THE Honest Midwife

INDUCTION OF LABOUR & INSTRUMENTAL DELIVERY

What You Don't Want

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Epidural

High Blood Pressure

Bleeding

Tearing

Induction

Ventouse

Forceps

Baby in distress

Emergency C-Section

Cord Round Neck

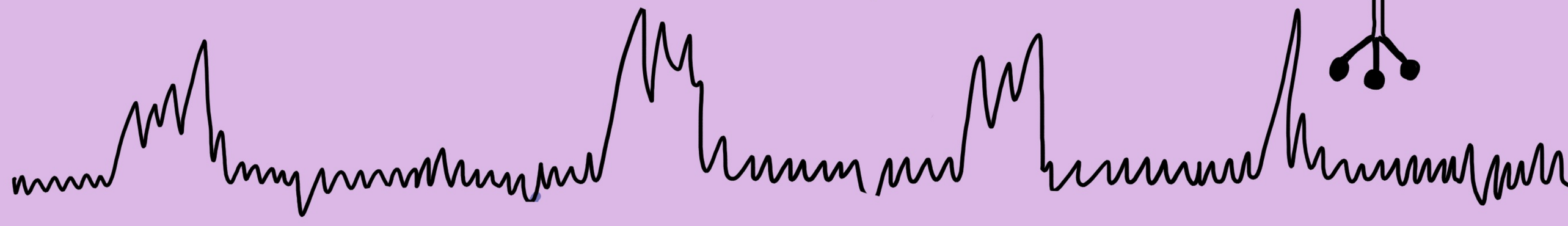
Catnetre

General Anesthetic

BP 140/90

P 104

T 38.2



Remember: Lots of people in room = Lots of Jobs!

Induction of Labour

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COOKING YOUR PASTA!

WHAT IS INDUCTION?

STARTING LABOUR EARLY USING HORMONES BASICALLY

WHY WOULD INDUCTION BE RECOMMENDED?

LARGE FOR DATES

MATERNAL AGE

OVERDUE

REDUCED MOVEMENTS

OBSTETRIC CHOLESTASIS

& OTHER REASONS

HOW IS IT DONE?

A DRUG CONTAINING PROSTAGLANDIN WILL BE PLACED BEHIND THE CERVIX TO HELP ENCOURAGE CONTRACTIONS. THIS MAY BE A GEL, PESSARY OR A "TAMPON LIKE" PRODUCT CALLED PROPESS.

THERE IS NO WAY OF KNOWING HOW YOUR BODY WILL REACT OR HOW QUICKLY CONTRACTIONS WILL START. WHEN THE PROSTAGLANDIN IS INSERTED THE MIDWIFE OR DOCTOR WILL ASSESS THE LENGH, POSITION, FIRMNESS AND OTHER FEATURES OF THE CERVIX. THIS WILL RESULT IN A "BISHOP SCORE" WHICH WILL LATER BE USED TO TRACK ANY CHANGES.

What happens during Induction

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OBSERVATIONS

BP
PULSE
TEMP
RESP RATE
URINE
BABY CTG

ONCE ALL CHECKS HAVE BEEN COMPLEDED PROSTAGLANDIN WILL BE INSERTED AND BISHOP SCORE RECORDED

EVERY 6 HOURS YOU WILL HAVE A CTG PERFORMED TO CHECK BABY IS HAPPY

PREPARE FOR BOREDOM SEND YOUR PARTNER HOME IN THE EARLY STAGES

CHECKS EVERY 6 HOURS

UNFORTUNATELY INDUCTION OF LABOUR IS A WAITING GAME. PLANNING IS KEY: HOMEWORK

- DOWNLOAD BOOKS, FILMS & GAMES
- BOOK YOUR FRIEND AND FAMILY IN FOR CHATS
- THING ABOUT WHAT FOOD YOU MAY WANT

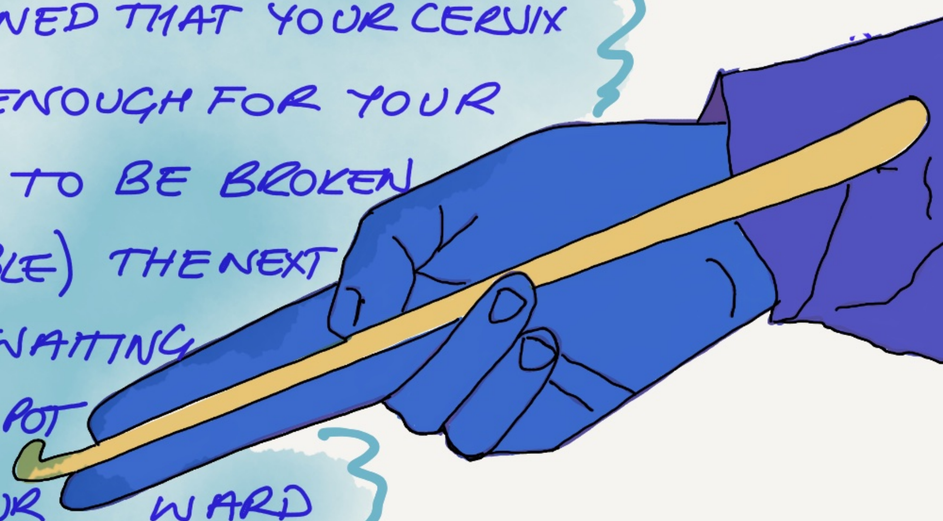
PLANNING HOW YOU'LL PASS THE TIME WILL REALLY HELP!

Induction - The Next Bit

OVER TIME AS THE PROSTAGLANDIN WORKS ITS MAGIC, THE HOPE IS THAT YOUR CERVIX WILL OPEN ENOUGH FOR YOUR WATERS TO BE BROKEN

ARM= ARTIFICIAL RUPTURE OF MEMBRANES

ONCE YOUR MIDWIFE HAS ASCERTAINED THAT YOUR CERVIX IS OPEN ENOUGH FOR YOUR WATERS TO BE BROKEN (ARM'ABLE) THE NEXT STEP IS WAITING FOR A SPOT ON LABOUR WARD



IF THE HORMONE DRIP IS RECOMMENDED SO TOO WILL CONTINUOUS MONITORING OF BABY

IF CONTRACTIONS DON'T GET STRONGER, THE NEXT STEP IS THE HORMONE DRIP. YOUR BABY WILL BE CONTINUOUSLY MONITORED.

AFTER YOUR WATERS HAVE BEEN BROKEN YOU WILL BE GIVEN A COUPLE OF HOURS TO MOBILIZE TO SEE IF YOUR CONTRACTIONS BECOME MORE REGULAR. IF THIS IS NOT YOUR FIRST BABY YOU WILL BE GIVEN LONGER

IF YOUR LABOUR IS TAKING A LONG TIME YOU MAY DECIDE TO OPT FOR AN EPIDURAL.

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CTG

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The Fetal Heart

Cardio Toco Graph

DURING A CTG TWO STRAPS WILL BE WRAPPED AROUND YOUR TUMMY. THE ONE ON THE TOP WILL MONITOR CONTRACTIONS. THE ONE AT THE BOTTOM MONITORS BABY'S HEARTRATE.

FETAL HEART

180
160
140
120
100
80
60

Maternal Contractions

ONCE YOU ARE IN ESTABLISHED LABOUR YOU WILL BE HAVING 3-4 CONTRACTIONS EVERY 10 MINS

IT IS NOT UNUSUAL TO SEE BABY'S HEARTRATE DROP BEFORE BABY IS BORN. HOWEVER SOMETIMES IT MAY BE THAT THE DOCTORS RECOMMEND DELIVERING BABY BY FORCEPS OR SUCTION

MATERNAL CONTRACTIONS

WHAT IS BEING ASSESSED?

The Fetal Heart

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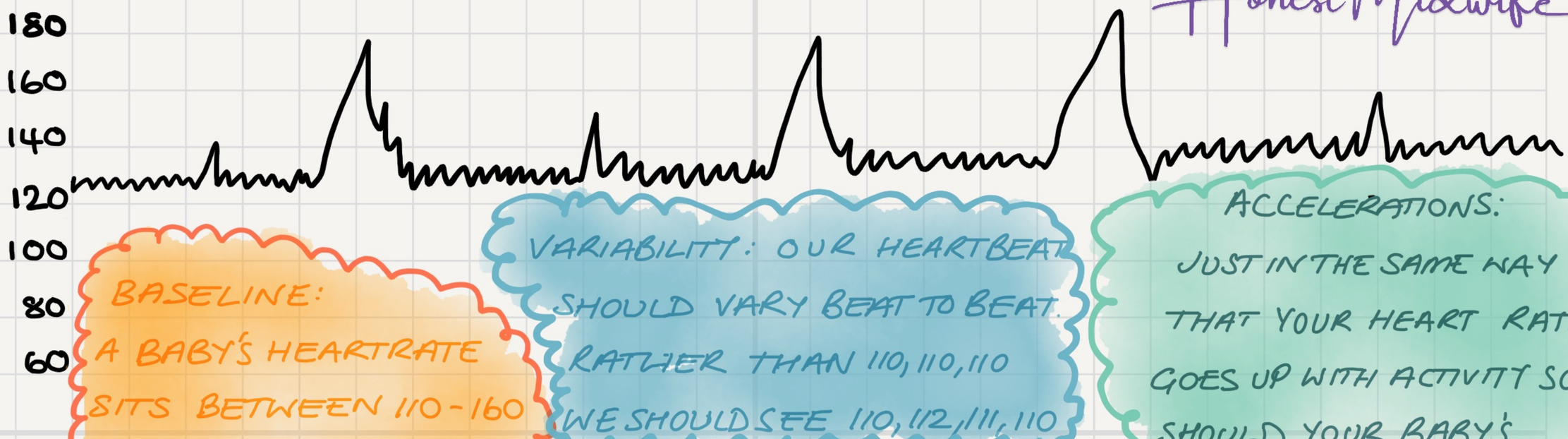

BASELINE:
A BABY'S HEARTRATE SITS BETWEEN 110-160 BEATS PER MINUTE

VARIABILITY: OUR HEARTBEAT SHOULD VARY BEAT TO BEAT. RATHER THAN 110,110,110 WE SHOULD SEE 110,112,111,110

ACCELERATIONS:
JUST IN THE SAME WAY THAT YOUR HEART RATE GOES UP WITH ACTIVITY SO SHOULD YOUR BABY'S

Maternal Contractions

MATERNAL CONTRACTIONS
CONTRACTIONS ARE RECORDED TO BE ABLE TO SEE HOW BABY IS COPING WITH EACH ONE.

DECELERATIONS: BABY'S HEART RATE SHOULD NOT DROP SIGNIFICANTLY BELOW THE BASELINE. EVERY HOUR ANOTHER MIDWIFE OR DOCTOR WILL LOOK AT THE CTG.

THIS IS A WHISTLESTOP TOUR OF CTG IT TAKES YEARS TO LEARN.

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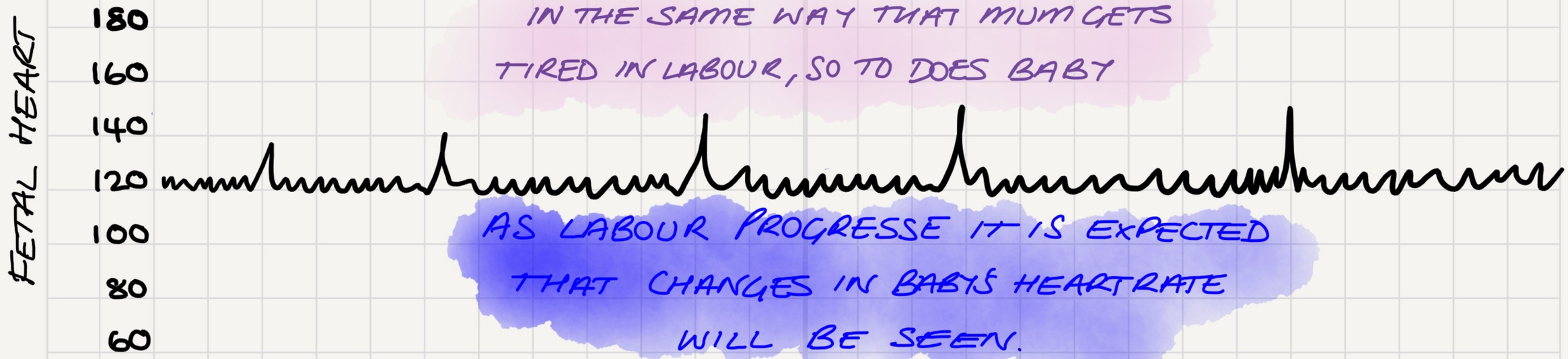
CHANGES

The Fetal Heart

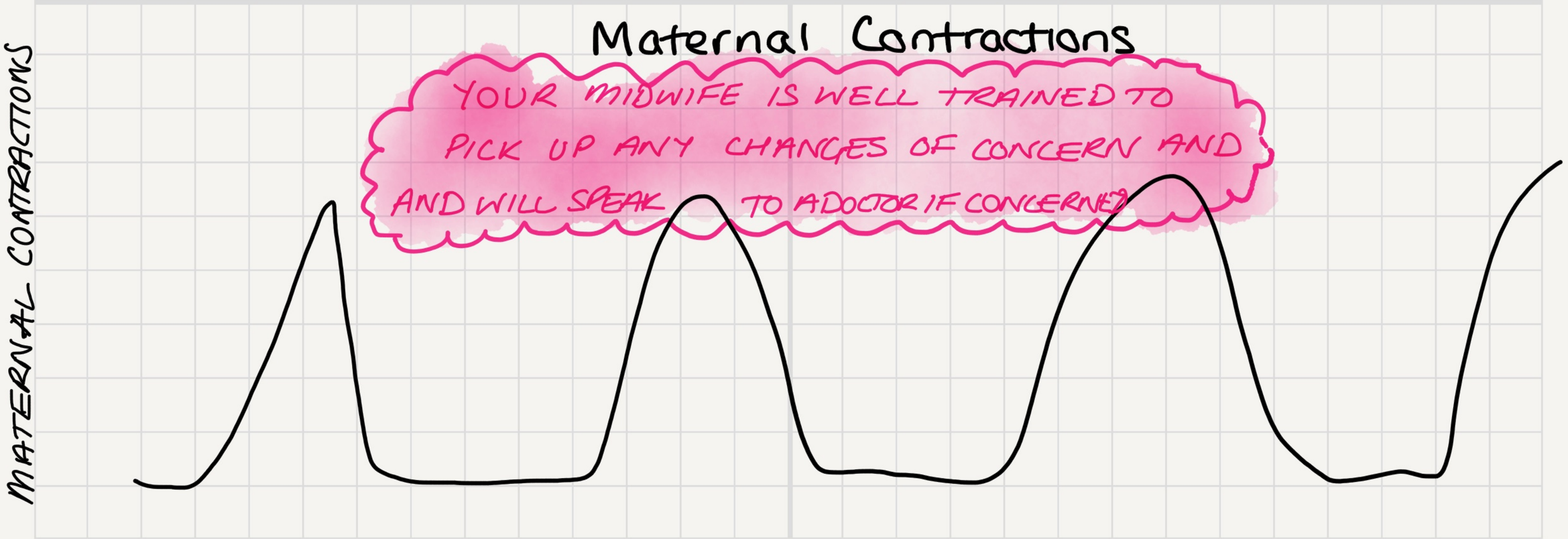
IN THE SAME WAY THAT MUM GETS TIRED IN LABOUR, SO TO DOES BABY



AS LABOUR PROGRESSE IT IS EXPECTED THAT CHANGES IN BABYS HEARTRATE WILL BE SEEN.

Maternal Contractions

YOUR MIDWIFE IS WELL TRAINED TO PICK UP ANY CHANGES OF CONCERN AND AND WILL SPEAK TO A DOCTOR IF CONCERNED



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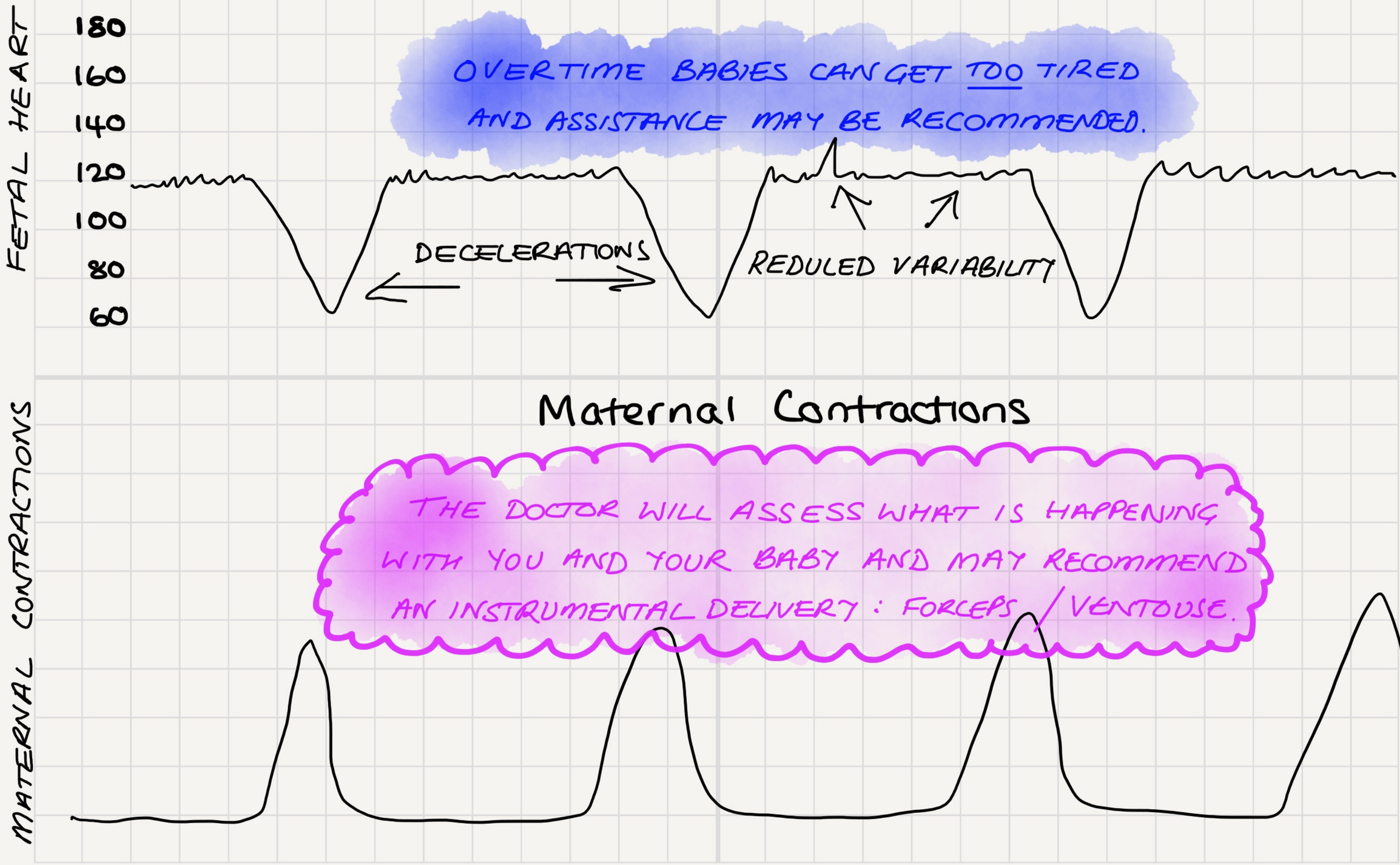
4am

The Fetal Heart



EPIDURAL & SPINAL

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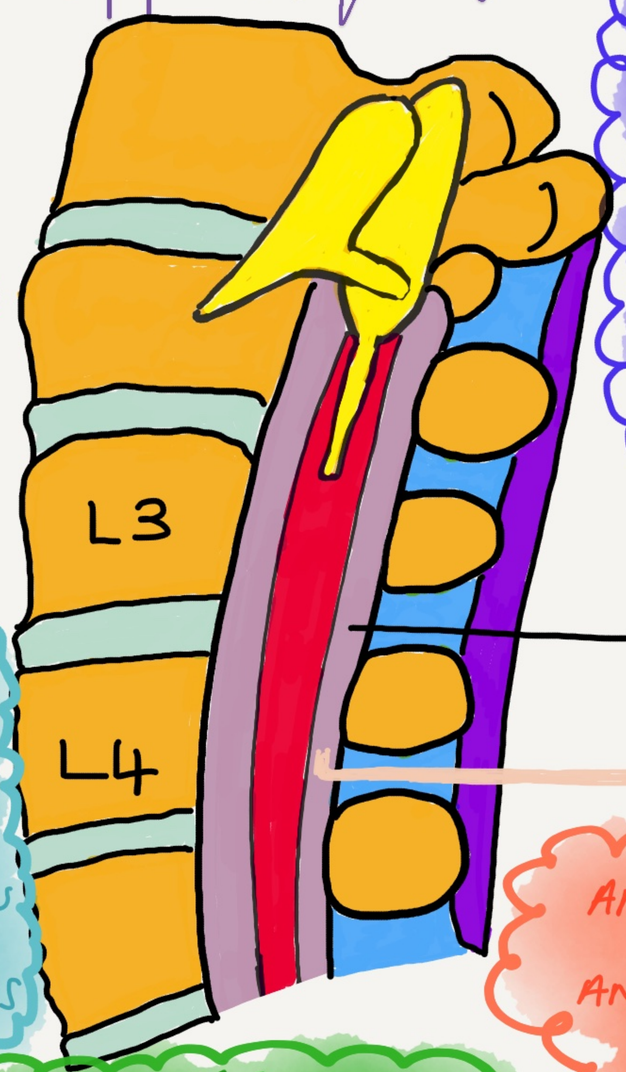
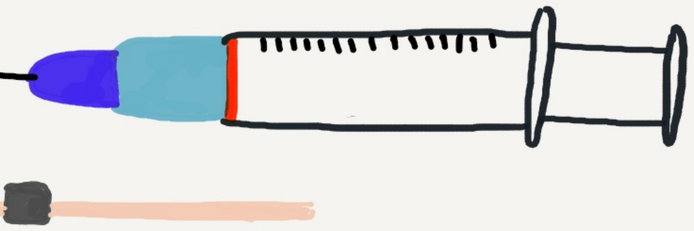
YOU WILL BE ASKED TO SIT IN THIS POSITION: CHIN TUCKED IN, SHOULDERS SLOUCHED. BASICALLY TRY TO TOUCH YOUR BELLY BUTTON WITH YOUR NOSE

A CANNULA WILL BE PLACED IN YOUR HAND JUST INCASE YOU NEED FLUIDS



A SPINAL IS AN INJECTION INTO THE SUBARACHNOID SPACE TO NUMB THE ENTIRE LOWER BODY. THIS IS USUALLY USED FOR C-SECTION UNLESS A WORKING EPIDURAL IS IN PLACE



IT TAKES ABOUT 40 MINUTES TO GET YOUR EPIDURAL IN PLACE AND WORKING

AN EPIDURAL IS A TYPE OF LOCAL ANASTHETIC. IT SHOULD NOT MAKE YOU FEEL DROWSY BUT YOU MAY FEEL A LITTLE SICK FOR A SHORT TIME IF YOUR BLOOD PRESSURE DROPS. THIS MAY ALSO RESULT IN YOUR BABY'S HEART RATE DROPPING TEMPORARILY

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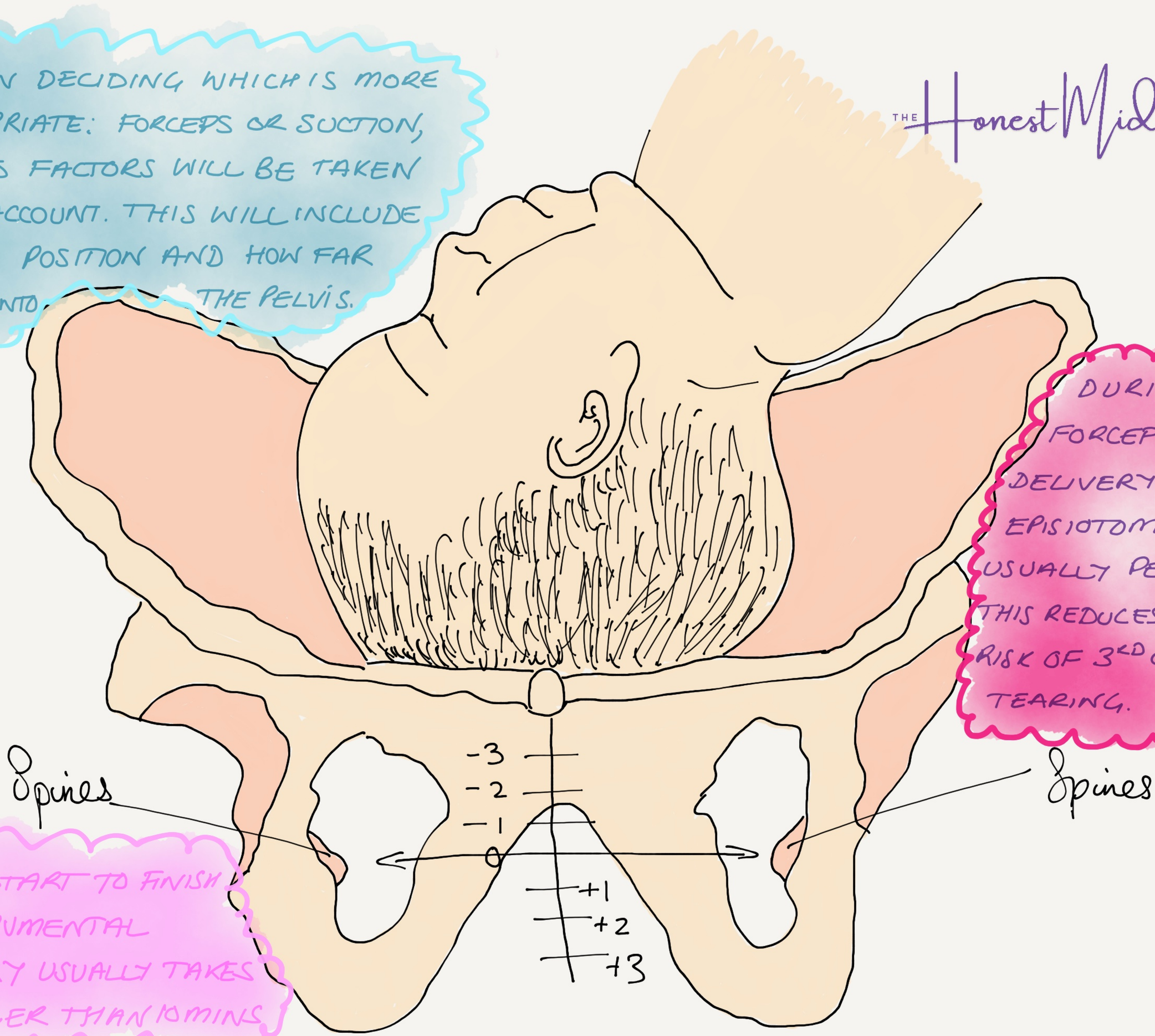
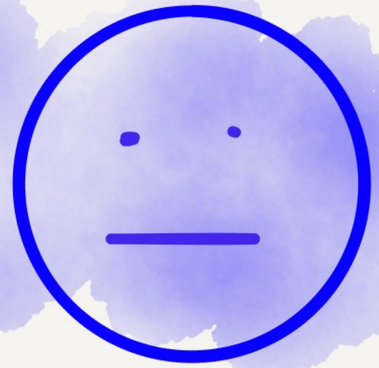
WHEN DECIDING WHICH IS MORE APPROPRIATE: FORCEPS OR SUCTION, VARIOUS FACTORS WILL BE TAKEN INTO ACCOUNT. THIS WILL INCLUDE BABY'S POSITION AND HOW FAR DOWN INTO THE PELVIS.

DURING A FORCEPS DELIVERY AN EPISIOTOMY IS USUALLY PERFORMED. THIS REDUCES THE RISK OF 3RD OR 4TH TEARING.



FROM START TO FINISH AN INSTRUMENTAL DELIVERY USUALLY TAKES NO LONGER THAN 10 MINS

The Birth Graph



• 1 2 3 4 5 6 7 8 9 FULLY BABY