Induction of labour:
Prostaglandin vaginal pessary

This leaflet has been designed to answer your questions and ensure that you are fully informed regarding your planned induction of labour (IOL).

Please read it carefully and ensure that your midwife or obstetrician has discussed it fully with you.

Contact information
Josephine Barnes Ward
Chelsea and Westminster Hospital
369 Fulham Road
London
SW10 9NH

T: 020 3315 7801

Notes

What if my cervix is not open?

If your cervix is not open the doctor will discuss further options with you at this time. These may include:

• A further dose of prostaglandin either on that day or after resting for 24 hours
• Recommendation for a caesarean section

Where can I get further information?

Your doctor or midwife will be happy to answer any questions.

Membership and Patient Advice & Liaison Service (M-PALS)

If you require information, support or advice about our services, you can contact the M-PALS office on the Ground Floor of the hospital just behind the main reception.

Alternatively, you can feedback your comments/suggestions on one of our comment cards, available at the M-PALS office, or on a feedback form on our website www.chelwest.nhs.uk.

We value your opinion and invite you to provide us with feedback of the service. In some of our wards and departments we have devices that enable patients/carers to give us their feedback before going home. Please ask a member of staff for more information.

T: 020 3315 6727
E: m-pals@chelwest.nhs.uk
What is induction of labour?

Induction of labour (IOL) is the initiation of labour with the use of medication.

Why am I being induced?

The most common reason for induction is to avoid prolonged pregnancy. There may be other reasons that your doctor will explain to you prior to offering you an IOL. They will also discuss benefits and risks of the process.

In most pregnancies, labour starts naturally between 37 and 42 weeks, leading to the birth of the baby.

When is IOL recommended?

IOL is recommended if the obstetrician (doctor) or midwife looking after you feels that either your or your baby's health would benefit.

Common worries are diabetes in pregnancy, high blood pressure, concerns about your baby's growth or problems that have been identified on your baby's scans.

IOL may also be offered if your pregnancy has been prolonged by 10–12 days after the expected due date in anticipation of possible problems that can sometimes occur after 14 days past your due date (post dates).

If you choose not to be induced for post dates and the pregnancy is prolonged after this time, an individualised plan can be made with you, your midwife and your obstetrician.

Where do I go for my induction?

You will be admitted to Josephine Barnes Ward (antenatal ward) on the 3rd Floor, Lift Bank C. Please contact us if you are delayed or if you are unable to come to your appointment by calling 020 3315 7801/7802.

When you arrive on the ward you will be greeted by a midwife who will discuss with you the reason for induction, the likely procedures which will be undertaken and the risks involved.

Extending visiting hours for partners/friends to support antenatal women

During your stay on the antenatal ward we welcome your birth partner to stay overnight. Please refer to the Josephine Barnes Ward leaflet for more information about your partner staying over night.

What happens when I have been admitted for induction of labour?

If your cervix (neck of the womb) is open we may offer to break your waters and give you a drug called oxytocin that simulates the natural hormones that your body produces to start labour.

What if my cervix is closed or unfavourable?

If the cervix is closed or unfavourable, we may need to give you a drug called prostaglandin in a pessary which is placed into your vagina. This will stimulate your body to allow the neck of the womb to open slightly and is successful in the majority of women being induced.

How does it work?

Prostaglandins act like natural hormones help bring on labour.

What happens when I am admitted to hospital?

With your permission your midwife will offer a vaginal examination to see if your cervix is open. If it is not, we will monitor the baby's heartbeat and insert the prostaglandin pessary. The pessary is small, easy to insert will remain in your vagina for 24 hours.

There is a small string attached to the pessary to allow your midwife or doctor to remove it easily. The string will be placed inside your vagina.

What happens once the pessary is in place?

You will be asked to lie down. Your baby will be monitored for one hour and then regularly thereafter. After one hour you may move around as normal.

You do not need to stay in bed but you will remain in the Maternity Unit. Your midwife will check your blood pressure, pulse and listen to your baby's heartbeat every few hours. You will be able to eat and drink as normal.

If the string from the pessary comes out of your vagina, you must be careful not to pull on it, as this may cause accidental removal of the pessary.

In the unlikely event that the pessary should come out, please inform your midwife immediately. A pessary will need to be reinserted.

When should I inform my midwife?

• If you experience regular contractions—1 contraction in every 5 minutes (this may not mean that the pessary needs to be removed)
• If your waters break
• If you are concerned
• If labour should start, the pessary will be removed when your cervix is 3 cm dilated.

What happens 24 hours after the pessary is inserted?

You will be examined internally by a doctor or midwife. If your cervix is open, your waters may be broken and an oxytocin hormone drip may be commenced to stimulate your contractions to start. This will happen on the Labour Ward.

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