

Patient information

Outpatient Induction of Labour

Date to come in for IOL: _____

Time to come in: _____

Where to attend: _____

In the event of any concerns (maternity line) call:

Date to return for reassessment: _____

Time to come in for reassessment: _____

Where to attend: _____

Derriford Hospital
Derriford Road
Plymouth
PL6 8DH

Tel: 01752 202082

www.plymouthhospitals.nhs.uk



What is Induction of labour?

Induction of labour is the process of starting labour artificially. Over 30% of the births at Derriford Hospital are induced (this is similar to other parts of the UK). We offer inpatient induction of labour to everyone but some women are suitable to be offered this as an outpatient.

This leaflet is for those women who have chosen to have an outpatient induction of labour. A separate leaflet on induction of labour is also available which can provide additional details.

An outpatient induction of labour can be more convenient for some women and provides the benefit of having the familiarity and freedom of being in your home environment. This is only offered to women who are considered “low risk” and meet various other criteria such as distance from the hospital.

Who can have an outpatient Induction of labour?

You may be offered an outpatient induction of labour if:

- Your pregnancy is considered “low risk”
- You have no significant medical or obstetric problems
- You speak English fluently, can read the information leaflet, are over 18 and under 40 years of age at the time of birth
- You have an adult who will stay with you at all times
- You have transport and a working, charged and accessible telephone
- You live within a 30 minute drive in traffic to Derriford Hospital

What are the risks?

Important complications are rare. Many units throughout the UK offer this service already. At present we are only offering this service to women who live within 30 minutes of the hospital, have transport to return, a telephone and have an uncomplicated pregnancy. You must also have a responsible adult with you at all times and make sure that your phone is charged, has service and is easily accessible. We ask that **you** judge the time that it will take you to return to the hospital in traffic, this must be less than 30 minutes.

All inductions carry risks and these can be failure to induce the labour or causing your uterus to contract too much. Induction is also associated with a longer hospital stay and a greater demand for epidurals in labour.

Please understand that the process can sometimes take several days and occasionally delays can occur.

What happens on the day?

You will be given a date and time to attend Day Assessment Ward on level 6 (or Argyll ward on level 7 if it is the weekend.)

Please **bring your hospital notes** with you for every visit and bring your hospital bag in case you need to stay in.

During your visit to the hospital you will have a 30 minute heart trace of baby (CTG), a full antenatal check including observations, palpation of your abdomen and an internal vaginal assessment. The midwife will need

to check through your notes and complete a checklist on the induction process.

The Propess pessary (the medication we use to induce you which is like a very small, flat tampon) will be placed inside the vagina and after 30 minutes you will be able to go home. Just prior to you leaving you will have your observations checked again and the midwife will listen to the baby's heartbeat.

The Propess has a string attached to it which you should be careful you do not pull on otherwise it will fall out. Be careful when washing and going to the toilet.

The Propess works by 'ripening' your cervix (neck of your womb), encouraging it to soften, shorten and begin to open. It is normal to experience some period type pain, back ache and tightening and we recommend regular paracetamol, mobilising and a warm bath at home. Some people may experience mild side effects such as nausea, dizziness and palpitations.

If you experience any problems whilst you are at home please contact maternity line on

You may be advised to take the Propess out immediately by pulling on the string and will be required to come to either triage (level 4 CDS) or DAW (level 6) for assessment.

If possible, always try to call maternity line if you are coming in before the planned readmission time so that we know to expect you.

We would like you to call and almost certainly return if you have any of the following:

- Bleeding (more than a show which is a mucousy pink loss, call if unsure)
- Ruptured membranes (waters broken)
- Concerns with the baby's movements
- Contraction pain that you cannot cope with (feel free to take paracetamol at home)
- Constant pain (occasionally your uterus can contract too much, you may experience prolonged contractions that last over 2 minutes or that occur more than 5 times every 10 minutes) If this occurs please remove the pessary, call and come straight to triage.
- If you feel particularly anxious and feel that you would rather be in hospital
- Concerns over the side effects from the pessary (it can occasionally cause some nausea, dizziness and palpitations which are normally mild, if you feel worried or feel unwell then please let us know.)
- Pessary falls out

You do not need to come to hospital immediately when your contractions start. Please come in if you feel worried, your waters break, have any bleeding, have concerns with the baby's movements, and have constant pain or contractions which are very strong.

How to help yourself at home

- Carry on as usual
- Go for a short, gentle walk if you feel like it
- Make sure you eat and drink as usual
- Rest and sleep as much as possible, an induction is frequently a slow process
- Keep an adult with you at all times
- Make sure your phone is charged, accessible and in service at all times

How to cope with contractions at home

- Have a warm bath (be careful with the pessary)
- Take long deep breaths through the contractions, focus on breathing out
- Keep mobile and try different positions
- Try sitting on a birth ball
- Emotional and physical support from your birth partner can help
- Listen to music
- Take paracetamol as per the pack instructions (up to 1g four times per day)

What happens when you come back to hospital?

Please return to the hospital (day assessment ward level 7 or triage on CDS level 4) as advised above. You will

be reviewed by a midwife and your induction of labour will continue. If you need to stay on Argyll ward overnight your partner will be advised to go home to rest before your established labour starts. Women may be admitted to Argyll for many different reasons.

If it is possible to break your waters after 24 hours of having the pessary you will be transferred to Central delivery Suite. This is the time when we have found delays can occasionally occur, having babies is rather unpredictable! It is important that we can provide you with safe care during your labour and need to occasionally delay your induction so that you can receive the quality of care that you will need to have. If the labour ward is too busy then you will be asked to stay on Argyll until they are able to continue with your induction.

Having your waters broken can be a little uncomfortable; it involves an internal (vaginal) examination and generally helps to make the contractions stronger. If it is not possible to break your waters one of the doctors will come and see you to decide if you will start the hormone drip (Syntocinon), have another pessary or have a small balloon inserted into the cervix.

Most people who are induced need to have the baby monitored continuously while they are in established labour. This won't always be the case if you go into labour with the pessary alone.



**This leaflet is available in large print and
other formats and languages.**

Contact: Administrator

Tel: 01752439262

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