



Going over your due date:

Induction of Labour

- Now that your pregnancy has gone past the due date you have some choices to make in consultation with your doctor or midwife regarding induction of labour.
- Studies show that babies may be at an increased risk of stillbirth after 42 completed weeks (2 weeks past your due date). This risk is small for women with a healthy pregnancy and no other risk factors. If you have a complication of pregnancy or are 40 years of age or over your midwife/doctor will discuss other risk factors that may require an induction of labour earlier. Otherwise your induction of labour will be offered after you are 10 days overdue.
- Induction of labour also has risks. There is a higher risk of your baby having signs of distress with an induction of labour. For this reason if your labour is induced we recommend your baby's heart rate be monitored continuously throughout the labour. There is also a higher risk of you requiring a forceps or vacuum assisted birth and an increased need for Caesarean section. Consequently we do not routinely offer induction of labour prior to 41 weeks unless you have a complication.
- You may be offered a "stretch and sweep of the membranes" when you have reached term. This involves a vaginal examination and stretching of the cervix (neck of the womb) and separation of the membranes from the cervix by the midwife or doctor's fingers. Sweeping of the membranes performed as a general policy in women at term, has been shown to be associated with reduced duration of pregnancy and reduced frequency of pregnancy continuing beyond 41 weeks, and to reduce the need for induction of labour. Sweeping of the membranes is generally safe when there are no other complications. Some women find that the procedure can cause discomfort, or bleeding and irregular contractions, and of course it may cause you to go into labour.
- You may choose not to have your labour induced. If your pregnancy extends 10 days past your due date and you do not want to have an induction of labour, we recommend that you have an ultrasound scan to assess the well-being of your baby - this will quantify how much fluid is around your baby, the best marker of your baby's wellbeing at this stage of the pregnancy. There is every chance you will go into labour spontaneously prior to 42 weeks or prior to a booked induction of labour.
- If you choose an induction of labour this will be booked before 42 weeks. A vaginal examination will be performed prior to your induction to determine how 'favourable' or 'ripe' your cervix is. Usually, the more ripe your cervix, the easier the induction into labour.
- If your cervix is favourable, (this means thin and starting to dilate) then you will be asked to call your midwife or Delivery Suite on the morning of your booked induction. When you are admitted the induction will be performed by breaking your waters. This is done during a vaginal examination, by using a plastic strip with a small hook at the end to break the membrane over your baby's head. This membrane has no nerve-endings, so the baby does not feel any pain. You may have some discomfort from the vaginal examination. You may feel the waters flowing out.
- If your cervix is not favourable you will need to have either a foley catheter or prostaglandin (hormone) gel applied to the cervix in order to make it more favourable. You will be asked to come into the hospital the night before your booked induction for the application of prostaglandin gel this encourages the cervix to soften and dilate. Sometimes more than one dose is needed and you will stay in hospital until you transfer to the Delivery Suite for the labour and birth. If your labour is being induced with a Foley catheter. This is performed by inserting a soft plastic catheter into the cervix and inflating a small balloon. The catheter usually falls out once the cervix is 'ripe'.
- Sometimes contractions start with the gel or Foley catheter and having the waters broken. You may require a drip (intravenous infusion) inserted into your hand that contains a synthetic hormone called syntocinon to start or maintain the strength of your contractions.
- Your baby's heart rate will be monitored closely together with the contractions by having two elastic straps around your abdomen during labour.
- If you have any concerns or questions about your pregnancy or future induction please feel free to talk to your doctor, midwife or call Delivery Suite.



FREQUENTLY ASKED QUESTIONS:

How long will it take for my labour to start?

It is impossible to predict when your labour will start. The more 'ripe' or 'favourable' your cervix is, the less time it will take. First babies, on average, have a longer labour than subsequent ones.

How long will my labour be?

The average length of a first labour is 12 hours - this is timed from when active labour begins (regular strong contractions) not from when milder irregular contractions may start. Subsequent labours are generally shorter.

What can I have for pain relief?

This is your choice and you can discuss this with the midwife who is caring for you in labour. Some women manage using active birth (position changes, massage, heat and water) for the whole of their labour. Others may prefer to have some pharmacological pain relief like pethidine or an epidural. All methods are effective and your choice.

Is there anything I can do to encourage my labour to start?

There have been many suggestions over the years: hot curries, gin, sex, hot baths, nipple stimulation, unfortunately none of these have proven to be effective methods of labour induction.

If I don't want my labour induced how long is it safe to wait?

It is generally safe to wait for normal labour to commence provided you have a well-grown baby. If you prefer to wait, ultrasound and twice weekly fetal heart rate monitoring can monitor your pregnancy. If any of these tests produce results that are concerning you would be advised to have an induction. Occasionally women have had pregnancies that have continued for longer than three weeks past their due date.

Why was my due date changed?

Your due date is determined either by your last period date or by ultrasound. If the size of the fetus on early ultrasound (before 12 weeks) is different from your menstrual date, studies have shown that ultrasound is the most accurate way of dating the pregnancy. It is possible that you ovulated earlier or later than was anticipated by the date of your last period.