



Induction of Labour at Home (Outpatient Induction of Labour)

What is 'Outpatient induction of labour'?

- 'Outpatient induction' refers to going home after the induction of labour process has been started and returning after 24 hours for assessment. If labour contractions begin or your waters break before this time, you should return to the hospital.
- The alternative is staying in hospital for this treatment ('Inpatient induction').

Why have an outpatient induction of labour?

- You will spend less time in hospital before your labour begins.
- Most women feel more comfortable and relaxed in their home whilst waiting for labour to start.

Who can have outpatient induction of labour?

- Your doctor and midwife will offer you the option of outpatient induction of labour if this is considered safe for you and your baby.
- You need to arrange for a relative or partner who will stay with you at home until you return to the hospital.
- You need to have access to a telephone
- You need to have transport arranged to return to the hospital easily.



Useful telephone numbers

Triage: **020 7288 5880**

Antenatal Ward: **020 7288 5005**

Labour Ward: **020 7288 5502**



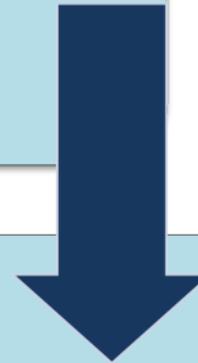


What happens on the day?

- Your midwife or doctor will book an appointment for you to attend the Maternity Assessment Unit or the Antenatal (Murray) Ward.
- **Please remember to bring your hand-held notes with you.**

Step 1

- We will check your blood pressure, pulse, temperature and urine sample.
- We will discuss the process of induction of labour and answer any questions you may have.
- We will check that your baby is well by monitoring your baby's heartbeat on the CTG machine for about 30 minutes.
- We will check the position of your baby and the water (liquor) around your baby.



Step 2

- We will discuss the method of induction with you: this may be a hormone (prostaglandin) as a gel or pessary (Prostin or Propess). Alternatively, this may be the insertion of a small balloon catheter (Cook balloon) or tiny rods (Dilapan) to gently stretch your cervix (please see appendix 1).
- When you are ready, a midwife or doctor will perform an internal examination to check your cervix and insert the induction hormones or device.





Step 3

If you are having a hormone induction:

- After the Propess is given, your baby's heart rate will be monitored again for 30 minutes. If the baby's heart tracing is normal, you will be encouraged to walk around the hospital for the next 30 minutes.
- If your waters break, you experience any tightenings, bleeding or any other concerns you should return to the maternity unit immediately.

If you are having a balloon catheter/ Dilapan:

- After the balloon catheter or Dilapan has been inserted, the doctor or midwife will examine you to check that the baby's head is still engaged.



Step 4

- You will be given the opportunity to ask any questions and if there are no concerns you will be able to go home.
- At around 17:00 a midwife will phone you to check that you are coping well and that you are having no problems at home

At home you can continue with normal activities and eat and drink as normal.

What to expect at home

- You may experience period-like aches, backache, or a dull ache at the tops of your legs. These are the effects of the treatment beginning to open your cervix. You may also experience 'tightenings' of the womb (painless or mildly painful contractions of the uterus).
- These symptoms can be helped by paracetamol, taking a shower or using a TENS machine.

Are there any side effects?

- Prostaglandins can occasionally produce mild side effects such as nausea, vomiting, diarrhoea, fever, or vaginal irritation.
- Rarely, you may be very sensitive to the prostaglandin and start contracting very frequently and strongly.





When to contact the hospital

Please call 020 7288 5880 immediately if any of the following occur:

- **Sensitivity to the drug** - There is a rare chance that you might be sensitive to the Prostaglandin and start contracting very frequently and/ or strongly.
 - Call Triage or return directly to the hospital.
 - You will need to come back to the hospital if your contractions are more than 5 times in 10 minutes i.e. more than once every 2 minutes.
- **Onset of labour** - If your contractions are occurring frequently (more than once every three minutes), they are long-lasting and/or very painful, then we **may** ask you to come back to the hospital. Phone and talk to a midwife first.
- **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' and is normal). However, if you are uncertain then please phone us first to discuss it with us.
- **Constant abdominal pain.**
- **'Waters breaking'** (membranes rupturing): the colour of the water 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 will need to come back to the hospital.
- **Severe side effects** - If any of the side effects mentioned earlier become unpleasant, such as having severe nausea and/or vomiting
- **Reduced movements of your baby** - If you feel that your baby is not moving as much as normal.
- **If the pessary or balloon catheter falls out –**
 - If the Propess falls out, you will need to return to the hospital. It may need to be reinserted.
 - If the balloon catheter or Dilapan fall out, please bring it (or them in the case of Dilapan) with you on return to the hospital after 24 hours.





What happens after 24 hours?

- Some women do not feel any effects of the induction treatment. This does not mean that the treatment is not working as it can ripen the cervix silently.
- You should return to the hospital 24 hours after the induction treatment was started.
- We will check you and your baby and ask you if we can assess your cervix by a vaginal examination. This will help to decide the next step of your induction.
 - If your cervix has opened with the treatment, we will arrange a room for you on Labour Ward (or Birth Centre if this has been agreed during the antenatal period) to continue your induction by 'breaking your waters' (artificial rupture of the membranes, ARM).
 - If your cervix remains closed, we will discuss further treatment options with you.



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Remember: Please telephone the hospital if:

- You have pain more than once every 3 minutes
- You have any vaginal bleeding more than a 'show'
- You think your waters have broken
- The Propess pessary or balloon catheter/Dilapan falls out





Appendix 1

Balloon catheter



Propess



Dilapan



Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net.

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Whittington Health NHS Trust
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070
www.whittington.nhs.uk

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