Patient Information Service

Outpatient induction of labour
Induction of labour

Women who are having or being offered induction of labour should have the opportunity to make informed decisions about their care and treatment, in partnership with healthcare professionals.

What is induction of labour?

Induction of labour is a process where labour is started artificially. Before and during labour, several changes to your body occur:

- The neck of your womb (your cervix) becomes ripe (softens and shortens)
- Your waters break (the membranes surrounding your baby rupture and the fluid that surrounds your baby leaks out)
- The neck of your womb widens (your cervix dilates) with contractions
- Your womb (uterus) contracts expulsively to push your baby out.

Labour can be induced in a number of ways but all methods aim to cause the above changes to your body, leading to the birth of your baby.

What is outpatient induction of labour?

Outpatient induction of labour allows you to go home after the induction of labour process has been started.
What happens on the day of induction?

You will be asked to contact MB1 in the morning to confirm availability of a bed. Once confirmed and you attend for induction your observations will be checked and your baby monitored. If both sets of observations are within normal limits, you will have a vaginal examination. During this examination a medication called ‘Propess’, which contains the hormone prostaglandin, will be inserted into your vagina to soften the cervix and start labour.

Following this, you and your baby will be observed for an hour, after which you should be able to return home if all is well. Before leaving the hospital the midwife will go through a checklist with you to advise you on what to look out for whilst at home. A copy of this checklist will be given to you.

In addition a telephone call will be made to you usually early evening to see how you are. The anticipated time of this call will be given to you before you go home.

You will be advised to return after 24 hours for reassessment, however if labour contractions begin before this you will be advised to telephone and return to the hospital.

What is Propess?

Propess is a vaginal pessary containing prostaglandin, a naturally occurring hormone which aids cervical ripening (that is, the softening, shortening, and beginning to open up) of the neck of the womb, before labour starts.

Propess looks like a miniature tampon. It slowly releases the prostaglandin over a period of 24 hours. It is placed high up in
the vagina and absorbs some of the moisture from the vagina which makes it swell and settle into place. This reduces the chance that it will fall out.

Propess should stay in the vagina for up to 24 hours when it will be removed by gently pulling on the attached string. The end of the string is likely to lie just outside the vagina.

It is important that you take care not to pull or drag on it when wiping yourself after going to the toilet or after washing.

Propess for outpatient induction is used by many trusts. Propess is not licensed for use in the outpatient setting but studies have shown that the outpatient experience is preferable and acceptable to women.

What happens when I go home?

The Propess you have been given works by ‘ripening’ your cervix – this means the cervix softens, shortens and begins to open up. You will commonly feel a period-like ache while this happens, but sometimes tightening of the womb can occur and labour can even start. It is ok to stay at home during this time, but please ensure you understand, from this leaflet and from discussions with your midwife, when you should phone central delivery suite and come in for assessment.

Suggestions to help yourself at home

• try to carry out normal activities
• go for a walk and ensure you eat and drink as usual
• rest when you can as it can be a slow process
• arrange to have someone with you at all times.
Coping with pains

• warm baths
• walking short distances
• birthing ball
• massage
• Paracetamol (two tablets every four to six hours, maximum of eight tablets in 24 hours).

Why have an outpatient induction of labour?

Inducing labour can take time. Sometimes it can be a couple of days. An outpatient induction of labour will:

• Reduce the amount of time you spend in hospital
• Allow you to return home to a familiar and comfortable environment while you are waiting for your labour to start
• Aim to make an induced labour as ‘normal’ as possible.

Are there any side-effects from the medication?

Propess can occasionally cause some side-effects, which are usually mild. Side-effects include nausea, vomiting, dizziness, palpitations and fever. If any of these side-effects occur and are distressing to you, you should contact central delivery suite (CDS) and ask for advice.
There is a rare chance that you may be sensitive to the Propess and start contracting more frequently and strongly, ie:

- **You may have more than five contractions in ten minutes**, ie contractions are more than once every two minutes or
- **Run of contractions each lasting more than two minutes**
- **Severe (constant) abdominal pain.**

If any of the above happens, you should remove the Propess tampon by pulling on the tape, contact the CDS and make your way immediately to the hospital.

**Who can be offered an outpatient Induction of Labour (IOL)?**

You may be offered an outpatient induction of labour if:

- you are considered to have a ‘low risk’ pregnancy, over 18 years of age with BMI<35 and baby is not the subject of child protection plans
- you have no medical or obstetric problems
- you have not had any previous surgery on your womb
- you are expecting a single baby
- you have a good understanding of English and access to a telephone
- you have a responsible adult who will stay with you at home on that day
- you have transport to bring you to the hospital
• you live within 30 minutes (driving distance) from the hospital
• all your scans are normal
• the growth of your baby is within normal limits
• you are confident to go home.

Your midwife will have a discussion with you about the outpatient induction of labour process and if you meet all the criteria you will be offered this method of induction. A copy of the risk assessment checklist confirming your eligibility for outpatient induction and what to look out for/when to phone the hospital will be given to you.

24 hours have passed what should I do now?

You will be advised to return to the hospital 24 hours after the insertion of Propess; an appointment time will be given to you before you leave.

On admission you will have a vaginal examination to assess whether the neck of your womb has begun to open. If it is possible for your waters to be broken you will be transferred to the delivery suite to progress your labour when appropriate. However, if the neck of the womb is not ready you may need further prostaglandins.

When to contact the central delivery suite

You must call the hospital if any of the following occurs:

• The Propess falls out – If the Propess falls out you will need to return to the hospital. It may need to be reinserted
• **Sensitivity to the drug** – as above. You are advised to remove the pessary by gently drawing on the tape, much as you do when removing a tampon and then phone and attend the hospital **immediately**

• **Onset of labour** – If your contractions are becoming very regular, frequent, ie every five minutes, and/or very painful

• **Fresh red bleeding from the vagina** (other than a ‘show’ which is a blood-streaked mucous discharge common after a vaginal examination when the cervix is ‘ripening’; this is normal) however if you are uncertain then please phone to discuss

• **‘Waters break’** – this is known as the membranes rupturing. The colour may be clear, tinged with pink if you have also had a show, or stained green/black indicating that the baby has passed the first stool (meconium). **You should phone and then attend the hospital immediately if the water is green/black**

• **Severe side-effects** – If any of the side-effects mentioned earlier become unpleasant, eg severe nausea and/or vomiting

• You are concerned about your baby’s movements

• You require pain relief

• You become worried about anything.

**Please feel free to ask any questions before you go home.**
Reference source

National Institute for Health care and Excellence
www.nice.org.uk
Guideline CG70 Induction of labour

Art. No.: CD007372. DOI: 10.1002/14651858.CD007372.pub2
Patient Information Service

If this leaflet does not answer all of your questions, or if you have any other concerns please contact the central delivery suite (CDS) on: 01702 385163.

www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

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Leaflet due for revision June 2019

Form No. SOU4347 Version 2