

Offer of Induction of Labour at 41 Weeks

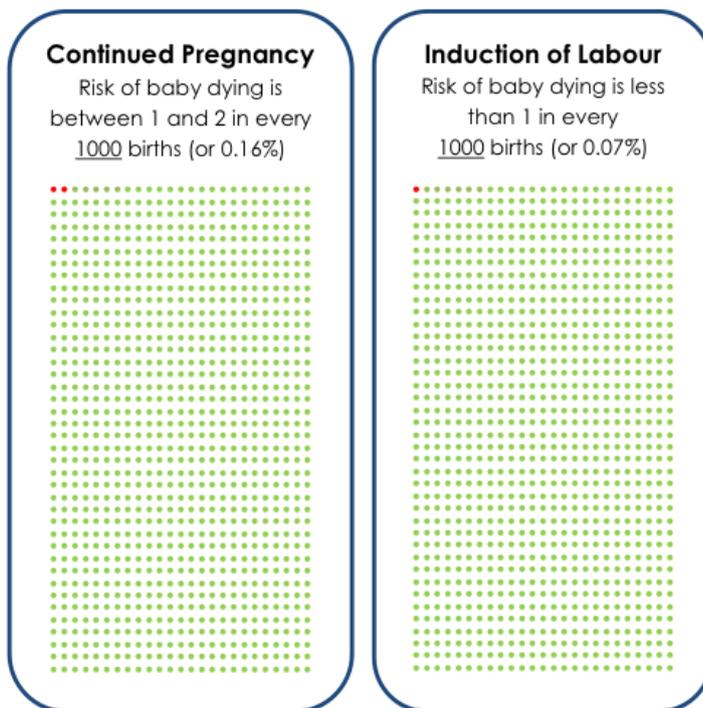
If your pregnancy goes past the date your baby is due your midwife or obstetrician will discuss induction of labour with you. This leaflet is for women near to their due date. It will give you some of the information you will need to make the choice between induction at 41 weeks or waiting until 13 days over your due date, or longer.

Why do we offer Induction of labour at 41 Weeks?

- Induction of labour is offered at 41 weeks to reduce the risk of stillbirth and meconium aspiration.
- This is now routine practice across all maternity units in the North of England.

What is the risk of Stillbirth?

- Stillbirth is rare but we can reduce the chance of it happening by inducing your labour at 41 weeks. We prevent 1-2 stillbirths a year happening at South Tees Trust each year by inducing at 41 weeks rather than 42 weeks.

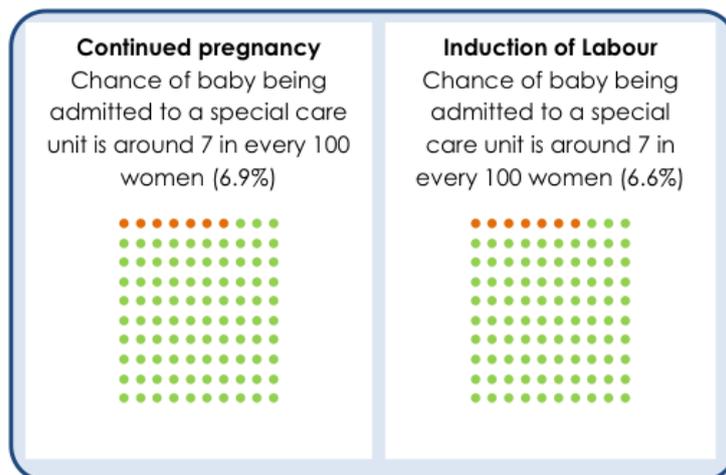


What is Meconium Aspiration?

- Meconium is the dark green poo produced by the baby while still in the womb. Sometimes a baby will have a poo before s/he is born. Your baby can then breathe the meconium (poo) into their lungs. This is called meconium aspiration. It often means the baby needs to be admitted to the neonatal unit for help with his/her breathing.
- Meconium aspiration is rare, but studies show that the risk doubles after 41 weeks compared to the risk between 39-41 weeks (0.2% v 0.49%)

What are the chance of my baby needing Special Care?

- Special Care sometimes means the baby is admitted to the Neonatal unit and sometimes this care is given on the postnatal ward but means baby and you need to stay in hospital a little longer.
- The chance of your baby needing to be admitted to Special Care are small but very slightly higher if you continue with pregnancy beyond 41 weeks



What is Induction?

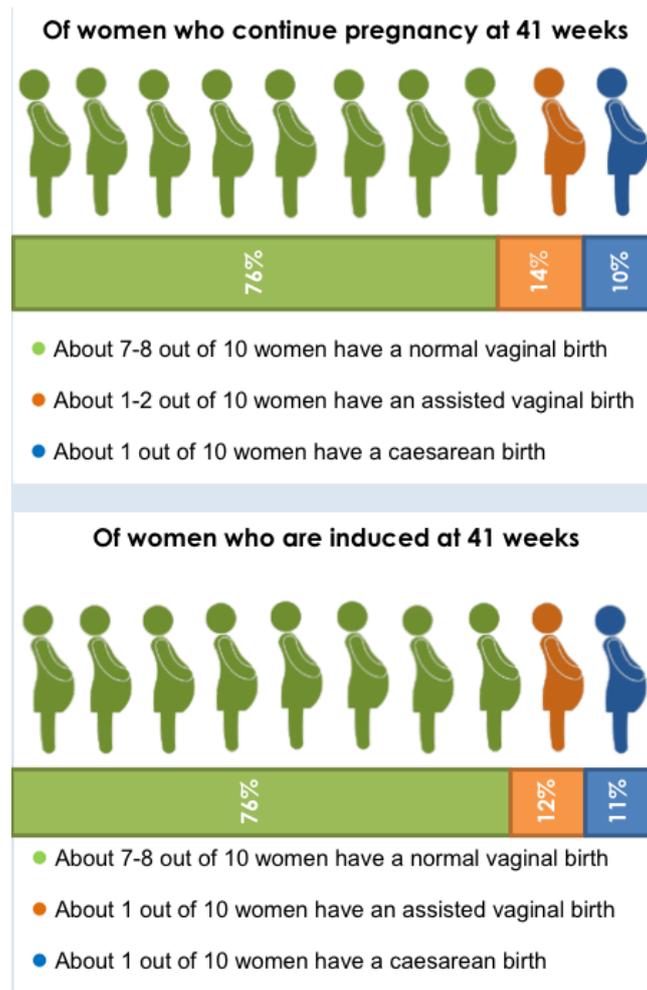
- Induction starts your labour off, so that the baby is born earlier than if you waited for labour to start naturally.
- There are different ways to induce labour.
- If the neck of the womb (cervix) is closed then vaginal pessaries (prostaglandins) are usually used to soften, shorten and open it.
- Once the cervix has opened, the midwife or doctor providing your care will ask if they can break the bag of waters around the baby (this is called an ARM).
- Often another drug (syntocinon) is needed to make the contractions strong and regular. This drug is given by a drip which goes into a vein in your hand or arm.
- It often takes 1-2 days, sometimes longer, from the start of an induction to the birth of the baby.
- For low risk women in their first pregnancy we can use a pessary that stays in for 24hrs and you can go home until your contractions start or the 24hrs have passed.
- For low risk women in their second or subsequent pregnancies we can often start your induction on the Marton Suite (low dependency). If you go into labour with the pessary or just breaking your waters you can stay on low dependency if you wish and don't want an epidural as part of your birth plan.
- Occasionally induction does not start labour off and in these cases a caesarean section is usually offered.

Continuing Pregnancy beyond 41 Weeks (7 days past your due date)

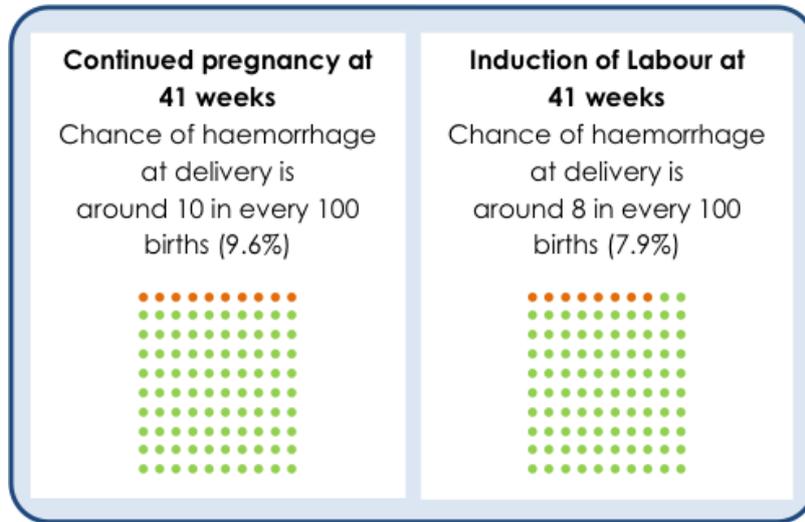
- Continuing pregnancy beyond 41 weeks means waiting for labour to start naturally.
- Women who choose this option continue to receive routine care from their community midwife while they are still pregnant.
- If the pregnancy continues more than 2 weeks after the due date extra visits at the hospital are usually advised to monitor the health of the mother and the baby.
- Some women who choose this option go into labour naturally and whilst others will be induced at a later point in their pregnancy (either because there is a concern about your health or your babies health or because labour still hasn't started).

What about the risks to me?

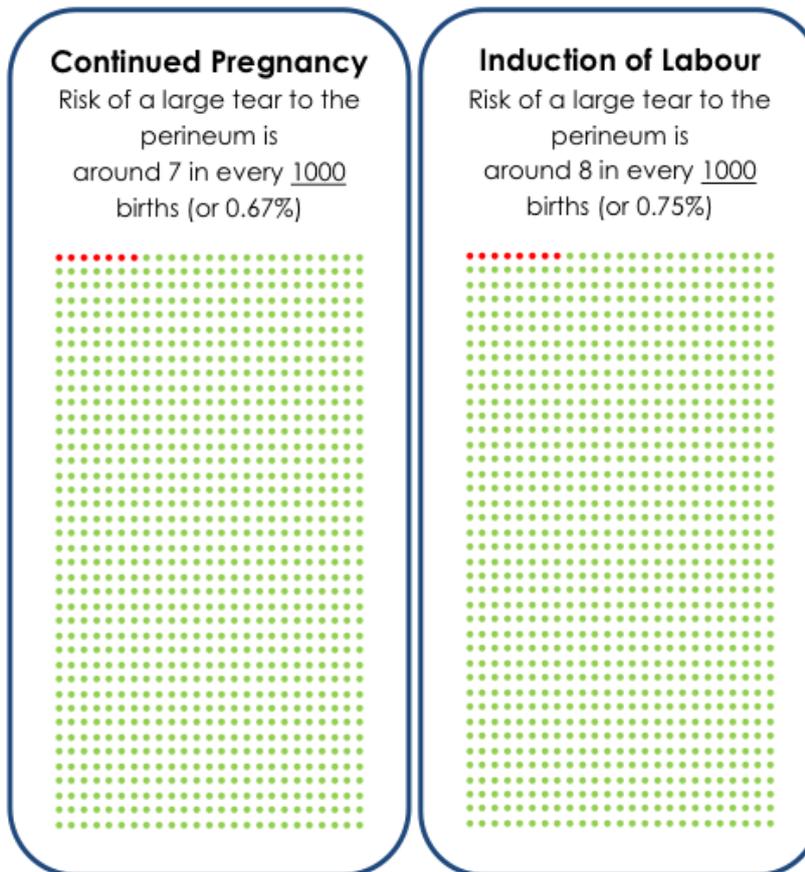
- The information in this leaflet compares what happens to women who are induced at 41 weeks with women who continue their pregnancy. Including both those who go into labour naturally and those who are induced later.
- This is because you do not know when or whether you will go into labour naturally, looking at it this way gives you the most accurate information about your options.
- These figures are National figures.
- There is **no difference in the normal delivery rate** if you are induced at 41 weeks or wait longer.



- Some risks change slightly depending on whether you chose induction or to wait, **but overall the risks to you are very similar.**
- The risk of bleeding increases if you wait (7.9% v 9.6%) - so two more women in every 1000 women who wait would have a haemorrhage compared to 1000 women who are induced at 41 weeks



- The risk of a large perineal tear (third degree tear) increases slightly if you decide to be induced (0.75% v 0.67%) – so one more women in every 1000 induced would have a large perineal tear compared to 1000 women who wait



What do women say about induction of labour?

- This varies from woman to woman. Women who are induced, compared to those who go into labour naturally describe themselves as less satisfied with their experience of birth, and rate their labour pain as being stronger.
- You will have some extra monitoring during induction – we will check baby’s heart rate with a CTG monitor (you will have some elastic belts placed round your tummy), before we give you a pessary or break your waters (ARM) for about 30minutes and sometimes longer. If we use the drip (syntocinon) we have to leave the monitor on all the time.
- Induction also means that some birth options are not available (for example, homebirth).
- On the other hand some women like having more idea about when and where their labour will start, and when and where their baby will be born.
- Some women also feel tired and uncomfortable in late pregnancy and prefer to not to wait for their labour to start naturally.
- Labours induced at 41 weeks also tend to be a little shorter (by around an hour), than when your labour is induced after 41 weeks.

What do women say about continuing pregnancy?

- This varies from woman to woman. Some women feel very strongly that they would prefer their labour to start and continue as naturally as possible, and some describe feeling more in control if they avoid induction. This is especially true if they have particular wishes for their birth.
- Other women feel tired and worried about waiting longer than 41 weeks of pregnancy, especially if labour does not start for some time or if problems develop later in the pregnancy.
- After 42 weeks of pregnancy it is important to monitor the pregnancy more closely for developing complications and this involves frequent trips to the hospital; some women find this inconvenient and time consuming.
- After 42 weeks of pregnancy some birth options may no longer be available to women (for example, you could not labour at the stand alone midwifery led unit at the Friarage).

It is important that you are fully aware of the reasons why induction is offered, and that you understand the risks and benefits of your decision if you decide to wait rather than be induced at 41 weeks

Summary

Induction of Labour at 41 weeks	
A caesarean birth	Happens in around 107 in every 1000 births
A normal vaginal birth	Happens in around 761 in every 1000 births
Baby admitted to a special care unit	Happens around 66 times in every births 1000 births
Death of baby	Happens less than 1 time in every 1000 births
Haemorrhage (bleeding)	Happens around 79 times in every 1000 births
Large perineal tear	Happens around 8 times in every 1000 births
Going into labour	Your labour will not start naturally – unless your labour starts before your induction date
Continuous monitoring during labour	You are more likely to need continuous monitoring in labour
Knowing when you labour will start	You will be given a date for induction. Your baby will usually be born within 0 - 3 days of this date
Birth Options (e.g. home birth, water birth)	Homebirth is not an option for you If your labour starts with the pessaries and continues normally you can still labour on the low dependency unit at JCUH You may be able to still labour in water, unless you need syntocinon (the drip)
Labour pains	Labour pains can be stronger

Continuing Pregnancy at 41 weeks	
A caesarean birth	Happens in around 96 in every 1000 births
A normal vaginal birth	Happens in around 757 in every 1000 births
Baby admitted to a special care unit	Happens around 69 times in every births 1000 births
Death of baby	Happens 1-2 times in every 1000 births
Haemorrhage (bleeding)	Happens around 96 times in every 1000 births
Large perineal tear	Happens around 7 times in every 1000 births
Going into labour	You might go into labour naturally But you might need induction at a later point in your pregnancy
Continuous monitoring during labour	If your labour starts and progresses normally you will usually not need this If you need to be induced at a later point you are more likely to need continuous monitoring
Knowing when you labour will start	You will not know when your labour is going to start or when your baby will be born
Birth Options (e.g. home birth, water birth)	You can still labour at FHN midwifery led stand-alone unit or at home until 42 weeks After 42 weeks you would not be able to labour at FHN midwifery led stand-alone unit or at home
Labour pains	Labour pains tend to start more slowly

Research about the risks and benefits of the options:

The information and pictures presented in this leaflet has been taken from a leaflet produced by the NHS

<https://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/IOL-leaflet-40plus-weeks.pdf>

It is based upon a number of research studies, which can be accessed by following the links below:

<http://www.bmj.com/content/bmj/344/bmj.e2838.full.pdf>

[http://www.ajog.org/article/S0002-9378\(15\)00356-7/abstract](http://www.ajog.org/article/S0002-9378(15)00356-7/abstract)

<http://www.ncbi.nlm.nih.gov/pubmed/22696345>

<http://onlinelibrary.wiley.com/doi/10.1111/aogs.12211/abstract>

It also includes local data collected from audits undertaken within South Tees NHS Foundation Trust.

If you have any questions about continuing your pregnancy past your due date, or about induction of labour, please speak to your midwife or doctor.