

Membrane sweeping and induction of labour

Women's health and maternity unit

01935 384 350
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Induction of labour is usually booked at 13 days after your baby is due to be born. Your consultant can make the decision to induce earlier for medical reasons only.

Please telephone the Labour Ward 01935 384350 to speak to the Maternity Coordinator on the day of your planned induction at 12 midday

Date:

Why am I offered induction of labour?

Most women will go into labour spontaneously between 37 and 42 weeks of pregnancy. Induction of labour is an intervention that increases the risk of complications and caesarean section. We will offer induction of labour if you have not had your baby by 40 weeks plus 13 days.

There is no strong evidence to suggest that prolonging pregnancy beyond your due date is harmful to mother and baby. Some pregnancies may be more at risk than others, but at present there is no way of testing which these may be. As a result, all hospitals offer induction by 40+14 and at this hospital we offer it at 40+13.

Your consultant may decide to induce your labour earlier if it is felt that it may benefit the health of you or your baby, examples of this may be if you developed diabetes or pre-eclampsia, or if the baby's growth is causing concern.

When a date has been planned what will happen?

Your midwife or doctor will provide you with a recommended date for induction of labour. Please telephone the labour ward at 12 midday on the day of the planned induction to arrange the time of admission.

What happens if the Maternity Unit is busy?

Occasionally the Maternity Unit may be extremely busy and it would be unsafe for you to be induced. Consequently your induction may have to be delayed. This delay may be for just a few hours, or a day or more.

Whilst we understand how frustrating this might be, please be assured that we only delay inductions to protect the safety of mothers and babies. In the event of a delay you may be advised to attend to have a monitoring of your baby's heart beat.

How long can induction of labour take?

Induction of labour can take varying amounts of time dependant on how ready your body is for labour and how well you react to the methods of induction. It is sometimes necessary to be rested between different methods, which results in a longer stay in hospital. Please bring in plenty of things to occupy your time. We have free Wi-Fi so you are welcome to bring in a laptop or tablet.

Low risk inductions will be undertaken on Freya Ward and high risk inductions on Labour Ward. Your partner or another person can stay with you for the duration of your induction of labour and subsequent labour and birth.

How is labour induced?

There are several different methods of induction. One or all of them may be offered to you dependent on your individual circumstances.

Membrane sweeping

Membrane sweeping may increase your chances of labour starting naturally within 48 hours of the procedure.

Membrane sweeps will be offered at 41 weeks and at full term plus ten days. This involves your midwife or doctor undertaking a vaginal examination and then placing a finger inside your cervix and making a circular, sweeping movements for about 60 seconds, to seperate the membranes from the cervix. This procedure can be uncomfortable and you may experience a small amount of blood stained mucous and period type pain afterwards.

This will not increase any risk of infection providing your membranes are intact. If there is any possibility your membranes have ruptured please tell the midwife or doctor”

Using Prostaglandins

Prostaglandins are drugs that help induce labour by encouraging the cervix to soften and shorten (ripen). Prostaglandins can be given in the form of a gel or a pessary and is given whilst in hospital. Your consultant will decide which one of these methods is best suited for your individual needs.

The pessary is inserted into the top of the vagina and remains in place for up to 24 hours or until contractions are established. This is a higher dose than the gel but released slowly over a period of time. The gel can be inserted every six hours with a maximum of four doses.

Before the prostaglandins are given the midwife will check the baby's heartbeat using a fetal monitor for 30 minutes, your baby will be monitored for a further 30 to 60 minutes after the prostaglandins are inserted.

There is no evidence to suggest that labour is more painful than if it had started naturally. However, prostaglandins can cause vaginal soreness and some painful tightenings which are not contractions. Pain relief is available.

Very occasionally prostaglandins can cause the uterus to contract too much, which can affect the baby's heartbeat. In the event of this happening the prostaglandin may be removed and other medication given to relax the uterus.

Artificial rupture of membranes (ARM)

If your waters have not already broken, a procedure called an amniotomy (ARM) may be recommended which involves a vaginal examination being performed and a slim hook used to make a small hole in the membranes to release the waters around the baby.

Using Oxytocin (syntocinon)

Syntocinon is given in hospital on the Labour Ward once your cervix has ripened and your waters have broken. The drug is given through a drip, which enters your bloodstream through a tube in your arm. It works by encouraging your contractions to start and become more frequent. The amount required varies from person to person and is adjusted accordingly to ensure effective regular contractions.

Your baby will be continuously monitored while syntocinon is being used and therefore your mobility may be reduced, however every effort will be made to help you maintain a comfortable position which aids the progress of labour. Using the birthing pool for labour and birth is not an option if induction using syntocinon is indicated.

Occasionally oxytocin can cause the uterus to contract too much, which may affect the baby's heartbeat. If this happens (you may be asked to lie on your side) the oxytocin will be reduced or stopped to lessen the contractions. Sometimes medication may be given to counteract the syntocinon and relax the uterus.

Your doctor or midwife will fully explain and discuss these options with you prior to any procedure taking place.

What happens if i wish to decline induction of labour?

If you do not wish to have labour induced you may discuss your options with your midwife or doctor. We will offer you monitoring of your baby's heartbeat from 42 weeks and a scan to check the baby's growth and the volume of water. You may change your mind at any time.

Please use this space to write down any questions you may have:

If you would like this leaflet in another format or in a different language, please ask a member of staff.

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