at fixed times. Avoid fatty foods as they reduce absorption.
Angusta® causes uterine contractions, which soften and shorten the cervix.

Possible side effects:

- Very common (more than 10%): nausea, vomiting, meconium stained amniotic fluids (green amniotic fluid), heavier bleeding after birth
- Common (less than 10%): abdominal pain, diarrhoea, headache, fever, too frequent contractions
- Rare (less than 1%): rapid labour (birth within 2 hours), affected fetal heart rate, low Apgar score
- Very rare (less than 0.01%): dizziness, uterine rupture, placental abruption, low oxygen to baby, seizures in baby after birth

You will receive information on when to seek help if contractions become too frequent.

Induction with Angusta®

Day 1: If your initial examinations are normal, you will receive 8 Angusta® tablets to take every 2 hours. You get a new appointment the next day and can go home to wait for labour.
If contractions start, if the water breaks, bleeding occurs (except slight spotting), if you feel your baby move less or you feel pain, you should call the maternity ward at +45 5948 4293 for advice and a plan.
Day 2: In the following days, you will have scheduled appointments at the labour ward, where you will be offered CTG monitoring and the opportunity to speak with midwives.
If your cervix is not yet ready and regular contractions have not started, you will receive additional tablets and be given a new appointment.

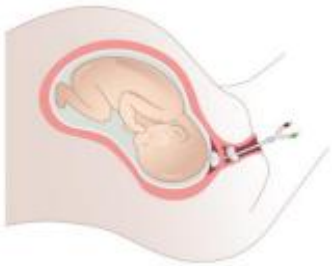
Balloon catheter

If Angusta® is not effective, a balloon catheter is the next step in the induction.
If you had a previous C-section, balloon catheter or amniotomy is preferred over Angusta®.
A soft tube with balloons at the end is inserted into the cervix and filled with saline to soften and open the cervix. It stays in for 12-18 hours.
Insertion may cause discomfort and mild contractions.
The catheter is typically inserted in the afternoon or evening on the 3. day of induction.
Most women can sleep at home unless they have had a C-section before, in which case admission is recommended.
If you have pain, take 1g paracetamol (Pamol®/Pinex®).
The catheter is removed the next morning, and if possible, the amniotomy may then be done.

Call the labour ward if you get contractions, if the water breaks, heavier bleeding than spotting, or if the catheter falls out.

Side effects:

- Very common: menstrual-like discomfort, irregular contractions
- Rare: baby positioned sideways or breech, difficulty urinating, strong contractions



Syntocinon® drip

If contractions are irregular or in-effective up to 2-3 hours after the water is broken, we recommend an intravenous drip containing the hormone Syntocinon® to stimulate contractions.

Syntocinon® is a synthetic hormone which resembles the hormone oxytocin, which the body naturally produces, and which triggers the labour contractions. The drip is controlled using a drip counter, and this allows us to constantly regulate how much you receive. The midwife adjusts the drip to maintain regular contractions with breaks. If contractions exceed 5 in 10 minutes, the drip is reduced.

The aim is that the contractions become stronger and/or more frequent. The fetal heart rate and contractions are monitored by a CTG.

The drip stays for at least 2 hours after birth to help the uterus contract.

Possible side effects:

- Common: nausea, vomiting, headache, fast or slow pulse

- Less common: uterine rupture (1 in 10,000), contractions with too short or no breaks causing fetal distress, in which case the drip will be reduced or stopped, and contraction-inhibiting medicine is given.

Your decision

We understand making decisions about induction, weighing risks and benefits, can be difficult.

Overall, induction of labour is recommended because the risks of continuing the pregnancy are greater than the risks of induction.

We wish you a good birth and look forward to supporting you.

If you or partner have any questions, you are always welcome to call the maternity ward at +45 5948 4293.
Best regards, Doctors and Midwives, Holbæk Maternity Ward

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Gynækologisk/Obstetrisk Afdeling

Holbæk Sygehus

Smedelundsgade 60

Labour ward 05-3

Phone: 59484293

Postnatal- antenatal ward 06-3

Phone: 59484300/59484302

www.holbaeksygehus.dk