

Inducing your labour with Propess - going home during the process

If your baby is over-due

You have agreed to have your labour induced. If you need more information about your options regarding induction of labour please see the information sheet on 'Induction of labour' available at www.mypregnancymatters.org.uk website.

Inducing your labour takes time, sometimes a couple of days and may follow a number of steps including softening (or ripening) your cervix, breaking your waters and giving you a drip of hormones through your vein to make your contractions start. You may not need all of these steps but this sheet gives you information about the first stage of inducing your labour

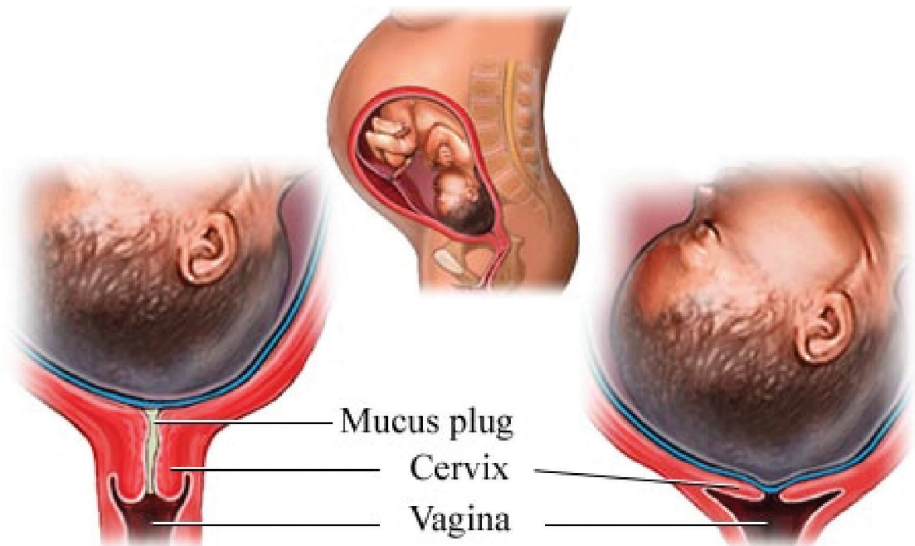
- ripening your cervix using a drug called Propess.

How does your cervix ripen?

Your cervix is the bottom part of your uterus (neck of the womb) that opens to allow the baby to move from your uterus and down the birth canal to be born. During pregnancy your cervix is closed and firm.

Towards the end of pregnancy it softens, or ripens.

As you go into labour it will soften more, get shorter and open up.



What happens when I arrive at the maternity unit?

You will usually attend the Day Assessment Unit, (Level 11 of the Thomas Kemp Tower at Royal Sussex County Hospital or Triage, on Bolney Ward at Princess Royal Hospital). The midwife will welcome you; ensure you are informed of the process and that you give your consent for the induction to take place. She/he will check you and your baby's wellbeing and perform a vaginal examination to see if your cervix is ripe and beginning to open.

If your cervix is not ripe, we will attempt to ripen the cervix using a pessary called Propess. The pessary looks like a very small tampon, which is inserted into the vagina during an internal examination by the midwife or doctor. The Propess pessary contains the active ingredient dinoprostone, which is a naturally occurring female hormone also known as prostaglandin. Once inserted into the vagina the pessary will stay there for 24 hours slowly releasing the hormone to ripen your cervix. There is a string attached to the pessary to allow us to remove it easily. The string will sit inside the vagina.

What are the benefits of using Propess rather than using Prostin tablets?

Prostin tablets have been used in this Trust for many years to induce labour. A midwife inserts Prostin tablets behind the cervix during an internal examination every 6 hours until labour starts.

The main advantage of Propess is that you will have less vaginal (internal) examinations, minimising discomfort. Once Propess is inserted if all is well with you and your baby, you can go home and await events although we do recommend that you come back to the maternity unit to birth your baby so we can monitor you and your baby's wellbeing.

Are there any risks or side-effects from Propess?

The side effects of medication can affect people in different ways. The following are some of the side effects that are known to be associated with Propess; it does not mean that all people using this medicine will experience these.

Possible side effects are abdominal discomfort, nausea and vomiting, diarrhoea, abnormally strong contractions of the womb which may cause problems with the baby's heart rate, vaginal swelling and discomfort or irritation.

Propess may not be appropriate for all women or for all circumstances, but this will be discussed with you before it is used.

What are the alternatives to having Propess?

You can choose to have your labour induced with an alternative drug called Prostin (see above). You will need to stay in the maternity unit during this process.

You can make an informed choice about whether or not to have your labour induced; for more information please see the information sheet on 'Induction of labour' available at www.mypregnancymatters.org.uk website.

What you need to be aware of once the Propess pessary is in place?

After the pessary has been inserted you will be asked to lie on your side for 30 minutes. This allows the pessary to absorb moisture from your vagina, which will make the pessary swell and prevent it from falling out.

Before and after the Propess has been inserted we will check your baby's wellbeing by monitoring his or her heart rate pattern using

a Cardiotocograph (CTG) machine. After about 30-40 minutes if all is well, you can move around and then after a few more minutes you may go home and wait for your labour to start.

You will be asked to return to the ward about a day after the Propess was inserted for another assessment should you not go into labour spontaneously.

We recommend that once your labour starts you come back to the maternity unit so we can support you during your labour and birth. We would not recommend you have a home birth if you are having your labour induced. As you have been given medication it is important that we monitor you and your baby for the possible side effects as described above.

If the string from the pessary moves to the outside of your vagina you must be careful not to pull or drag on it, as this may cause the pessary to come out. Please take **special care** when wiping yourself after going to the toilet, after washing and when getting on and off the bed. **In the unlikely event that the pessary should come out, please inform call the phone numbers you have been given immediately. The pessary will need to be reinserted.**

What can I do and not do at home?

You can walk about, bath or shower, eat, drink and relax as you would normally do. We recommend you do not have sexual intercourse, or insert objects or medication into the vagina.

When do I call the maternity unit?

If any of the following occur please call the maternity unit immediately for advice :

- If you start having regular contractions
- If you start to have very strong / very quick contractions i.e. more than five in ten minutes or you have a continual contraction that lasts several minutes

- If you think your waters have broken (this may be a gush of fluid or a continual dribble of fluid from your vagina)
- If you are concerned about your baby's movements
- If you have continual abdominal pain
- If you have vaginal swelling or soreness
- If you feel unwell, have difficulty breathing, have vomiting or diarrhea
- If you start bleeding vaginally
- If your Propess pessary falls out
- If you are at all worried or have any questions.

Please ask to speak with a Midwife; they will ask you some questions and give you advice. If there are concerns you will be asked to come back to the maternity unit where you will be met and assessed by a midwife.

What happens if my labour starts within 24 hours of the pessary being inserted?

Approximately 75-80% of women will have given birth within 24 hours of having Propess inserted.

If you start having regular contractions, we advise you to call the maternity unit to be advised on when to come back in. As your labour progresses the pessary may fall out or be removed by the midwife.

You will be supported in labour in the same way as if you had started spontaneously. Providing all is well with you and your baby you will have the full range of options available to you within the maternity unit including active, mobile labour and the birthing pool. You and your baby's wellbeing will be checked throughout labour and you will receive individual advice and support as you need it.

What happens if my labour does not start within 24 hours of the pessary being inserted?

If you have not started your labour within 24 hours of having proposs we would like you to return to the maternity unit. The midwife will welcome you and assess you and your baby's wellbeing.

The midwife or doctor will also ask to perform an internal examination to remove the Propess pessary and to feel your cervix. If your cervix is ripe and starting to open you will be advised to have your waters broken. With your consent, the midwife or doctor will break your waters during an internal examination using a long slim plastic instrument with a small hook on the end using gentle pressure against the bag of membranes you will also be put on a drip to make your contractions come. For more information please see the information sheet on 'Induction of labour' available at www.mypregnancymatters.org.uk website.

If your cervix is not ripe the midwife or doctor will discuss further treatment with you at this time. The options or advice may be that you are given time to rest and await events. A second pessary may be inserted, or another drug may be used. Doctors will also discuss the option to have a caesarean section.

How can I get further information about induction of labour and Propess?

It is important you feel well informed, feel part of the decision making process and give your consent for any procedures that we may carry out.

Phone number to call when you are home and want to talk to a midwife:

You can contact a supervisor of midwives to discuss any aspect of your care at any time

Maternity Unit Royal Sussex County Hospital: **01273 664793**

Maternity Unit Princess Royal Hospital: **01444 448669**

Please have your maternity notes in front of you

If you have any questions about your induction of labour or any other concerns please ask your midwife or doctor.

- NICE guidelines published in July 2008. CG70 Induction of Labour.
- National Collaborating Centre for Women's & Children's Health Commissioned by the National Institute for Health & Clinical Excellence. <http://guidance.nice.org.uk/CG70/Guidance/pdf/English>
- Information about Induction of Labour for women, their partners and their families: <http://www.nice.org.uk/article.asp?a=17330>
- Information for women who are planning a homebirth but who are 'overdue': <http://www.homebirth.org.uk/overdue.htm>

If you have any special requirements for example religion or related to an allergy or disability please contact the Maternity service for further discussion. If you have vision, mobility or access issues please contact Linda Woods (Maternity Administrator) on: **01273 696955 Ext.4603**, who will be able to direct your call for further advice and information.

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The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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