

Membrane sweeping and induction of labour

Information for pregnant women

What is induction of labour?

In most pregnancies labour starts naturally between 37 weeks and 42 weeks; leading to the birth of the baby. Induction of labour is a process designed to start labour artificially.

We will offer to induce your labour, only if we believe it would be safer for your baby to be born as soon as possible. This is because inducing labour has been shown to reduce the chances of a straight forward birth i.e. one where there is no need for help with ventouse (suction cap), forceps or a caesarean birth. Also an induced labour can take longer and be harder for the mother to cope with than one which starts naturally.

Your midwife / doctor will explain why they are recommending induction and the benefits and risks in your case. It may also be possible to think of alternatives at this discussion. If you are not clear about anything then please do ask your doctor or midwife before you decide whether to go ahead.

The whole process of induction of labour can sometimes take several days. This could mean that the date you are given for induction will probably not be the day that you have your baby. Throughout the whole process both you and your baby will be monitored closely to ensure you are both well.

Before induction can be started, we need to be sure that we could care for you on Delivery Suite if you need to go there quickly.

We may need to delay the start of the induction. If this is the case, the wellbeing of you and your baby will be checked regularly in Midwifery Day Unit at the Hospital.

How is labour induced?

Membrane sweeping - what is it and how can it help?

A membrane sweep is a more natural way of inducing labour, and has been shown to be effective for many women. This will be offered to all women whose pregnancies are prolonged - before other methods of induction are considered.

A membrane sweep is usually done by your community midwife at around 41 weeks, but could also be done at a consultant clinic or on the ward. While internally examining the vagina, the midwife / doctor will simply sweep a finger around the neck of your womb (cervix). The aim is to separate the membranes around your baby from your cervix. This releases hormones called Prostaglandins, which mothers produce naturally to make labour start. More than one 'sweep' may be necessary, but this is often enough to get labour started within the next few days.

Membrane sweeping – are there any risks or complications? In uncomplicated pregnancies it is safe for both mother and baby. However, it can sometimes be uncomfortable to have it done. There may also be some slight 'spotting' of blood immediately afterwards, but this is normal. There is no evidence to suggest that a membrane sweep will make the early part of labour longer.

If the membrane sweep does not work, the next step would be for you to come to the hospital where some or all of the following processes may be used to induce your labour. This will be following a discussion between you and the doctor to agree a plan.

Propess (Dinoprostone) pessary

The first step is for you to be admitted to the Antenatal Ward, where a midwife will examine you and insert a Prostaglandin pessary, which looks like a very small tampon. It contains Prostaglandins, the same natural hormones released by a sweep, which are released slowly over 24 hours to help prepare your cervix for labour. The midwife will perform regular checks on you and your baby during this time.

You will have your own room, but we would encourage you to use the Induction Lounge at your leisure. This is a dedicated room where you can relax, talk to other mothers and ask any questions of the Induction midwife.

It is normal for you to feel that not much is happening; however there will be changes happening to your cervix that you cannot see or feel. Please tell the midwife if you experience regular pain, if your waters break, if you experience bleeding or if you are at all worried.

The pessary will be removed after 24 hours if labour has not yet started and your midwife will examine you again. For some women, the pessary is all that is needed to encourage labour to begin. If labour has not begun, it is likely that your midwife or doctor will recommend moving on to the next step, which is Prostin gel.

Propess – are there any risks or complications?

Rarely the Prostaglandins can cause the womb muscles to go into a prolonged contraction; this may be stressful for both mother and baby. Should this happen, the pessary would be removed immediately and the effect will then rapidly wear off.

Prostin gel

Once the Propess has prepared your cervix, we will then use Prostin, which helps to start early labour. This is a gel which your midwife will insert during vaginal examination.

Once given, it will be at least six hours before the midwife will examine you again; unless you go into labour. Your midwife will continue to check both you and your baby during this time.

You can have a further dose after six hours, if necessary.

For some women, this will be enough to bring on active labour. However, others will need to move to the next stage.

Prostin gel - are there any risks or complications?

The same risks apply as with the Propess, but because the gel is harder to remove; you will need to go to Delivery Suite to be given medication to relax the muscles of the womb.

Breaking of your waters (also called artificial rupture of membranes or ARM)

This is only performed on Delivery Suite so there may be a delay before we can move to this step.

Once the cervix is open enough it will be possible to break your waters. This should be enough to bring on contractions. This is done by another examination using a special instrument, which nicks the bag of waters around your baby. This helps to bring on stronger contractions, which will encourage your labour to become established and can make labour harder to cope with.

Once your membranes have been broken, we will suggest that you to move around to encourage contractions. If after an agreed length of time, your contractions are still mild, we would recommend moving on to the next stage; as there is a slightly increased risk of infection to the baby once the waters have been broken.

Syntocinon (hormone drip)

This is only performed on Delivery Suite so again there may be a delay before we can move to this step. This is similar to the natural hormone, which produces labour contractions and is given by a drip into your arm.

The drip will be increased gradually until you are having contractions every couple of minutes. It can be turned down if needed and even stopped, but only with good reason and after discussion with the doctor. Your midwife will be monitoring you and recording your baby's heart beat continuously using a belt monitor to ensure that all is well.

It is beneficial for you to remain as upright and mobile as possible once contractions begin. This can be achieved even if you have drips and monitors attached.

When do I come to the hospital?

You will be given a date and a time to come to the Antenatal Ward. If it is your first baby, the process can take longer and you will be asked to come in the morning. And if it is not your first baby and your pregnancy has been straight forward, you will usually be asked to come in the evening.

Can my birth partner stay with me?

Your birth partner will be welcome to stay on the ward with you, if this is what you wish. There is a policy and a code of conduct agreement for your birth partner to read and sign. You just need to ask the midwife when you are admitted to hospital. It is important to consider the following points for your birth partner:

- As we only have a limited number of beds, we cannot guarantee that one will be available for your birth partner. But you are welcome to bring a roll up mattress, sleeping bag or duvet.
 - We are unable to provide any food or drink for your birth partner other than drinking water. However, there are facilities available in the hospital where both may be purchased. Hot drinks can be made on the ward from the facilities in the lounge area (a donation would be appreciated for these).
-

-
- We are unable to provide any medical assistance to your birth partner and this includes headache medication. Should they become unwell, they will be asked to attend the A&E Department.

The whole process of induction of labour can take several days, and it may be better for your birth partner to sleep in their own bed overnight. They will then be able to provide support to you once you are in labour. We will contact your birth partner at any time, day or night, should you wish.

What should I bring into hospital with me?

You should bring with you everything you need for a few days away from home, including toiletries and towels. There is no need to bring your baby bag and car seat into the Antenatal Ward as you will not need these until your baby arrives. Bring books, magazines and entertainment for yourself. There is a television in your room, but there are no facilities for other electronic devices for reasons of ward safety.

Visiting on the Antenatal Ward

Your birth partner is most welcome at any time on the ward. However, other visitors are asked to visit in the afternoon from 3.30pm until 7.30pm. You may wish to inform your relatives that the day you come into hospital is unlikely to be the day that you actually have your baby. It is a good idea to have just one relative that you contact to let them know what is happening. They can then cascade the information to others. Due to the Data Protection Act and Confidentiality we are unable to give **any** information over the telephone.

Your stay on the Antenatal Ward

We very much want your time on the Antenatal ward to be as pleasant as possible. The midwives will be happy to answer any questions or queries you may have so please don't be afraid to ask.

Although all our women are in single rooms, we do operate an 'open door during the day' policy. This is so we can see that you are well and that you have access to the midwives should you need them.

Please be aware that in order to minimise the risk of infection to you and your baby, we do not allow flowers in the hospital and children who are not your own are unable to visit.

Feedback

Throughout the Maternity Unit we greatly value your feedback and comments. Therefore a questionnaire is distributed on a weekly basis. Should you happen to miss this distribution, please do ask for one as your views are what we use to improve those things that you feel we could do better.


Please use this space to write any notes or questions you may have.

This information leaflet is based on what we practice in the Maidstone and Tunbridge Wells NHS Trust and on our guideline.

Further information and advice can be obtained from:


The Tunbridge Wells Hospital at Pembury

Antenatal Ward

 **01892 633605**

or alternatively

Maternity Triage

 **01892 633500**

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the PALS Team. We will do our best to arrange this.


Patient Advice and Liaison Service (PALS)

If you would like to raise any concerns, make comments and suggestions or require information on Trust services, you can contact **PALS**. Office opening times are Monday to Friday 10.00am to 4.00pm. Both offices offer a 24 hour answering machine. Messages will be responded to within one working day, so please do leave a contact number.

PALS Maidstone Hospital

 **01622 224960**


PALS Tunbridge Wells Hospital

 **01892 632953**


PALS Email

mtwpals@nhs.net


PALS SMS

 **07747 782317**

PALS Maidstone Fax

 **01622 224843**

PALS Tunbridge Wells Fax

 **01892 632954**

Issue date: June 2014

Review date: June 2017

Database reference: RWF-OPLF-PWC34

© MTW NHS Trust

Disclaimer: Printed copies of this document may not be the most recent version.

The master copy is held on Q-Pulse Document Management System

This copy – REV2.0
