

Induction of labour

Measuring large for gestational age

This document will provide you information to help you make decision about your treatment. At the end you will be asked some questions to help prompt discussion with the healthcare team.

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Paper versions of this toolkist are available on request.

Making decisions about induction of labour

This toolkit is to support you with choices if you have been offered Induction of Labour (IOL). It may help you to make informed decisions about your care, in partnership with midwives and doctors. It's important for you to understand and be involved in your care planning which includes discussing the reasons you are offered or recommended an induction.

An induced labour is one that is started artificially (not by itself). Around 3-4 out of 10 women are induced in the UK. It is your choice whether to have labour induced or not and using this tool can help you decide and help you ask questions.

Why might I be offered an induction of labour (IOL)?

Suspected Big Baby

If you have had scans suggesting your baby is measuring large for gestational age (LGA) over 90th centile a doctor will discuss with you about your birth options. Some information for you to consider:

- Scanning babies size is not always reliable and it is more difficult to measure the size of babies when they are bigger. Research has found that 6 out of 10 women who had a scan suggesting their baby was over the 90th centile went on to have a baby born under the 90th centile.
- There is a relationship between the size of your baby and an emergency in labour called shoulder dystocia whereby the shoulders of the baby become stuck by your pelvis bones during the birth. About 1 in 150 babies will experience this no matter what their size but it is know that if your baby is >4kg the chance of this happening increases to 1 in 25.
- The majority of Shoulder dystocia emergencies are managed effectively by the team caring for you and most babies have no long term complications.
- When considering your choices speak to your doctor/midwife to see if you have any other additional risk factors to consider. These risk factors may affect the timing of when IOL will be offered.

What are the benefits of Induction of Labour?

- IOL can be offered from 38-38+4 weeks to reduce ongoing fetal growth / weight as this has been found to increase risk of shoulder dystocia / 3rd or 4th degree tear. This may slightly reduce your chances of having a Caesarian Section / forceps / ventouse birth / haemorrhage but can increase your babies chance of complications including admission to the neonatal unit.
- Outcomes for babies such as perinatal death and brachial plexus injury (injury to the nerves between the neck and shoulder) are likely to be the same with early induction or awaiting natural birth.
- Women who have babies with a birthweight greater than 4kg have an increased risk of OASI (3rd or 4th degree perineum tears).
- IOL can be offered if your baby is estimated over 90th centile on scan later than 38+4.

What are the risks of Induction of Labour?

- The risks of choosing induction will vary depending on your own personal situation. It may stop a serious infection occurring however it may affect your birth options and limit your birth place choice.
- You may be recommended more interventions (for example, oxytocin infusion, vaginal examination, continuous baby (fetal) heart rate monitoring and epidurals) which may limit your ability to move around).
- There may be a need for an assisted vaginal birth (using forceps or ventouse), with the associated increased chance of obstetric anal sphincter injury (OASI - third or fourth-degree perineal tears). The OASI care bundle will be offered to try and reduce this happening.
- There is a chance the medication used to induce labour could cause hyperstimulation – this is when the uterus (womb) contracts too frequently or contractions last too long. This can lead to changes in the baby's heart rate which could result in the baby being compromised – we have clear guidelines to follow if there are too many contractions and we monitor you to ensure your baby is coping with the contractions.
- You may be less likely to be able to use a birth pool.
- An induced labour may be more intense and painful than a natural labour as the hormones don't trigger the release of women's own natural endorphins (which help relieve pain)
- Your hospital stay may be longer than with a natural labour.
- Sometimes (1 in 100) induction of labour may be unsuccessful and other options would be discussed with you and the midwives/doctors for a plan to be made together.
- Your highest chance of a vaginal birth is if it starts naturally (by itself) and you birth on a Midwife-Led Unit near Delivery Suite – speak to your consultant midwife to explore this option.

What are the alternatives?

- You have the option of waiting longer to see if you labour starts naturally.
- You could choose to be induced at a later date.
- You will be offered membrane sweeps to see if this encourages labour to start.
- If you would like to discuss any other alternative options, please let the midwives know about this and they will arrange for an appointment with a doctor or consultant midwife to ensure there is a clear plan with you.
- You may be offered further scans depending on what your plans are and how many week pregnant you are.

What happens now?

- It is important to make a choice that is right for you.
- Try using the tool below to help you make a decision that is right for you and your baby.
- Your midwife will book you in for an induction of labour if this is what you choose.
- If you decide not to be induced the doctor will make a personalised plan with you which may include, additional appointments or referrals for further discussion or monitoring based on your individualised situation.

Questions

What are the benefits?

What are the risks?

What are the alternatives?

What does your intuition or your gut feeling tell you?

What happens if we do nothing for now? Can we wait and take some time to think?

Further information

The Induction of Labour Information for Birthing People and their families which gives further information on induction of labour including

- process
- risks
- membrane sweep
- stages of induction