

## Syntocinon

### What is it?

Syntocinon is a synthetic form of the hormone oxytocin. You would only be offered Syntocinon if your labour hasn't started following a membrane sweep or prostoglandin, or if your contractions are not very effective. Syntocinon has several disadvantages over other methods of induction. If other methods of induction have not worked for you, you may be offered a caesarean as an alternative to trying again later or moving on to Syntocinon (NCCWCH 2008a: 77).

### What happens if I am given Syntocinon?

You will be given the Syntocinon through an intravenous "drip", allowing the hormone to go straight into your bloodstream through a tiny tube into a vein in your arm. Once contractions have begun, the rate of the drip can be adjusted so that contractions happen often enough to make your cervix dilate, without becoming too powerful.

### Risks

Syntocinon can cause strong contractions and put your baby under stress, so you will need to be monitored continuously (NCCWCH 2007: 155).

Some women also say that the contractions brought on by Syntocinon are more painful than natural ones, so you may choose to have an epidural for pain relief (NCCWCH 2008a: 74).

There is also a very small risk that using Syntocinon may cause your uterus to become overstimulated or hyperstimulated (NCCWCH 2008a: 52). See prostoglandin risks above.

There is some evidence that you are more likely to need instruments such as forceps or ventouse to help deliver your baby, following an induction (MIDIRS 2008: 10), whatever method is used. This may be due to complications in the pregnancy that led to the induction and/or it may be due to problems caused by the induction itself.

## Planning your induction

Take some time to talk to your midwife or doctor. You have a choice about whether or not to have an induction and about what methods are used from the start. Your midwife or doctor may suggest that one method is better than another, depending on how soft and ready for labour your cervix is.

Cervical ripeness is assessed using what's called the Bishop Score, which gives your cervix a mark out of 10 based on its condition. A score of 8 or more indicates that your cervix is "ripe" and ready for labour. Midwives use the Bishop Score before induction begins and to see whether any progress has been made after different methods of induction have been used.

The ripeness of your cervix affects how successful induction is likely to be; the riper it is the more chance there is that you'll go into labour.

About 15 per cent of inductions started with an unripe cervix fail (NCCWCH 2008a: 77). In these circumstances, your doctor will discuss your options with you to help you decide whether to carry on trying, either with stronger interventions or at a later time, or to have a caesarean. Take some time to think about what you may prefer to do if this happens to you.

Consider what pain relief you would like if the induction works and makes your contractions very strong and difficult to cope with.

See a Pregnancy Massage Practitioner to discuss massage for induction and the use of acupressure.

# INDUCTION - WHAT ARE THE OPTIONS?



# Ripple Effect Yoga

## What does it mean to induce labour?

Most labours begin naturally (MIDIRS 2008: 2). Although it's usually best to let nature take its course, sometimes the birth process may need a little help. Labour is "induced" when it is started artificially. You will be offered an induction if the risks of prolonging your pregnancy are more serious than the risks of delivering your baby straight away (NCCWCH 2008a: 100).

## Why might my labour need to be induced?

You are likely to be offered an induction if:

*Your pregnancy has gone beyond 41 weeks and is considered overdue. You'll usually be offered an induction sometime between 41 and 42 weeks to prevent your pregnancy continuing beyond this time (NCCWCH 2008a: 29).*

*Your waters have broken but labour hasn't started. Most women go into labour within 24 hours of their waters breaking (Savitz et al 1997). If this doesn't happen to you, there is a risk that you or your baby could develop an infection so you will probably be offered an induction (NCCWCH 2008a: 33).*

*You have diabetes - provided your baby is growing normally, it's recommended that you're offered an induction after 38 weeks of pregnancy (NCCWCH 2008b: 122).*

*You have a chronic or acute condition, such as pre-eclampsia (RCOG 2006: 7) or kidney disease, that threatens your wellbeing or the health of your baby.*

Some women ask for their labour to be induced for personal reasons, such as their partner is about to be posted abroad with the armed forces and would otherwise miss the birth.

Other women may request an induction because they are worried about a previous stillbirth or complications in their current pregnancy. These requests are considered on an individual basis (NCCWCH 2008: 37).

## How will my labour be induced?

There are a number of methods your midwife can use to try to get your labour started. Some may need to be repeated, or you may need to try more than one before your labour begins. Talk to your midwife about which method is most suitable for you.

You will normally be offered the methods of induction in this order:

### Membrane sweep

**What is it?** A membrane sweep often helps to stimulate labour and is now offered routinely to women who are overdue. They are also offered when you are 40 weeks pregnant (NCCWCH 2008: 61) if this is your first baby.

**What happens if I have a membrane sweep?** The membranes that surround your baby are gently separated from your cervix. A midwife or doctor can carry out this procedure during an internal examination. You may be offered two or three membrane sweeps before moving onto other methods of induction.

**Risks** It can be uncomfortable if your cervix is difficult to reach. You should be given a chance to ask questions or read information about the procedure before it's carried out. You may need to have several membrane sweeps before you know whether or not it has been successful.

### Prostaglandin

**What is it?** Prostaglandin is a hormone-like substance, which helps stimulate uterine contractions.

**What happens if I am given prostaglandin?** Your midwife or doctor will insert a tablet, pessary or gel containing prostaglandin into your vagina to ripen your cervix. You may need a second dose of the tablet or gel after six hours, if labour hasn't started. Pessaries release the prostaglandin slowly over 24 hours, so only one dose is needed.

**Risks** Vaginal prostaglandin is the most commonly recommended method to induce labour because it often works better and has fewer disadvantages than other methods (NCCWCH 2008a: 47; 51).

There is a very small risk that using oral vaginal prostaglandins, or Syntocinon (see below), may cause your uterus to become overstimulated or hyperstimulated (NCCWCH 2008a: 52). Hyperstimulation of the uterus seriously reduces the oxygen supply to your baby. Drugs can be used to stop or slow down the contractions if this happens (NCCWCH 2008a: 76-7).

In a worst-case scenario, hyperstimulation can cause your uterus to rupture (tear). This is more likely to happen if you are having a "trial of labour" following a previous caesarean section (NCCWCH 2008a: 36). (Read more about vaginal birth after a caesarean, also known as VBAC.)

## Artificially rupturing the membranes (ARM)

### What is it?

ARM is sometimes called "breaking the waters". Breaking your waters is no longer recommended as a method of induction (unless vaginal prostaglandins cannot be used for some reason) (NCCWCH 2008a: 66) but some doctors or midwives may use it to speed labour up if it's not progressing.

### What happens if my waters are broken?

This procedure can be done during an internal examination. A midwife or doctor makes a small break in the membranes around your baby using either an amnio-hook (a long thin probe which looks a little like a fine crochet hook) or an amnicot (a medical glove with a pricked end on one of the fingers). This procedure often works when the cervix feels soft and ready for labour to start.

### Risks

Artificial rupture of the membranes (ARM) does not always work, and, once your waters have been broken, your baby could be at risk of infection. This is why it's no longer recommended as a method of induction on its own (NCCWCH 2008: 66). If your midwife or doctor suspects an infection, she will give you antibiotics.