



## **PATIENT INFORMATION**

### Outpatient Induction of Labour

Induction of labour (IOL) is the process of starting labour artificially. For some women we can offer induction of labour either in hospital or as an outpatient. This leaflet gives you information about outpatient induction of labour.

Outpatient Induction of Labour will be offered to you if you have a 'low-risk' pregnancy and are 10 days past your due date.

#### **Why have an 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
- Allows you to stay at home and wait for labour to start
- Allows your birth partner to remain with you throughout the induction process
- Makes the process of induction more 'normal'

#### **Who can have Outpatient Induction of Labour?**

At present at Torbay you will be offered an Outpatient Induction of Labour if:

- Your pregnancy is 'low-risk'
- You have had up to 2 previous deliveries
- You have no medical or obstetric problems
- You have not had any gynaecological surgery
- You have had no bleeding after 24 weeks of pregnancy
- You have a telephone
- You have a relative who will be with you at all times
- You have transport to bring you to the hospital
- You live within a 30 minute drive from Torbay Hospital

Your midwife will have a discussion with you about the Outpatient Induction of labour process and if you meet all of the criteria you will be offered this method of induction.

## **What happens on the day?**

Your midwife or doctor will book an appointment for you to attend John Macpherson Ward on Level 3 at Torbay Hospital for your induction of labour.

Please phone the ward on **01803 654604** at **8am** on that morning to confirm bed availability. You will be given a time to attend. Please be ready as you may be asked to attend the unit by 9am.

**Very occasionally** if the antenatal ward is full your induction may need to be rearranged.

Please remember to bring your hospital notes with you and an overnight bag in case you do need to stay in hospital.

### **Step 1**

When you arrive at John MacPherson Ward you will have your pulse, blood pressure temperature and urine checked by a Midwife or Maternity Care Assistant. They will also read your notes and make sure that you are suitable for outpatient induction of labour.

The midwife will discuss the process of induction with you and answer any questions you may have

The midwife will examine and measure your abdomen to check your baby's size and the way the baby is lying. They will also check that your baby is ok by monitoring the baby's heart beat on a Cardiotocograph (CTG) machine for about 20-30 minutes. The machine also monitors contractions.

### **Step 2**

When the midwife is happy with the observations and the CTG monitoring she will ask if it is ok to perform an internal examination (vaginal examination) to check the neck of the womb (cervix).

If the neck of the womb is closed then the induction medicine called Propess will be inserted into the vagina. Propess is a flat small tampon which contains prostaglandin which will remain in your vagina for 24 hours. It is attached to a small tape so that it can be removed after 24 hours.

After the Propess is inserted you will need to be monitored for 30 minutes on the CTG machine. During this time the propess tampon will absorb moisture from your vagina which makes it swell slightly and settle into place. This reduces the chance of it falling out.

The Propess string will lie just outside of your vagina and it is important that you do not pull or drag on it. You will need to take care when wiping yourself, after going to the toilet, after washing and getting on and off the bed.

### **Step 3**

When the CTG recording has completed the midwife will assess the monitoring. If it is a normal recording she will encourage you to mobilise around the ward for 30 minutes to ensure that you feel well before going home.

### **Step 4**

After 30 minutes have passed the midwife will check your pulse, blood pressure, temperature and baby's heart rate. You will be given the opportunity to ask any questions and if everything is ok you will be able to go home. You will be asked to telephone John Macpherson Ward by 6.00pm for a telephone check- up.

### **Step 5**

You can continue with your day-to day activities and eat and drink as normal. We encourage you to be as mobile as possible. Please also monitor your baby's movements.

Following your assessment at 6.00pm and if there are no concerns you can stay at home overnight and will be asked to telephone John Macpherson Ward at 8am the following morning.

You should contact Delivery Suite immediately on 01803 654641/654631 if you experience any of the following:

- You think your waters have broken
- You have regular and painful contractions
- You require strong pain relief for contractions
- You have any bleeding
- Your baby's movements are reduced
- The Propess falls out or drops lower in the vagina

### **What happens when I go home?**

The propess you have been given works by 'ripening' the cervix – this means that the cervix softens, shortens and begins to open. You will commonly feel a period-type pain while this happens but sometimes tightening of the womb can occur and even labour can start.

It is ok to stay at home during this time and we recommend that you take Paracetamol and have a warm bath, but if the contractions become distressing or come every 5 minutes you should phone delivery suite and come in to be assessed.

### **Are there any side effects?**

Propess 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 Delivery Suite.

There is a very rare chance that you may be very sensitive to propess and start contracting very frequently and strongly:

- More than 5 times in 10 minutes
- A run of contractions each lasting more than 2 minutes
- Severe abdominal pain

**If this happens you must phone Delivery Suite and attend the unit immediately.  
If possible you may be advised to remove the Propess using the tape.**

If you have any further questions regarding outpatient induction of labour please speak to your community midwife.