

Reference Number:	PL/856	Version No:	2
Title:	Outpatient Induction of Labour		

Patient Information
Proforma for Assessing Patient Information – Readers Panel

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Responsible Department:	Women's Health Services
Responsible Division:	Families
Name of Reader:	[REDACTED]

Dear Reader,

Thank you for agreeing to read and comment upon the enclosed Patient Information. It is not necessary for you to have been a patient or relative of a patient using the service for which the information is designed. However, it would be useful to know if this is the case.

The Readers Panel is the final stage of assessing information for patients before patient information is ratified and distributed for public use.

The Readers Panel Members are asked to assess the information submitted and return this information to the Procedural Document and Leaflet Coordinator in the pre-paid envelope provided or by email. It is not necessary for you to return the patient information if there are no comments.

Have you used this service for which the patient information is being prepared? Please tick against your answer	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/> No	<input type="checkbox"/>
If yes, how long ago? Please tick against your answer	6 months - 1 year	<input type="checkbox"/>	1- 2 years	<input type="checkbox"/>
	2 – 3 years	<input type="checkbox"/>	longer than 3 years	<input type="checkbox"/>
Were you:	The patient	<input type="checkbox"/>	A relative	<input type="checkbox"/>

Did you find the language and terms used easy to understand? Are there any spelling or grammatical errors? (please feel free to highlight any errors on the patient information)

There is a grammatical error in the last para sentence of page 5. I highlighted it.

What is a "more normal" process of induction? page 2

Likewise, "low risk" pregnancy?

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If medical terminology has been used, is this explained?

Speakers of English as a second language may not know what ~~are~~ palpitations are, page 4.

Do you think the information is useful and user friendly?

Useful - yes.
User friendly = I find the combination of formal and informal language, e.g. the use of "OK", a bit weird.

In Terms of the information is there?
Please tick against your answer

Too much?

Not enough?

Comments:

I think there is enough information.

Do you feel the information can answer any questions you may have?

Yes

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Do you have any further comments or observations you feel would be helpful?

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Would you like to see a copy of the final approved patient information? Please tick against your answer	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Signed:	[Redacted Signature]	
Print Name:	[Redacted Name]	
Date:	25/04/16	

Thank you very much for your valuable contribution. **All your comments are referred to the author and appropriate action is taken.** Please return the proforma in the enclosed pre-paid envelope to the Procedural Document and Leaflet Coordinator within the next 7 days.

I look forward to sending more information to you in the future for your comments. If you feel that we can improve this assessment form in any way by additions or amendment, please do not hesitate to let me know.

Yours sincerely

M. Forrest

Margaret Forrest
Procedural Document and Leaflet Coordinator

Tel. 01253 95 3397
Email: trustpolicyteam@bfwhospitals.nhs.uk



Useful contact details

Maternity Day Unit (MDU)
opening hours 8am- 7pm
01253 956820

Delivery Suite: 01253 953618

Hospital Switchboard: 01253 300000

Patient Relations Department

The Patient Relations Department offers impartial advice and deal with any concerns or complaints the Trust receives. You can contact them via:

Tel: 01253 955589

email: patient.relations@bfwh.nhs.uk

You can also write to us at:

**Patient Relations Department, Blackpool Victoria Hospital,
Whinney Heys Road, Blackpool FY3 8NR**

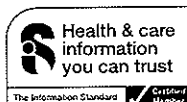
Further information is available on our website: www.bfwh.nhs.uk

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

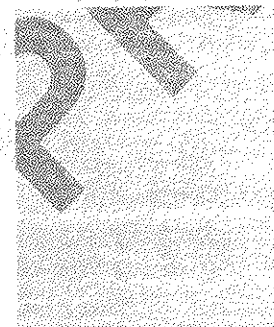
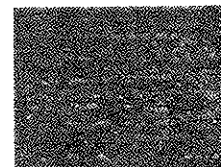
Details of the references used in writing this leaflet are available on request from: **Procedural Document and Leaflet Coordinator 01253 953397**

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Author: Mr J Amu
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Outpatient Induction of Labour

Families Division Patient Information Leaflet



Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call:

01253 955588

Our Four Values:



What is Induction of Labour?

Induction of Labour (IOL) is the process of starting labour artificially. Nearly 20% of births in the UK are induced, mainly when pregnancy has gone past the due date but also for various other reasons. At Blackpool Hospital we offer IOL either in hospital or as an outpatient. This leaflet gives you information about Outpatient IOL.

Outpatient IOL will only be offered to you if you have had a normal 'lowrisk' pregnancy this time. You will normally be offered IOL if your pregnancy is 12 days past your due date.

Why have an Outpatient IOL?

An outpatient IOL:

- Reduces the amount of time you will need to stay in hospital before your labour begins
- Allows you to stay at home and wait for labour to start
- Makes the process of induction more normal

Who can have Outpatient IOL?

You may be offered an Outpatient IOL if:

- Your pregnancy is 'low risk'
- You have no medical or obstetric problems
- You have not had any gynaecological surgery
- You have a good understanding of English or you can speak English fluently
- You have a relative who will stay with you at home on that day
- You have transport to bring you to the hospital
- You live within 30 minutes (driving distance) from Blackpool Hospital

You should contact Delivery Suite immediately if you experience any of the following:

- Your tummy starts to tighten every 5 minutes (contractions)
- You have any vaginal bleeding
- You think your waters have broken
- The Propess falls out
- You are worried

What happens when I go home?

The Propess you have been given works by 'ripening' your cervix - this means the cervix softens, shortens and begins to open up. You will commonly feel a period-like ache while this happens, but sometimes tightening of the womb can occur and even labour can start. It is OK to stay at home during this time, but if the contractions become distressing or come every 5 minutes you should phone up and come in to Delivery Suite.

Your midwife or doctor will have a discussion with you about the Outpatient IOL process and if you meet all the criteria you will be offered this method of induction.

What happens on the day?

Your midwife or doctor will book an appointment for you to attend the Maternity Day Unit (MDU) at Blackpool Hospital for your IOL.

Please remember to bring your hand-held notes with you and an overnight bag just in case you need to stay in hospital.

Step - 1

When you arrive in the MDU you will have your pulse, blood pressure, temperature and urine checked. The midwife will also read your notes and make sure that the Outpatient IOL checklist is completed.

The midwife will discuss the process of IOL with you and answer any questions you may have. The midwife will also examine and measure your tummy to check your baby's size and the way your baby is lying. The midwife will also check that your baby is OK by monitoring the baby's heart beat on a fetal monitoring machine for about 30 minutes. The machine also monitors contractions.

Step - 2

When the midwife is happy with the observations and fetal monitoring she will ask if it is OK to perform an internal examination (vaginal examination) to check the neck of the womb (cervix).

If the neck of the womb is closed, then the inducing drug Propess will be inserted into your vagina. Propess is a very small flat tampon containing inducing drugs which will remain inside your body for 24 hours. After the Propess tampon is inserted you will need to lie down for about 30 minutes. The Propess tampon will absorb the moisture from your vagina which makes the tampon swell and settle into place. This reduces the chance of it falling out.

The Propess tampon string will lie just outside the vagina and it is important that you take care not to pull or drag on it. You also need to take care when:

- wiping yourself after going to the toilet
- after washing
- getting on and off the bed
- having a shower (do not have a bath)

Are there any side effects?

Propess can occasionally produce some side effects which are usually mild and include: nausea, vomiting, dizziness, palpitations and fever. If any of these occur to a distressing level you should phone the Delivery Suite who will advise you on coming in to hospital.

There is a rare chance you may be very sensitive to the Propess and start contracting very frequently and strongly:

- More than 5 times in 10 minutes
- A run of contractions each lasting more than 2 minutes
- Severe abdominal pain

If this happens you must contact Delivery Suite (contact details are on the back of this leaflet) and make your way immediately to hospital.

Step - 3

When the Propess has been given, the midwife will listen to your baby's heart beat. When this has been completed and the midwife is happy with your observations you will be encouraged to walk around the hospital or go for a snack for the next two hours.

If your water breaks, you experience any tightenings, bleeding or if you have any concerns you should return to the MDU immediately.

Step - 4

After two hours you should return to the MDU and the midwife will check your baby's heart beat. You will be given the opportunity to ask the midwife any questions and if everything is OK you will be able to go home.

You will be advised to contact the Delivery Suite later in the day (around 6pm) for assessment over the telephone by a midwife and to attend Delivery Suite before bed time (from 7pm) for fetal monitoring.

Step - 5

You can continue with your day to day activities and eat and drink as normal.

* Following your assessment either on Delivery Suite or by telephone and there are no concerns or signs of labour, you can stay at home and return the following day to the antenatal ward for admission.

missing word?