

Induction of labour

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive. The information applies to people using the NHS in England and Wales.

This information explains the advice about inducing labour that is set out in NICE clinical guideline 70.

This is an update of advice on induction of labour that NICE produced in 2001.

Does this information apply to me?

- Yes, if you are a pregnant woman who is having her labour induced.
- No, if you are pregnant but have diabetes, if you are pregnant with more than 1 baby, or if you are already in labour.

Your care

If you think that your care does not match what is described in this information, please talk to a member of your healthcare team.

Your care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this,

your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding and explain your care simply and clearly.

Any information and discussions you have with your healthcare team should include explanations and details about the care and treatments you receive, and about their possible advantages and disadvantages. You can ask any questions you want to and can always change your mind. Your own preference is important and your healthcare team should support your choice of care wherever possible.

Your care and the information you are given should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in putting across your views) if that is what you need.

If people are unable to understand a particular issue or are not able to make decisions for themselves, healthcare professionals should follow the Department of Health's advice on consent (www.dh.gov.uk/en/DH_103643) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal. In Wales healthcare professionals should follow advice on consent from the Welsh Government (www.wales.nhs.uk/consent).

What is induction of labour?

Labour is a natural process that usually starts on its own. Sometimes labour needs to be started artificially; this is called 'induced labour'.

Why you might be offered induction

Most women have a normal pregnancy and a normal birth, but sometimes it can be best to induce labour:

- to avoid a pregnancy lasting longer than 42 weeks (known as a prolonged pregnancy), or
- if a woman's waters break but labour does not start.

The most common reason for induction is to avoid a prolonged pregnancy. Your midwife or obstetrician should offer to discuss this with you at your 38 week antenatal appointment. If you are

offered induction for this reason, when and where the induction takes place will depend on your preferences and what facilities are available in your area.

You may be offered induction if you are more than 34 weeks pregnant and your waters break, but labour has not started on its own after 24 hours.

If your baby is larger than expected, you should not normally be offered induction for this reason alone. Induction should not be offered to avoid you giving birth without your midwife or obstetrician with you if you have given birth before and the labour was very quick.

If you are offered induction

Your midwife or obstetrician should explain why you are being offered induction. They should also talk with you about the risks and benefits, explain the alternatives, and encourage you to look at sources of information. They should talk to you about when, where and how labour can be induced, and about how pain relief options may vary depending on where you are induced. You should be told what your options would be if inducing your labour doesn't work (see [If induction doesn't work](#)).

You should be given plenty of time to discuss induction with your partner or family before making a decision, and your healthcare professionals should support you in whatever decision you make. If you choose not to go ahead with induction, your midwife or obstetrician will discuss your care options with you.

Questions you might like to ask your healthcare team

- Why am I being offered induction?
- What are the benefits?
- What are the risks (to me or my baby), and how likely are they?
- Can I be induced at home?
- How is an induced labour different from a normal labour?
- What pain relief is available and when can I have it?
- What happens if I choose not to be induced?

Before you are offered induction

Before you are offered induction, you should be offered a membrane sweep to help you go into labour before 42 weeks. This involves your obstetrician or midwife placing a finger into the cervix and making a circular, sweeping movement to separate the membranes that surround the baby, or massaging the cervix if this is not possible. It may cause some discomfort, pain or bleeding, but makes it more likely that you will go into labour naturally. You should be offered a membrane sweep at your 40 and 41 week antenatal appointments during your first pregnancy, or your 41 week antenatal appointment if you have had a baby before. If labour does not start after this, you can ask for additional membrane sweeps.

Before you are induced

If you and your midwife or obstetrician decide your labour should be started artificially, they should check your baby's heartbeat using sensors attached to your abdomen beforehand. They should also examine your cervix.

What happens during induction

During induction, you will be given drugs that act like the natural hormones that kickstart labour. These drugs are called prostaglandins.

Prostaglandins should be inserted into the vagina as a gel, tablet or pessary, and this should be done in the morning. Your cervix should be re-examined after 6 hours if you have had a tablet or gel, or after 24 hours if you have had a pessary. Your baby's heartbeat should be checked again when contractions begin. Your midwife may then switch to using a small hand-held device to check your baby's heartbeat at regular intervals. If you go home after you have been given prostaglandins as a tablet or gel, you should contact your obstetrician or midwife after 6 hours if contractions haven't started, or when your contractions start.

Amniotomy is a method of induction in which healthcare professionals artificially break the waters. You shouldn't normally be offered an amniotomy unless your obstetrician or midwife thinks there may be specific problems with using prostaglandins, such as very frequent or very long contractions.

Pain relief

Induced labours are often more painful than spontaneous labours. You should be offered support and whatever pain relief is appropriate to you – in the same way as if your labour had not been induced (NICE has produced information for the public on the care of women and their babies during labour, see [Other NICE guidance](#)). You should be encouraged to use your own coping strategies for pain relief as well. Labouring in water provides good pain relief.

If induction doesn't work

If you don't go into labour after induction, your midwife or obstetrician will discuss this with you, and check on you and your baby thoroughly. Depending on your wishes and circumstances, they may offer you another dose of prostaglandins. In some circumstances, you may be offered a caesarean section.

More information

The organisation below can provide more information and support if you are having or considering having your labour induced. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by this organisation.

National Childbirth Trust (NCT), pregnancy and birth helpline 0300 33 00 700, details of local branches 0844 243 6000, www.nct.org.uk

NHS Choices (www.nhs.uk) may also be a good starting place for finding out more.

Other NICE guidance

NICE has published other information for the public about guidelines on pregnancy and birth:

- Caesarean section (see <http://publications.nice.org.uk/IFP132>)
- Antenatal care for women who are pregnant with twins or triplets (see <http://publications.nice.org.uk/IFP129>)
- Helping pregnant women make the best use of antenatal care services (see <http://publications.nice.org.uk/IFP110>)
- High blood pressure in pregnancy (see <http://publications.nice.org.uk/IFP107>)

- Diabetes in pregnancy (see <http://publications.nice.org.uk/IFP63>)
- Routine antenatal care for healthy pregnant women (see <http://publications.nice.org.uk/IFP62>)
- Care of women and their babies during labour (see <http://publications.nice.org.uk/IFP55>)
- Mental health problems during pregnancy and after giving birth (see <http://publications.nice.org.uk/IFP45>)
- Care of women and their babies in the first 6–8 weeks after birth (see www.publications.nice.org.uk/IFP37)
- Quitting smoking during pregnancy and after childbirth (see <http://publications.nice.org.uk/PH26>)