

Outstanding Care,
Compassionate People,
Healthier Communities



Sherwood Forest Hospitals
NHS Foundation Trust

Induction of labour

Information for patients and birth partners



**Maternity
Services**

With you every step of the way

Contact details:
Emergency Triage Line: 01623 676170

What is induction of labour?

Labour is a natural process usually starting on its own between 37-42 weeks gestation. Induction of labour (IOL) is a pathway to try to start labour artificially.

Why you might have been offered induction

An induction of labour may be offered at different times during pregnancy and for a number of reasons. These reasons include your pregnancy going beyond a certain number of weeks, concerns related to your health or for your baby's wellbeing.

Every birthing person has a unique set of circumstances and should receive personalised advice from their obstetric team. You will be supported to have open discussions with your team and be advised on risks, benefits and alternatives, taking into account your preferences.

How we arrange your induction of labour

All decisions for IOL will be referred to the multi-disciplinary team (MDT) who discuss each case individually and make a plan for the most appropriate time for induction. The MDT meetings take place twice a week, Mondays and Thursdays.

You will be able to view your induction date following the meeting, on your personal BadgerNotes app. If you wish to discuss this further, the planned care lead midwife can be contacted via the triage line and can assist and answer your questions.

Making a decision

Use the following tool to help you ask your midwife / doctor about your induction of labour options.

BENEFITS: What are the benefits of this procedure? How will this positively impact my labour, my baby or me?

RISKS: What are the risks of this procedure? How might this negatively affect my labour, my baby or me?

ALTERNATIVES: Are there alternatives to this procedure? Are there other options that may have similar results?

INTUITION: What is my gut telling me about this?

NEED TIME/DO NOTHING: Can this procedure be delayed? Can I take some time to think about it? What will happen if I choose to watch and wait for now?

What is the induction pathway?

There are different methods used to induce labour. A combination of the below maybe used; some birthing people need just one method, some two, some need a combination of all.

Membrane sweeps (offered by the community midwife prior to induction)

A membrane sweep is a procedure in which the midwife places a finger just inside the cervix and makes a sweeping movement to separate the membranes from the cervix. There is some evidence that for some this can start natural labour hormones. You may have some spotting or cramping afterwards. Labour may start naturally within a couple of days.

Balloon induction

Balloon induction is a mechanical method of induction of labour. A soft silicone tube, also known as a catheter, is inserted through the neck of the uterus (cervix). It has a balloon near the tip and when it is in place the balloon is filled with sterile water, through the tube via the end that remains outside the body. The catheter stays in place, inside your uterus, for up to 24 hours, with the balloon putting gentle pressure on your cervix. By applying pressure to your cervix, it helps your body release natural hormones (prostaglandin) to stimulate the start of labour by opening your cervix enough for labour to start naturally or to be able to break the waters surrounding your baby. The advantages of the balloon catheter induction compared to our other methods are:

- Less side effects compared to hormonal/medicated induction methods.
- Less chance of the uterus contracting too much, therefore providing a more positive experience for you and your baby.
- Medication is not required to start off the process of induction, allowing you time to rest and reducing the amount of monitoring required during your early induction process.

Hormone pessary (proposs)

A pessary is inserted into your vagina (like a small tampon) by the midwife during a vaginal examination – pain relief is available to you for this examination. The pessary slowly releases an artificial hormone (prostaglandin) over 24 hours. The aim is to soften your cervix and stimulate contractions. After the pessary is inserted, your labour may start straight away or it may take several days before your baby is born. Both of these reactions are normal as everyone reacts differently to the induction process.

The pessary will remain inside for up to 24 hours, before being removed easily by pulling the string. Your cervix will be assessed to see if it is possible to break your waters at this point. Some women need a 2nd pessary to start labour; this can be for another 24 hours.

What is the induction pathway?

Breaking your waters

Breaking your waters or artificial rupture of the membranes (ARM) is when the midwife gently uses a long instrument (a sterile hook) to break the bag of fluid around your baby. This can only be done if your cervix has already started to dilate. You will be transferred to the Sherwood Birthing Unit to have this done – pain relief is available to you for this examination. You may find regular contractions start soon after this. If your contractions do not start within a few hours after an ARM, you will be offered a hormone drip called oxytocin. Under some circumstances we may offer to start the drip straight away.

Hormone drip (oxytocin)

Oxytocin is the hormone that drives labour, making your contractions happen and your cervix to dilate. An artificial oxytocin drip will be given into your vein via a cannula in your hand or arm. Once the drip has started, we recommend that your baby's heartbeat is monitored continuously. Your midwife will also monitor your contractions and the amount of oxytocin you receive will be adjusted according to this. Some women tell us that induction of labour can be more painful than spontaneous labour; you may wish to discuss your pain relief options with your midwife before starting the process. For example, if you think you may wish to have an epidural, this could be sited before the oxytocin drip starts.

How long will it take?

It is not possible to know how long your induction and labour will take; it depends on which method of induction is used and how receptive your body is to the artificial hormones. For some women labour will start within the first 24 hours, for others it may take two to three days.

There may be a delay in transferring you to the Sherwood Birthing Unit for an ARM if you are not in labour. You will need to receive one to one care from a midwife when on the birthing unit and only when this is possible will we be able to continue your induction pathway.

You and your baby's safety is the priority, we will keep you updated if there is a delay.

Your induction of labour

Your induction of labour appointment

On the day of your planned induction of labour, please call the triage line on **01623 676170**, before 8am to confirm the availability for your induction.

Please be aware that if the birthing unit is busy, your induction of labour may be delayed until it is safe to proceed. This is to protect the wellbeing of you and your baby as well as that of other women being cared for in the hospital. We will always aim to keep delays to a minimum but sometimes these are unpredictable, and we will keep you updated if this is the case.

Please attend the maternity ward at the time you are given. This is a mixed antenatal and postnatal ward, located in the Women's and Children's area on the first floor at King's Mill Hospital.

Before you begin the induction process, your midwife will need to:

- Ask you if you are experiencing any signs of labour.
- Assess your current wellbeing through assessment of your temperature, pulse and blood pressure. You will also be asked to provide a urine sample.
- Examine your abdomen with their hands (known as palpation) to confirm your baby's head is down.
- Listen to your baby's heartbeat continuously for approximately 30 to 60 minutes using an electronic fetal monitor (CTG). The exact length of time may vary and will be determined on an individual basis.
- Perform an internal (vaginal) examination to assess the length and dilatation of your cervix. A method of induction will be offered and inserted with your consent at this time if indicated.

After the method of induction is inserted, your midwife will discuss your ongoing care with you. We encourage you to be mobile, shower / bath if you wish and eat and drink normally during your induction of labour. The hospital provides regular meals for you, but you may want to supplement this with your own snacks and drinks. Unfortunately, we cannot provide meals for your birth partner.

Your induction of labour

Additional information

There may be good reasons why your care differs from the recommendations in this leaflet, depending on your individual circumstances and wishes. If you would like any further information about induction of labour or have any questions, please discuss them with your midwife or doctor.



Frequently asked questions

Frequently asked questions

Can I change my mind? Can I have a Caesarean Birth?

Induction of labour is optional; we recommend you understand all the risks and benefits as to why you have been offered an induction (see page 1). Ask questions and discuss these with your doctor, birth partner, and community midwife.

At any point during the induction process you have the option to change your mind regarding continuing with this. You can choose to discuss the option of having a Caesarean birth at any time. At each point when the next step is offered you should discuss all the options available to you.

Will I need an internal examination?

Yes, the pessary or balloon is inserted into your vagina. This can be an uncomfortable process. The midwife will assess your cervix during this examination to assess your Bishop Score (see the next section). Following your induction cycle, it is likely you will need another examination to assess any change that your cervix has made. Pain relief is available to you should you require it during these examinations. Please talk with your midwife if you have any concerns regarding a vaginal examination.

What is a Bishop Score?

A Bishop Score is a system used to assess the cervix for its 'readiness' for labour before and during induction. Your Bishop Score is based on how dilated your cervix is (the more open the better), how short your cervix is (the shorter the better), how far down in your pelvis your baby's head is (the lower down the better), whether it is firm or soft (the softer the better) or whether your cervix is pointing backwards or pointing forwards (pointing forwards is better). This helps your midwife to know if it is possible to break your waters or not.

Why do I need my waters broken?

Part of the induction process is to break the waters by gently making a small hole in the bag of fluid surrounding baby with a long instrument. This should release hormones to give you stronger contractions and should start to dilate the cervix. This procedure should not be any more uncomfortable than a normal vaginal examination. The waters need to be broken before starting the hormone drip as this encourages the baby to move through the birth canal. If you would like to discuss pain relief before this, please talk to your midwife.

What can I do before coming in for induction?

When booked for an induction of labour you may wish to have a membrane sweep prior to your induction date; this can help release natural hormones to start labour. You may wish to read about some natural methods to bring on labour – these can be found on the NHS Choices website – inducing labour (see the Sources of Support section towards the end of this booklet).

Will I labour?

The pessary alone may bring on established labour, if this happens, we will transfer you to the Sherwood Birthing Unit. The balloon is less likely to bring on established labour but with both methods it is normal to experience back pain, strong period type pains, and sometimes irregular and regular contractions. It is also normal not to go into active labour but still experience contractions; this will all be helping to change your cervix. Your waters may break by themselves during this time, or they may need breaking later during labour. Please ask your midwife about early labour techniques such as pain relief, breathing techniques, mindfulness / hypnobirthing techniques, use of the bath or birthing ball, and using a TENS machine

What are the risks of having an induction of labour?

Induction of labour is a safe procedure for you and your baby. However, there are a few associated risks:

• Hyperstimulation

Occasionally, the contractions may become too frequent (less than 60 seconds apart) or too long (over 90 seconds). This can cause your baby to show signs of distress. If this happens, the propess can be removed, or your drip will be reduced / turned off to allow your baby to recover. If these steps are not effective, sometimes you will be advised to have an injection called terbutaline to temporarily stop or slow the contractions. The IOL may be resumed after some time if it is considered safe for you and your baby, but in some cases, a Caesarean birth may be advised.

• Symptoms

You may experience nausea, vomiting or diarrhoea after the pessary is inserted. Talk to your midwife who will discuss options with you, as we may be able to provide medication to help with these symptoms. It is also very common to experience vaginal heaviness during the process – using a birthing ball or different positions can sometimes help with this.

What is expectant management? Is this an option?

Expectant management is when you 'watch and wait' for labour to start instead of opting for an IOL. We recommend that you discuss all your options with your doctor or midwife and make an informed decision based on both the risks and benefits of IOL and expectant management.

What's next if I decline induction?

An individual care plan will be developed with you and implemented until the arrival of your baby. This may include regular monitoring of your health and your baby's wellbeing on a cardiotocography (CTG) which is used to monitor your baby's heartbeat, follow up scans and additional doctor or midwife appointments.

Can I use the pool?

You can discuss the use of the birthing pool in labour with your midwife. We can offer telemetry CTG of your baby (wireless and waterproof monitoring of the baby's heartbeat) and can use this in our birthing pool. If additional intervention is required or we are unable to monitor your baby, it might be necessary to ask you to get out of the pool. Please be mindful that we have only one birthing pool so this may not always be available.

Can I go home?

We do not offer outpatient induction of labour. You will be required to stay in hospital for the duration of your induction and labour.

Can my birth partner stay?

One birth partner can stay with you throughout this process. A second birth partner can join you once you are on the Sherwood Birthing Unit or during our maternity ward visiting hours. Please see the Trust's website for up-to-date information regarding visiting times (details at the end of this booklet).

Will I have my own room?

All our IOL rooms are private rooms, with their own shower room and a recliner chair for your birth partner to stay overnight. We ask that your birth partner does not sleep in or share your hospital bed during your stay as this does not adhere to our infection control guidelines.

What should I bring with me?

Please bring your hospital bag with you, packed with spare pyjamas, underwear and loose / comfortable clothing, along with any or all of the following:

- Your favourite snacks.
- A comfortable pregnancy pillow.
- Ear plugs and a sleep mask.
- A book you've been wanting to read, a tablet to stream your favourite TV show or start a new one, or even a pack of cards or travel size games to pass the time. Labour can take two to three days to start, and time can seem to pass slowly during this time.
- A hired / purchased TENS machine and / or other early labour techniques. Please be advised we cannot permit open flame candles into the unit, but battery-operated mood lighting lamps are permitted.

From the start of induction, to going home with baby, some parents may be here for up to seven days.

There is a cold-water dispenser located by the midwife's station in the middle of the maternity ward. Unfortunately, we are unable to provide meals and refreshments for birth partners through our hospital catering service. There are facilities within the hospital and within walking distance locally where they can provide themselves with meals and refreshments.

You are free to walk around the hospital following any checks made by your midwife, but we ask that you do not leave the hospital grounds and please sign out at the reception desk in case of a fire/evacuation.



Concerns during induction of labour

Please tell the midwife caring for you immediately if:

- Your baby's movements are altered.
- You experience very frequent contractions (more than four times in ten minutes) or constant abdominal pain.
- You have any bleeding from your vagina.
- You feel unwell or feverish.
- You experience nausea, vomiting or diarrhoea.
- Your waters have broken and/or have an offensive smell or are brown or green in colour.
- The balloon or pessary falls out or the pessary drops into your lower vagina.
- If you are needing any pain relief.

Sources of support:

- Sherwood Forest Hospital's Maternity website: **Maternity - Sherwood Forest Hospitals (sfh-tr.nhs.uk)**
- NHS Choices website: **Inducing labour - NHS (www.nhs.uk)**
- NICE IOL guidance website: **Overview | Inducing labour | Guidance | NICE**
- Royal College of Midwifery – **midwifery care for IOL Information for women and families website: midwifery-care-for-induction-of-labour-information-for-women-and-families-a4-2019-12pp_1-002-003.pdf (rcm.org.uk)**
- Labour pains website: **Labour Pains - Information on pain relief choices during labour** (also provides pain relief in labour information translated into 33 different languages).
- Birthrights website: **Birthrights - your human rights during pregnancy and maternity**
- Our Professional Midwifery Advocate Team are available to discuss your care and support you through making choices. Please contact them via email: **sfh-tr.pmateam@nhs.net**

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202510-06-IL
Created: October 2017 / Revised: October 2025 /
Review Date: October 2027