

Prolonged Pregnancy

Why might I be offered induction of labour?

Induction of labour (IOL) will be offered for two main reasons; it will benefit your or your baby/babies health.

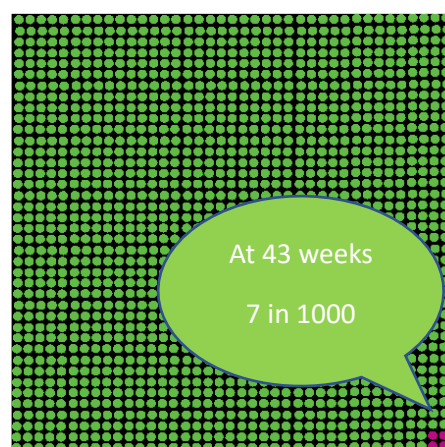
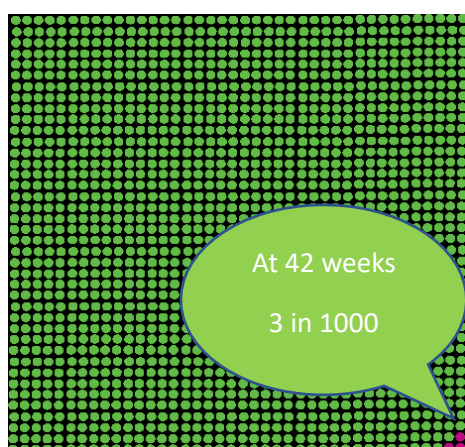
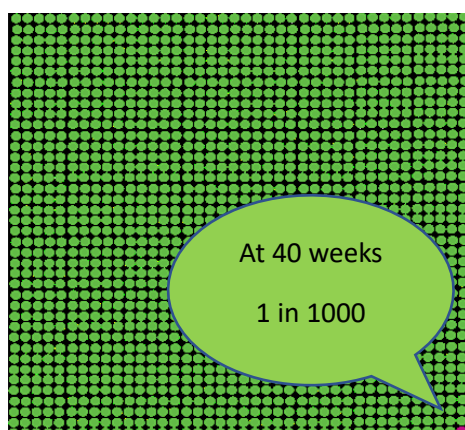
IOL is usually recommended in the following circumstances:

Prolonged pregnancy at 41 weeks gestation

After 41 weeks, there is evidence to that stillbirth rates starts to slightly increase:



You may find it easier to look at these figures as pictograms:



For this reason, we will offer induction of labour at 41 weeks (NICE [NG207], 2021)

We prefer to offer you induction of labour at 41 weeks as evidence shows and improvement in outcome for both mothers and babies:

41/40 weeks vs 42/40 weeks

Mode of delivery (forceps, ventouse, spontaneous vaginal delivery or caesarean section = no difference

(Earlier IOL after 39/40 less likely to have CS than 42/40)

NICU admission – lower incidence in 41/40 vs 42/40

Maternal outcome – lower incidence in 41/40 vs 42/40

It has been found that induction after 39 weeks but before 41 weeks does not increase your chances of having an instrumental or caesarean section.

The risks of induction, watching and waiting, or a planned caesarean will depend on the reason you are being offered induction and your own personal circumstances.

- An induction of labour around 41 weeks may have the best chance of you achieving a vaginal birth and is not usually associated with an increased likelihood of caesarean birth.
- It may prevent a stillbirth occurring

What are the potential benefits and risks of having an IOL

An IOL is a medical intervention that will affect your birth options and your experience of the birth process. This could include that:

- If your pregnancy has been straightforward, your chance of a natural (vaginal) birth is highest if your labour starts spontaneously (by itself) and you plan to labour and birth on a midwife-led Birth Centre near to a Labour Ward
- Your choice of place of birth will be limited, as you may be recommended interventions (for example, oxytocin infusion, continuous baby (fetal) heart rate monitoring and epidurals) that are not available for a home birth or in a midwife-led Birth Centre
- You may be less likely to be able to use a birthing pool

- You may be more likely to need an assisted vaginal birth (using forceps or ventouse), which has an increased risk of a severe perineal tear (obstetric anal sphincter injury)
- An induced labour may be more painful than a spontaneous labour
- Your hospital stay may be longer than with a spontaneous labour

Timing of induction and birth outcomes

- Over 95% of labours will start spontaneously by 42 weeks so delaying an induction until then may reduce the need for this intervention at all
- But delaying it until 42 weeks is associated with a higher likelihood of having a caesarean birth although these rates will be affected by the reason for the induction
- Where you plan to give birth (home, a hospital birth centre or a hospital labour ward) will also affect the chance of achieving a vaginal birth
- You may want to consider an informal method of induction known as a 'membrane sweep' from 38 weeks providing your baby's head is engaged
- Evidence suggests that a sweep makes it about 20% more likely that you will go into labour without further interventions, but you are no more likely to avoid a caesarean or assisted birth.

Pre-labour appointment: aromatherapy, membranes sweeps and acupressure

Postdates acupressure and aromatherapy

Liverpool Women's Hospital will be offering an appointment on the first Friday following your expected due date at around 40 weeks gestation. This appointment can also be booked by scanning the QR code or phoning your community midwife or your continuity of care midwife who will give you a time and location to attend the postdates clinic.

Whilst attending the postdates clinic you will be offered aromatherapy and acupressure. There will be the opportunity to further discuss risks and benefits for cervical sweeps, in-patient and outpatient induction of labour, how we induce your labour and pain relief available to you when undertaking induction of labour.

Membrane sweep

To carry out a membrane sweep, your midwife or doctor sweeps their finger around your cervix during an internal examination. This action should separate the membranes of the amniotic sac surrounding your baby from your cervix. This separation releases hormones (prostaglandins), which may start your labour. Having a membrane sweep does not hurt but expect some discomfort or slight bleeding afterwards.

What happens if I decline an induction?

If you prefer to not to have an induction, you can **watch and wait** instead – wait for your baby to come on its own and your natural labour to start, while watching how you and your baby are feeling.

If you choose to wait for your baby to come on its own, your midwife or doctor should explain about your situation and how this affects you and your baby's personal risks and benefits.

You may be offered closer monitoring of you and your baby and this may include some extra appointments at the hospital including an ultrasound scan and monitoring your baby's heartbeat. This is often called '**expectant management**'.

Monitoring and using scans do not help predict or avoid problems that might happen suddenly and none of these tests can accurately predict whether your baby is more or less likely to have a stillbirth in the future but can help to tell you how your baby is at the time of the scan or test.

You will be supported, if possible, to give birth where you had planned (Birth Centre, home or Labour Ward). If your baby doesn't come on its own, you will have the opportunity to revisit your options with your birth team.

You will be offered an appointment with your obstetric consultant and / or a consultant midwife to make an individualised plan for you.

You also have the option of having a planned caesarean birth rather than an induction if this is your choice.

Where can I go for more information

If all is well with you and the baby, there is no rush in making a decision about whether to have an induction during an antenatal appointment. You can go home and think about it, read more or talk to your midwife or doctor again.

Please go to any of the links below or scan in the QR codes below for more information:

LWH You tube [Liverpool Women's NHSFT - YouTube](https://www.youtube.com/channel/UCgz9V2PaRI0G0BBb0CTDBTg)

<https://www.youtube.com/channel/UCgz9V2PaRI0G0BBb0CTDBTg>



My Pregnancy notes:

LWH website: <https://www.liverpoolwomens.nhs.uk/our-services/maternity/preparing-for-birth/induction-of-labour/#:~:text=Inpatient%20induction%20of%20labour,in%20hospital%20to%20await%20labour>

