The risk of a stillbirth rises after pregnancy term, with about 5% arriving on their EDD. Approximately 80% of babies are born at five-week period is described as ‘term’ and is identified as a source of anxiety for expectant parents. Managing the uncertainty of when labour will start can overshadow the ‘accurate and impartial information so you can decide what’s best for you’. A common question to midwives – ‘What happens if I go over my due date?’ – expresses an almost universal concern felt by the vast majority of pregnant women. Managing the uncertainty of when labour will start can overshadow the final weeks of pregnancy and it is a topic that invariably comes up in NCT antenatal classes and is identified as a source of anxiety for expectant parents.

This article explores in more detail one of the birth interventions highlighted in a previous perspective issue of Perspective. In particular it looks at: the evidence and National Institute for Health and Care Excellence (NICE) guidance on induction; how parents may feel and how their feelings can be explored in NCT classes; teaching lies a commitment to providing evidence-based information, together with opportunities for parents to explore the benefits, risks and choices available to them. The NCT website says that we provide ‘accurate and impartial information so you can decide what’s best for you’. A common question to midwives – ‘What happens if I go over my due date?’ – expresses an almost universal concern felt by the vast majority of pregnant women. Managing the uncertainty of when labour will start can overshadow the final weeks of pregnancy and it is a topic that invariably comes up in NCT antenatal classes and is identified as a source of anxiety for expectant parents.

Teaching parents about induction of labour

Mothers-to-be are often concerned about what induction entails. Debbie Garrod, midwife and NCT antenatal teacher, looks at how antenatal teachers can approach this subject.

At the heart of NCT’s approach to antenatal teaching lies a commitment to providing evidence-based information, together with opportunities for parents to explore the benefits, risks and choices available to them. The NCT website says that we provide ‘accurate and impartial information so you can decide what’s best for you’. A common question to midwives – ‘What happens if I go over my due date?’ – expresses an almost universal concern felt by the vast majority of pregnant women. Managing the uncertainty of when labour will start can overshadow the final weeks of pregnancy and it is a topic that invariably comes up in NCT antenatal classes and is identified as a source of anxiety for expectant parents.

This article explores in more detail one of the birth interventions highlighted in a previous issue of Perspective. In particular it looks at: the evidence and National Institute for Health and Care Excellence (NICE) guidance on induction; how parents may feel and how their feelings can be explored in NCT classes; the importance of holding the parents’ needs at the heart of our approach, encouraging a positive approach to labour and birth and empowering them to ask the right questions to enable informed decision-making; practical tips for preparing for a labour that’s induced; and finally some parents’ experiences of induction.

Evidence and NICE guidance on induction

At the beginning of pregnancy, every woman is given an expected date of delivery (EDD). ‘Normal’ pregnancy lasts for between 37 and 42 weeks, and a baby born within this five-week period is described as ‘term’. Approximately 80% of babies are born at term, with about 5% arriving on their EDD. The risk of a stillbirth rises after pregnancy passes 42 weeks, although the increased risk is very small. This is the rationale for offering induction of labour (IOL) at approximately 40 weeks plus 12 days, with the aim of making sure the baby is born by 42 weeks. NHS maternity services in the UK base their IOL policies on guidance from NICE. The full, referenced version of the guidance is supplemented by a quick reference guide, which states, ‘Every woman should be given the opportunity to go into labour spontaneously’, and goes on to outline the care that should be offered as pregnancy approaches 40 weeks: a membrane sweep at 40 and 41 weeks of pregnancy (for first-time mothers) and at 41 weeks for those having subsequent babies, and induction of labour at 41-42 weeks.

The full NICE guidance states that, in 2004-5, 20% of pregnant women had their labour induced. Sixty-three percent of these women gave birth spontaneously, 15% had assistance from forceps or ventouse and 22% had an emergency caesarean section. Although the emergency caesarean rate for women who are induced is higher than for those who start labour spontaneously (22% compared with approximately 15%), it’s important to note that the induction group includes women who may have medical complications in their pregnancy (for example diabetes and high blood pressure) which led to induction being offered. These women may be more likely to have a caesarean.

Other factors are also linked to increased incidence of caesarean where labour is induced. A study looking at women having their first baby whose labour was induced found that risk factors for having a caesarean section include being over 30 years old and having a Body Mass Index of 31 or more. These are both potentially sensitive issues that require tactful and honest handling in the context of antenatal classes. The other significant factor to note is that women whose cervix is ‘unfavourable’ for induction — long and firm, as assessed by the ‘Bishop’s Score’ — all have a higher chance of experiencing what is known as ‘failed induction’.

IOL in post-term pregnancies is associated with significantly fewer caesareans compared with expectant management.

The management of post-dates pregnancy

There is currently a great deal of emphasis on a woman’s EDD. It is carefully calculated by the midwife at antenatal booking, usually at 8–10 weeks, confirmed by a dating scan offered at 12-13 weeks, and recalculated if necessary to ensure that the range of screening tests is offered at the appropriate point of gestation. At every antenatal contact throughout pregnancy the EDD is reviewed and documented. The format used is very precise: the midwife will typically say, ‘You are now 16 weeks and two days,’ and continue this formula throughout the pregnancy. Many women currently use apps that vary in the detailed information they offer about the pregnancy day-by-day or week-by-week. Again the clear focus is on D-day — that magical EDD that has been given with such certainty from antenatal booking and dating scan onwards. This apparent certainty presents our parents with a challenge: the illusion that this is a predictable and perfectly mapped journey with a definite end date. Managing the uncertainty and unpredictability of when labour will start is hugely difficult for many parents, leading some women to request a date for induction earlier than the evidence suggests is beneficial for them and their baby.

Another challenge for parents is the fact that as the EDD draws near, the midwife may well stop referring to the due date as an exact number of weeks and days. She may be making comments such as: ‘Babies come when they are ready,’ and ‘The majority of first babies are late,’ while adding, ‘We’ll book a date for induction in case the baby hasn’t put in an appearance by term plus 12’ (or whatever the local trust guidelines specify). So how can we as NCT teachers help parents to manage the ‘great unknown’ of when their labour will start? And what should we teach about induction of labour?

Exploring parents’ feelings in NCT classes: some suggestions

• Encourage a flexible approach to the due date. Emphasise that most first babies arrive after the due date. This flexible approach can start after the opening introductions when parents are usually asked to share the date their baby is due. You can remind parents that the baby who is due first within the group may arrive last — and vice versa, and that this is normal. Encouraging parents to anticipate that their baby will arrive after the due date — and for some of them, 10 to 12 days later — can help them to await the start of labour more patiently.

• Ask parents to identify strategies for managing the period of time when the due date has been and gone. This could include planning little treats and diversions so the focus isn’t solely on when labour will start. Suggesting that the group members plan a regular weekly meet-up after the course has ended can provide the women, in particular, with a good source of support which continues from pregnancy through to the early days and weeks of parenting.

• Discuss the BRAIN mnemonic (Benefits, Risks, Alternatives, Intuition, do Nothing).
This is particularly helpful when making decisions about induction. Remind parents that there are alternatives to induction at 12 days past term, such as expectant management or adopting a wait-and-see approach for a few more days, combined with whatever increased surveillance of the pregnancy that parents agree with their caregivers. This may include a period of continuous monitoring of the baby’s heart or estimation of the amount of amniotic fluid around the baby. Parents should be aware that the evidence for this surveillance being of benefit is at best scanty and it does not reliably predict babies who may become compromised as pregnancy progresses.

• Use neutral language. Our use of language is important: talking about spontaneous labour may be considered less value-laden than natural labour, particularly as definitions and understanding of what constitutes natural labour vary enormously. This may be helpful for parents to keep a positive focus when considering induction. In a similar vein, when discussing any possible association between IOL and caesarean section, think about using terms such as ‘incidence’ rather than ‘risk’.

• Discuss DIY approaches to encouraging labour to start. This will usually bring contributions from group members that include complementary therapies, eating a fresh pineapple, going for a bumpy car ride or a long walk, eating a hot curry, taking a hot bath or having sex. All of these can appear to work if labour is ready to start, as can nipple stimulation (by use of a breast pump if acceptable to the woman). It’s helpful for parents to understand the rationale behind these methods (for example, stimulating oxytocin production or triggering rapid peristalsis which may in turn start contractions). Remembering NCT’s commitment to being evidence-based, it’s also important to highlight that there are no large-scale randomised controlled trials of these DIY methods.

• Be aware of how local units manage induction of labour. Some units use Prostin gel, which is inserted into the posterior vaginal fornix (at the top of the vagina behind the cervix) during a vaginal examination. A period of continuous monitoring of the baby’s heart is carried out before and after the Prostin gel is given, to confirm the baby’s wellbeing at the start of the induction. Other units use a Propess pessary, which is inserted into the vagina and left in place. Like a tampon, it has a cord to enable removal if contractions become hypertonic, i.e. very strong and occurring more frequently than four in 10 minutes. In a few units in the UK, healthy low-risk women whose labour is being induced with Propess for post dates may, after initial monitoring, go home for up to 24 hours or until labour starts, if sooner. It should be emphasised that this is the exception rather than the rule; it is therefore important for antenatal teachers to familiarise themselves with local policy and establish ways to keep abreast of changes in these policies. Other variations in practice include location for induction: maternity units may ask parents to come to an antenatal or daycare facility. If a woman is being induced for pregnancy complications she will probably be asked to come to the delivery suite where she can be monitored more closely.

• Inform parents about the supervisor of midwives (SoM) as someone to discuss options with if they do not wish to be induced in accordance with the local guideline. All parents have access to an SoM 24 hours a day and should be made aware by the midwife providing antenatal care of how to contact a local SoM. Antenatal teachers can encourage parents to ask their midwife how to contact a SoM and emphasise the SoM’s role in supporting parents’ choices and ensuring safe and evidence-based care.

Practical tips for preparing for induction

Emphasising that the process of inducing labour can take 24 to 48 hours is very important. Prostaglandins (gel or pessary)
are used to ripen the cervix: in the same way as a spontaneous labour may build up gradually over one-to-two days before establishing, an induced labour may evolve slowly in its latent stage.

It’s important to give parents the opportunity to explore their feelings about IOL. Some women fear induced labour as more painful and there is evidence that contractions in an induced labour may be more frequent and intense. As NCT teachers we can encourage a toolbox approach to managing labour: ‘Imagine you have a toolbox containing a wide range of tools for labour… some labours need different tools from others’. We can also emphasise that, as with a spontaneous labour, you can’t predict which tools you’ll need, so the most practical approach is to stay focused on the present, deal with one contraction at a time and make good use of the breaks in between.

These discussion points may be helpful to raise with the group:

• What coping strategies for this early stage of labour had you planned to use at home? How can these be adapted for hospital? What kind of distraction activities can you take with you?

• Would you like to rethink who’s going to be there with you as you wait for labour to establish? For example, some parents like to have additional support from a relative, doula or friend, or all three – a tag team of several supporters, who take turns to provide distraction and diversion.

• If night-time arrives and labour hasn’t established, the woman’s partner will in most circumstances be asked to return home. This may be an opportunity for the partner to snatch some sleep and so be better prepared for labour when it starts.

• Most pregnant women find getting off to sleep in hospital difficult in any circumstances – and wondering if contractions will get going in the night isn’t conducive to dropping off! An iPod and relaxation track can be invaluable in helping the woman to rest even if sleep’s impossible.

• What opportunities are there within the hospital for going outside for a walk, or visiting a café in another area of the hospital? In most units, women who have had Prostin are advised not to go home due to the potentially unpredictable nature of the drug in causing strong contractions, but a walk within the grounds of the hospital and a visit to a café usually provides distraction and may encourage contractions to establish.

• Suggest asking about the unit’s policy on using a birth pool when labour is induced with Prostin, as this has become common practice in many areas. Also, some units offer telemetry (remote) monitoring, which enables women with problems in pregnancy and labour to use a birth pool. This facility may be available to women who are being induced for medical or pregnancy-related conditions.

• If a Syntocinon drip is used to stimulate labour, continuous monitoring of the baby’s heart as well as the contraction will be recommended, as use of the drug can cause strong and too frequent contractions. Sitting on a birth ball helps to maintain an upright position and allows the woman to change position, for example, from sitting to standing leaning onto the bed moving her hips around. Some units may offer monitoring by telemetry, enabling women to be free from belts and move around as normal within a restricted area.

Some parents’ experiences
Parents’ experiences of labour vary wildly, whether it starts spontaneously or is induced. Here are some women’s comments on induced labour:

‘Even though I knew that the baby might be late, going overdue drove me insane and I tried every possible way of getting labour to start. They might not have any real effect but at least they filled the time. I tried acupuncture and lots of walking – then collapsing crying on the floor! I was induced at 40 weeks and 10 days and the experience was fine. I played Scrabble with my partner and sister while waiting for contractions to start. After my second Prostin, labour started in earnest and I got in the bath. Then used the birth pool all through first stage’.

‘Emphasising that the process of inducing labour can take 24 to 48 hours is very important’

‘A walk within the hospital usually provides distraction and may encourage contractions to establish’.

References