

Inducing Labour at Home

This leaflet gives you information about the first stage of inducing your labour at home

Information Leaflet

Why have Outpatient Induction of Labour?

An outpatient induction of labour:

- Reduces the amount of time you will need to stay in hospital before your labour begins
- Can involve fewer vaginal examinations
- Allows you to stay at home and wait for labour to start • Makes the process of induction more normal
- May mean you can receive care on the Midwife-Led Unit and/or use the birth pool

Who can have Outpatient Induction of Labour?

You may be offered an outpatient Induction of labour if:

- Your pregnancy is 'low risk'
- You have no medical or obstetric problems
- You have previously had a caesarean section and no other complications
- Your 'waters' have broken and labour has not started
- You are between 37-42 weeks of pregnancy You have a relative who will stay with you at home on that day
- You have transport to bring you to the hospital

There Are Two Methods of Induction That Can Be Used At Home

1. Hormone pessary

This is small, flat rectangular shaped pessary which looks a little like a tampon. It is inserted into the vagina and slowly releases a medication called prostaglandin, which helps to ripen the cervix, ready for labour. The pessary can stay in your vagina for 24 hours, and can sometimes make labour start on its own. If this happens, you can receive low-risk care and use the birthing pool. If labour does not begin with the pessary alone, you will then come back to delivery suite for the next steps of the induction process.

Points to consider

- Less vaginal examinations
- May go into labour without any further intervention
- Must be aged 40 or less
- Can be used if your 'waters' break and labour does not start.

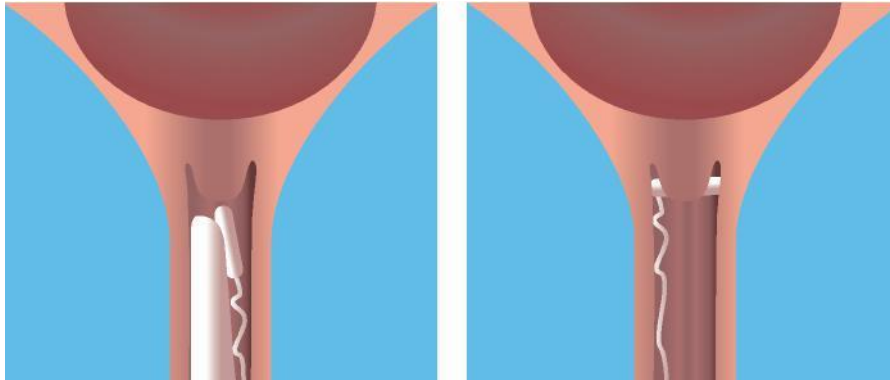


Image Source: www.medicines.org.uk

2. Cervical balloon

This is a thin tube that is placed in your cervix and a balloon on the end is inflated. The pressure from the balloon helps your cervix to ripen and dilate. It requires no medications and is a safer option for those who have previously had a caesarean section. The balloon can stay in your cervix for 24 hours, after which you will come back into hospital for the next steps of the induction process.

Points to consider

- Safer option when you have had a previous caesarean section
- Medication-free
- Can take a little longer to work
- Less chance of hyperstimulation (having too many contractions)
- Around 20% of women will go into labour from this method alone.



Image Source: www.health.qld.gov.au

Your midwife will discuss with you about the outpatient induction of labour process and if you meet all the criteria you will be offered one of the methods of induction discussed above.

What Happens On The Day?

Your midwife or doctor will book an appointment for you to attend the Induction Clinic.

Please remember to bring your hand-held notes with you and an overnight bag just in case you need to stay in hospital.

Step 1

When you arrive you will have your pulse, blood pressure, temperature and urine checked. The midwife will also read your notes and make sure that the outpatient induction of labour checklist is completed, and which method you require.

The midwife will discuss the process of induction of labour with you and answer any questions you may have. The midwife will check that your baby is OK by monitoring the baby's heart beat for about 30 minutes.

Step 2

When the midwife is happy with the observations made she will ask if it is OK to perform an internal examination (vaginal examination) to check the neck of your womb (cervix).

If the neck of the womb is closed, then either the pessary or balloon will be inserted. If the pessary is used you will be asked to lie down for 20 – 30 minutes afterwards. The pessary will absorb the moisture from your vagina which makes it swell (like a tampon) and settle into place. This reduces the chance of it falling out. After insertion of the balloon you can get up straight away as the balloon should only fall out when you are in labour. You will need to take care with both the balloon and pessary when:

- Wiping yourself after going to the toilet
- After washing

Step 3

When the midwife is happy with your observations, you can go home to wait for signs that labour has started.

If you have any concerns, you should telephone **0151 708 9988** ask for Midwifery-Led Unit or phone directly on **0151 702 4270**.

Step 4

You can continue with your day to day activities and eat and drink as normal. **You should contact the helpline immediately 0151 708 9988 and ask for 'Midwifery-Led Unit' if you experience any of the following:**

- You have any vaginal bleeding
- You think your waters have broken or notice vaginal loss that is not straw coloured or clear
- The pessary or balloon falls out
- You have pain/tenderness on or around a previous caesarean section scar
- You feel generally unwell, shivery, hot and cold or think you may have a temperature
- You are worried.

What Happens When I Go Home?

Both the pessary and the balloon catheter work by 'ripening' your cervix – this means the cervix softens, shortens and begins to open up. You will commonly feel a period-like ache while this happens, but sometimes stronger contractions occur and labour may start. In the very early stages of labour contractions can vary in length and how often they come. They may continue for several hours but not become much longer and stronger. This is normal. It is OK to stay at home during this time until you are in strong labour.

When strong labour contractions change, they become longer, stronger and closer together and usually continue to become stronger until the baby is born. If you experience signs of labour and are not sure please don't hesitate to call the hospital for advice.

If your waters have broken before your labour was induced you will need to do some additional checks while you are waiting. Your midwife will give you an additional leaflet entitled '*what happens if my waters break before I go into labour: Checks you need to carry out while you are waiting*'.

What Happens If Labour Starts?

If labour begins after the first stage of induction, you may be suitable to have your baby on the low risk Midwifery-Led Unit (MLU). If you have had a previous caesarean birth or if there are other concerns, you and your baby require closer monitoring and care will be provided on the Delivery Suite.

If you have signs of labour please discuss this with one of our midwives by telephoning **0151 708 9988 (Press option 5 and enter extension number 1162 or ask for Delivery Suite or call MLU directly on 0151 702 4270)** and she will advise you where your care will be provided.

Is There Anything I Can Do To Help?

You can help to increase the natural oxytocin levels in your body by hand massaging and expressing colostrum from your breasts, which will help support and enhance your induction and may help your labour to progress quicker.

Oxytocin also helps stimulate breastmilk production – the first milk you make is called colostrum. This is essential for your baby's immune system and protects against infection from birth.

If no colostrum is produced – don't worry, this is often the case – massage and hand expression will increase your oxytocin levels. This helps contract your uterus to contract, which then helps to stimulate your milk supply – ready to give your baby straight after birth. Ask your midwife to show you how to hand massage and express. She will show you where to store any colostrum you have collected.

Try to have at least one membrane sweep before coming in for your induction appointment, this can help labour start naturally – ask your midwife.

Remember – induction of labour is usually a long process – often taking more than 24 hours. This is normal – try to stay calm and do something that will help the time pass more quickly.

It is very important you have a supportive birthing partner with you. Choose someone who has a positive attitude about birth and who you feel totally relaxed, confident and comfortable with.

What to Do While You Are Waiting For Regular Contractions To Start

- Potter around the house
- Take a leisurely walk
- Watching a DVD / video (one that makes you laugh is best)
- Take a warm bath or shower
- If contractions are irregular, slow down or stop, have a short nap or a lie down
- Do some relaxation techniques
- Keep your breathing quiet and sigh out slowly during contractions
- Ask your birth partner to give you a massage
- Use your TENS machine if you plan to use one
- Put a heat source, wrapped in a small towel on areas that ache
- Keep upright and mobile • Change your position frequently
- Try a birthing ball – do circular movements whilst sitting on the ball
- Drink plenty of fluids
- Eat little and often – carbohydrates like bread or pasta and sugary foods are best.

It is best to try and stay as relaxed as you can. It is a good idea to be at home while waiting for labour to start if you arrive in hospital in established (strong contractions) labour you are more likely to have a straight-forward birth.

24 Hours Have Passed What Should I Do Now?

With either method of induction, you will have an appointment made to return to hospital to continue the induction process.

On admission you will have a vaginal examination to assess whether the neck of your womb has begun to open.

If it is possible for your waters to be broken, you will be transferred to the Delivery Suite when appropriate. If the neck of your womb has not opened you will need further treatment to induce labour and will receive this as an inpatient.

When You Come Back To The Hospital...

If labour has not started with the pessary or balloon alone, you will come to the delivery suite at the arranged time (around 24 hours after).

Breaking the waters and using a hormone drip

Hopefully, the neck of the womb is ready for labour and your midwife may ask your permission to break your 'waters'. The 'waters' are the fluids that surround your baby when he/she is in the bag (amniotic sack) in your womb. Your midwife will use a small plastic hook to break your waters during a vaginal examination.

Following this, your midwife will place a drip into a vein, usually in your arm. This drip contains a hormone called Oxytocin, which will cause you to have contractions. The amount of Oxytocin is carefully measured and monitored by an electric pump. Throughout your labour your baby's heartbeat will be monitored using a CTG machine. If a drip is required to induce labour you will not be able to use the birthing pool for safety reasons and your mobility may be limited. You will still be able to move and walk around the bed and use a birthing ball.

Are There Any Side Effects?

The hormone pessary can occasionally produce some side effects which are usually mild and include: nausea, vomiting, dizziness, palpitations and fever. If any of these occur to a distressing level you should phone up and come in to hospital (see contact numbers). There is a rare chance you may be very sensitive to the pessary and start contracting very frequently and strongly. If you experience,

- Contractions that last for more than 30 seconds that come every two minutes
- Contractions that last more than two minutes or
- Severe abdominal pain.

You must contact the Delivery Suite (0151 708 9988, press option 5 and enter extension 1162) and make your way to hospital (the midwife you speak to on the telephone may advise you to remove the pessary using the tape).

The cervical balloon does not contain medications so there is less chance of experiencing side effects. If you have any concerns you should however speak to a midwife at the hospital.

Helpful Telephone Numbers

Help & information number: 0151 708 9988 – Select option 0 and ask for 'Induction Suite' or:

- **Press option 5 and enter extension number 1162 for Delivery Suite**
- **Direct number for the Midwife-Led Unit is 0151 702 4270.**

Liverpool Women's is a smoke free site. Smoking is not allowed inside the hospital building, grounds, car parks or gardens. If you would like advice about stopping smoking please ask a member of staff about this.

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk