

Induction

NICE guidelines state that induction has a large impact on the birth experience, it is more likely to result in an epidural and assisted delivery. It is a big decision and always up to the birthing person.

Alternatives could be waiting or offering increased antenatal monitoring including scans, depending on the reason induction is suggested. It is also your right to request an elective caesarean if you would rather go down that route rather than attempt an induction.

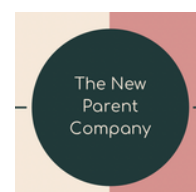
It should be clinically justified, there should be a reason that it is safer for baby to be born than remain in the womb and that induction is the way the birthing person would like to do that.

1 in 3 labours are induced, 70% for dates alone. It is important to get informed about induction as there is a good chance you will be offered one at some point in your pregnancy.

'The pessary' is a synthetic prostaglandin inserted next to the cervix to soften it ready for labour. In some trusts this is offered as an outpatients procedure but in most areas this is something that you have done in hospital on a ward. Depending on the method of this, this may be left in for 6 hours or 24 hours and there can be multiple tries. This part of induction can be very long so make sure you are prepared for a wait and have brought entertainment with you.

Water can be broken if the cervix is open and the birther consents to this. This is done using a knitting needle type tool, the vaginal exam is the only part of this which may be uncomfortable. The aim of this step is to have baby's head make contact with the cervix and help dilation along. Labour can become more uncomfortable after the cushioning of the waters has been removed so have a think about this in your birth plan. Include how you would like to manage your comfort levels.

If no contractions start then the drip will be offered, Syntocinon is an artificial oxytocin which will cause contractions. Unfortunately not the same as natural oxytocin in that it doesn't make you feel happy and full of love as it doesn't enter your brain, it affects only the uterus. Monitoring of baby regularly or continuously is often suggested when using the drip to keep an eye on how baby is coping with the surges. Contractions from Syntocinon are said to be very intense and have no real breaks in between them as spontaneous surges would. This is very normal and not a reflection of how well you can cope with labour. Don't be disheartened if you would like stronger pain relief for this.



The drip and potential continuous monitoring (if wanted) can hinder the ability to move freely which then can prevent optimal positioning of the baby and for baby to make the little adjustments to aid birth along. If hooked up to any wires, there are lots of ways be upright and active without laying on a bed. Standing and leaning over the bed, getting on all fours on the floor (often hospital staff will even assist you to put the bed mattress on the floor for this, talk to them about your wishes!

Tips for a Positive Induction

- Read positive induction stories.
- Always think of your environment and supporting your hormones.
- Remain upright and active where possible.
- Make sure your birth plan covers all possibilities so that you feel calm and prepared. -Ensure your birth partner knows all your wishes and is prepared to manage the space and anyone in it.
- Communicate with your care providers about what you want beforehand.
- Manage your expectations so that you are ready for a potential long wait and understand each step of the process.

Some great resources for induction are below, the more you know, the better you do!

Sara Wickham- '10 things I wish every woman knew about induction of labour'

NICE Guidelines- Inducing Labour

FB Group- Positive Induction Birth

The Minimalist Doula- Doula's Guide to induction

Book- Inducing Labour by Sara Wickham

Book- Why Induction Matters by Rachel Reed

