

Induction of Labour

Information to help you
make your decision



This leaflet will provide you with information to support you in making a decision that is right for you and your pregnancy journey. We have used the **BRAIN** system to help with your decision:

Benefits: What are the benefits of having an induction of labour?

Risks: What are the risks of having an induction of labour?

Alternatives: What are the alternatives to an induction of labour?

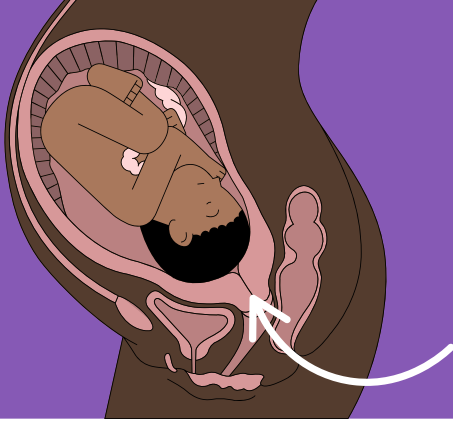
Instinct: Does this feel right for me? What is my gut telling me?

Nothing: What happens if I want to take time to decide?

What is an induction of labour?

Induction of labour is a way to start your labour artificially. It aims to prepare your cervix so it can open and your waters can be broken.

Most women and birthing people will start their labour spontaneously between 37-41 weeks, but some women, about 18% will need to have an induction of labour.



Before labour begins your body prepares for birth by softening, shortening and thinning the cervix.

The cervix will then start to open (dilate) and this preparation of the cervix, sometimes called effacement or ripening, is known as 'the latent phase of labour.'

Induction of labour ward contact number: 0118 322 7825



Induction of labour

Why have I been recommended an induction of labour?

Induction of labour is recommended when it would be safer for you to birth your baby without waiting for labour to start on its own. Some of the reasons you may be offered an induction of labour include:

1

If you have passed your estimated due date, the National Institute of Care Excellence (NICE) recommends offering an induction from 41 weeks of your pregnancy. This is called post dates induction.



2

Any episode of reduced movements of baby after 39 weeks.

3

Having a pregnancy related condition or a new complication relating to your pregnancy:

- Gestational diabetes
- Pre-eclampsia
- Baby is not growing as expected
- If your baby is large for gestational age
- Pregnancy Induced Hypertension (Blood pressure raised)
- Intrahepatic cholestasis of pregnancy (liver disorder), which may raise the risk of complications if you were to remain pregnant



4

You may be offered an induction if you have personal characteristics that are associated with a small increased risk of stillbirth compared to other women. For example:

- Risk of stillbirth for women 40 weeks pregnant and **over 40 years old is 2 in 1000** compared to risk of stillbirth for women 40 weeks pregnant and **under 35 years old is 1 in 1000**

5

If you are having twins or multiple babies, induction can help to reduce the likelihood of complications and increased risk of perinatal death.



6

If your waters have broken but labour has not started (known as Rupture of Membranes).

7

If you have had a previous caesarean birth, you will have an opportunity to discuss your options around having an induction or a caesarean birth if you have not gone into spontaneous labour by your estimated due date.

The risk of the scar opening from your previous caesarean birth (scar rupture) increases during an induction, but the overall risk is still very low. The risk of scar rupture goes from 1 in 200 during a spontaneous birth to 2 out of 200 during an induction.



Making a decision:

Having an induction of labour

Benefits

If you have been recommended an induction of labour, your midwife or doctor will talk you through why this has been offered and what the benefits are to you and your baby. Some benefits include:

- You are given a date to come into hospital to give birth which can be important to some people to help plan and organise.
- You are likely to give birth earlier than if you wait for labour to start by itself.
- Induction reduces the risk of complications - while there is always a small risk of stillbirth at any stage in pregnancy, this risk increases as you go further past the due date. There is a small increased risk of stillbirth from 41 weeks of around 1-2 in 1000 births and this risk increases when pregnancies continue beyond 42 weeks, to around 3 in 1000 births.
- Baby admission to neonatal intensive care unit is reduced by earlier induction at 41 weeks compared to later induction of labour at 42 weeks.
- Induction of labour can reduce the risk of third and fourth degree tears .

Risks

As with any birth there are risks. The risks are evidenced from national studies showing the outcomes following an induction of labour and also feedback we receive around birth experience:


- The induction process can sometimes be long and there may be delays in your induction journey when the maternity unit is particularly busy.
- Your labour could be more medicalised, especially if you need the hormone drip(Oxytocin Drip). Your choices around where to give birth and using the birthing pool are likely to be affected.
- There is a higher chance of requiring intervention during birth.
- It can increase the chance of having an unplanned caesarean birth.
- Studies have shown that women often report being less satisfied with their birth experience when they undergo an induction of labour compared with those who do not have an induction.

What is my likelihood of an unplanned caesarean?

If this is your first baby:

16% 
of women in spontaneous labour have an unplanned caesarean

the likelihood increases to:

40% 
of women who are induced have an unplanned caesarean

If you have had previous vaginal births:

3% 
of women in spontaneous labour have an unplanned caesarean

the likelihood increases to:

10% 
of women who are induced have an unplanned caesarean

Making a decision:

Having an induction of labour

Alternatives

If you are offered an induction, you can choose to:

- Proceed with the induction as offered/recommended, depending on your individual medical needs.
- Discuss a planned caesarean birth.

The safety of these different options will vary depending on your current wellbeing and your baby's medical needs. If you have been recommended an 'urgent' induction of labour because of immediate concerns about you or your baby, the doctor will give you more information about this.

Instinct

If you are unsure whether to go ahead with your induction of labour, some women prefer to make this decision once they have come into the Induction Suite.

Once there, you can meet with the induction of labour midwife, have an assessment of your baby's wellbeing, and check to see if there are any cervical changes. This will help to decide what kind of induction process may be needed.

Nothing

If you choose to delay or decline your induction, please contact the induction of labour midwife or doctor who will talk to you about your individual situation, options and discuss your ongoing care plan.

If your induction is recommended because you are overdue, you will be offered additional monitoring within the Maternity Assessment Unit from 42 weeks (40 weeks if over the age of 40). This will include:

- Checks every two days of your baby's heartbeat using an electronic fetal heart rate monitor (CTG or cardiotocograph).
- Twice weekly ultrasound scans to check the depth of amniotic fluid (waters) surrounding your baby.

These additional checks will give a snapshot of the baby's immediate wellbeing but cannot predict that your baby will continue to be well.

If you are considering having a **planned caesarean birth** rather than induction, we recommend you [read the leaflet](#) by The Royal College of Obstetricians and Gynaecologists. The leaflet gives details on the risks and benefits of a caesarean birth and then contact your midwife or doctor.

3 Stages of induction of labour

Induction of labour has three stages:

1

Preparing your cervix (ripening or softening of the cervix)

Your midwife or doctor will help you to prepare your cervix by offering you:

- a membrane sweep,
- use a hormone pessary called Prostaglandin
- a drug free device called a cervical ripening balloon



2

Watch and wait

Once your cervix is dilated enough, stage 1 is complete and you enter stage 2. Stage 2 is waiting to have your waters broken. The wait can take up to 24 hours. If the delivery suite & birth centre are busy, this may take longer but your midwife will keep you informed.

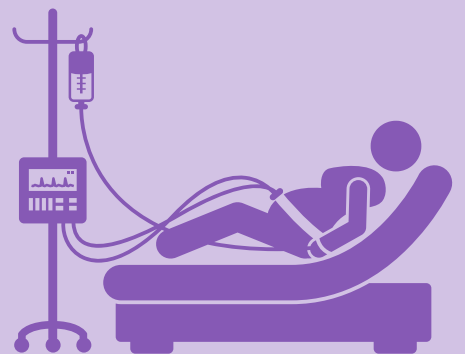
You can wait either on the Induction of labour suite or at home.



3

Baby's waters are broken/ruptured and you may commence the Oxytocin drip if required.

This stage is the start of active labour and will happen on the delivery suite or birth centre.



Stage 1: Membrane Sweep

A membrane sweep is when the midwife sweeps their finger around your cervix during a vaginal examination. This action should separate the membranes of the amniotic sac surrounding your baby from your cervix. This separation releases hormones (prostaglandins), which may start your labour.

It can be carried out from 39 weeks of pregnancy either at home, at an outpatient appointment or in hospital. You can have more than one membrane sweep (we recommend a 48-hour gap between membrane sweeps). A midwife or doctor, will explain the procedure and ensure you are happy to proceed.

If you find the vaginal examination uncomfortable/painful, you can ask them to stop at any time and they will stop the procedure. You may experience a very small amount of bleeding like a 'show' following the procedure. This is because the internal examination involves stretching your cervix. (If bleeding becomes heavy then you must contact the Maternity Triage line 0118 322 7304).

A sweep will not cause any harm to your baby and will not increase the chance of you or your baby getting an infection. If you have a membrane sweep in the hospital you will be offered gas & air (Entonox) if you find the procedure uncomfortable.

Benefits

- The procedure is safe in a low-risk pregnancy.
- Go into labour naturally if successful within 48 hours.

Risks

- Small chance that the membranes (waters) may break during the procedure. If this does happen a more immediate form of induction may be recommended.
- It can be uncomfortable.
- It may not be successful at starting labour.

Alternatives

- Using other natural methods, exercise, acupuncture, nipple stimulation (there is no evidence to support or disprove these methods but some people choose these options).
- Discuss the options of a caesarean birth.

Instinct

- What do you feel is right for you?
- What feels safest?

Nothing

- If you do nothing you may go into labour later.
- Your pregnancy may become prolonged (overdue) and this may be harmful to you and your baby depending on your clinical risk. This should be discussed with your midwife/doctor, so you are fully informed.

Stage 1: On induction of labour ward

When you arrive for your induction, you will be admitted to the induction of labour ward on Marsh Ward (Level 4 of the Maternity Unit) and shown to your bed space/area.

The induction of labour midwife will discuss your plan of care and each stage of induction so you can make an informed decision.

The midwife will then complete several wellbeing checks on you and your baby. This includes:

- Checking your blood pressure
- Pulse
- Oxygen saturation levels
- Urine
- Feel of your abdomen to check baby's position and engagement of the head.
- Your baby's heartbeat

Once these checks have been completed, your midwife will take you through to a private assessment room to complete an ultrasound presentation scan to confirm the position of your baby. For induction of labour to take place, your baby needs to be in a head down position (cephalic).

The midwife will offer you a vaginal examination to see if the neck of your womb (cervix) is open or ripe. Pain relief will be offered to you before the examination and if you find the examination uncomfortable gas and air (Entonox) will be offered to you.

During this examination the midwife/doctor will assess if your cervix has started to open but will also be checking the position of the cervix. They will also check the position of your baby's head in the pelvis, as cervical dilation is only one part of this examination, it is important not to just focus on this or be disappointed if not dilated.

These checks help create what we call a 'Bishop's score' and this is what will be used to help guide you and the midwife/doctor in the most appropriate induction method for you.

The induction process can take several days. For most families birth will happen within 2- 3 days of starting the induction process.

Induction of labour ward



Stage 1: Cervical ripening balloon

What is it?

The cervical ripening balloon (CRB) is a drug free device which is gently passed through the cervix. A catheter (thin tube) is gently passed through the cervix and inflated using a saline solution to fill two balloons. The balloons apply gentle pressure to both the inside and outside of the cervix, encouraging your cervix to shorten, soften and open. This happens over a period of 12-24 hours.

How is it inserted?

It is a bit like having a cervical smear test. The midwife will use a small plastic speculum to insert into the vagina so they can see the cervix. The CRB device is then gently inserted and the two balloons are then inflated with the saline solution.

If you find the process to insert the balloon a little uncomfortable your midwife will offer you gas and air (Entonox) to use if you wish. Part of the CRB (known as the tail) will sit on the outside and can be tucked into your underwear. You may wish to wear a second pair of underwear so that it can be tucked in comfortably between the two.



Image courtesy of Cook Medical

Benefits

- Non-hormonal method of induction.
- Sometimes you can return home with this method if you are having a post dates induction.
- Free to mobilise/rest once inserted.
- No impact on baby.
- Unlikely to cause any uterine contractions.

Risks

- The cervical ripening balloon mimics early labour as it is putting pressure on your cervix.
- You may experience mild to moderate period-like cramps, backache, hip pain and occasional tightening. This usually happens within the first 8 hours after the insertion of the balloon.
- It may have an impact on your bladder - we advise you to go to the toilet as normal (every 3-4hrs). If you are unable to pass urine please let your midwife know.

Alternatives

- Discuss the options of a caesarean birth.
- Prostaglandins

Instinct

- What do you feel is right for you?
- What feels safest?

Nothing

- If you do nothing you may go into labour later.
- Your pregnancy may become prolonged (overdue) and this may be harmful to you and your baby depending on your clinical risk. This should be discussed with your midwife/doctor, so you are fully informed.

Stage 1: Cervical ripening balloon

How is it taken out?

The cervical ripening balloon stays in for up to 24 hours, there is also an option to remove from 12 hours.

If the balloon falls out within 24 hours, this is usually because your cervix has opened enough to have your waters broken. The balloon will be removed between 12 and 24 hours after it has been inserted. This is done by deflating the balloons which will allow the plastic tube to fall out.

You will be offered a vaginal examination to see whether it is possible to break your waters. If you can have your waters broken, you will move to stage two of induction of labour.

For some, it may not be possible to break your waters after the balloon has fallen out or is removed. If this is the case, we will then talk to you about the next steps and this may be to offer you one of the prostaglandin options.

Stage 1: Prostaglandins

What is it?

Prostaglandins (brand name: Propess) are artificial hormones that are used to soften, shorten and open the cervix (dilation) over 24 hours.

How is it inserted?

The prostaglandins are given in the form of a pessary. The pessary looks like a small tampon with a long tail. This is inserted by the midwife during a vaginal examination. If you find the process to insert the pessary a little uncomfortable your midwife will offer you gas and air (Entonox) to use if you wish.

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

Benefits

- Free to mobilise/rest once inserted.
- Helps to soften and dilate your cervix to enable the induction process to continue.
- The procedure is safe in low-risk pregnancy.
- It may increase the chance of a vaginal birth.

Risks

- Most women do not experience any pain until contractions begin, but some may experience tightenings. This is a normal affect of the hormone in the pessary. You can try moving, sitting, rocking on a birthing ball or using a TENS machine to help.
- Some women experience very frequent contractions; this is called hyperstimulation. If this occurs, it may be necessary to remove the pessary. In rare cases, this may cause the baby to become distressed and a caesarean birth may be necessary. Hyperstimulation occurs approximately 5 in every 100 women who have prostaglandin.
- Uncommon effects can include nausea, vomiting, dizziness and palpitations. The midwife on the induction of labour unit will check your observations every four hours and if you are concerned, please tell them
- It may not work.

Alternatives

- Discuss the options of a caesarean birth
- Using other methods of induction of labour.

Instinct

- What do you feel is right for you?
- What feels safest?

Nothing

- If you do nothing you may go into labour spontaneously at a later time.
- Your pregnancy may become prolonged (overdue) and this may be harmful to you and your baby depending on your clinical risk. This should be discussed with your midwife/doctor, so you are fully informed.

Stage 1: Prostaglandins

How is it taken out?

If the string from the pessary comes out of your vagina, you must be careful not to pull or drag on it, as this may cause accidental removal of the pessary.

Please take special care:

- when wiping yourself after going to the toilet
- after washing yourself
- getting on and off the bed

In the unlikely event that the pessary should fall out, please inform the midwife immediately. The pessary will need to be reinserted.

After 24 hours, the midwife will remove the pessary during a vaginal examination and the midwife will check to see if your waters can be broken. If you can have your waters broken, you will move to stage 2 of induction of labour.

For some it may not be possible to break waters after the pessary has fallen out or is removed. If this is the case, we will then talk to you about the next course of action which may be to offer you a second pessary.

Stage 1: Prostaglandin gel

What is it?

Prostaglandin gel (brand name: Prostin) are artificial hormones that are used to soften, shorten and open the cervix (dilation) over 6–8 hours. This is used if a cervical ripening balloon or Propess has not been successful, or if your waters have broken at term but your body has not started to go into labour.

How is it inserted?

Prostin gel is put in using an applicator. The applicator looks like a small pen and is inserted by your midwife during a vaginal examination. You may find the process a little uncomfortable as the midwife will place the applicator behind your cervix. Once in place, the gel will be released and the applicator removed. During the process, your midwife will offer you gas and air (Entonox) to use if you wish. Once the gel has been inserted you will be asked to lie on your side for 30 minutes to allow the gel to be absorbed. We will also monitor your baby for the first hour.

Benefits

- Free to mobilise/rest once inserted.
- Helps to soften and dilate your cervix to enable the induction process to continue.
- The procedure is safe in low-risk pregnancy.
- It may increase the chance of a vaginal birth.

Risks

- Most women do not experience any pain until contractions begin, but some may experience tightenings. This is a normal affect of the hormone. You can try moving, sitting, rocking on a birthing ball or using a TENS machine to help.
- Some women experience very frequent contractions; this is called hyperstimulation. In rare cases, this may cause the baby to become distressed and a caesarean section may be necessary. Hyperstimulation occurs approximately 5 in every 100 women who have prostaglandin.
- Uncommon effects can include nausea, vomiting, dizziness and palpitations. The midwife on the induction unit will check your observations every four hours and if you are concerned, please tell them
- It may not work.

Alternatives

- Discuss the options of a caesarean birth.
- Using other methods of induction of labour.

Instinct

- What do you feel is right for you?
- What feels safest?

Nothing

- If you do nothing you may go into labour later.
- Your pregnancy may become prolonged (overdue) and this may be harmful to you and your baby depending on your clinical risk. This should be discussed with your midwife/doctor, so you are fully informed.

Stage 2: Watch and wait

Once you are ready to have your waters broken, you will start stage 2 of induction of labour. In some cases you may not go through stage 1 of induction as your body has already prepared the cervix by opening it enough so that your waters can be broken.

When you are ready for stage 2, we will check if Delivery Suite or Rushey birth centre are able to safely accept you, and whether there is a midwife available to break your waters and support you during the birth.

If you are ready, we aim to transfer you to Delivery Suite and Rushey birth centre within 24 hours but during particularly busy times, there may be a delay in the transfer process. We prioritise care according to clinical condition and level of risk to women and their baby's wellbeing.

We realise this can be frustrating as you are ready to progress to the next step. Every case is assessed, and we look at your personalised induction of labour and birth needs, based on why you are being induced and how we can give you the safest birth possible. We will communicate clearly so you are aware of any delay and update you regularly. During this time your midwife will continue to do regular wellbeing checks on you and your baby.

Watch and wait at home

There is a possibility that you may be able to complete this stage at home. If your body was already prepared for your waters to be broken, then the induction of labour midwife can discuss about waiting at home including wellbeing checks. If you have been through stage 1 of induction and wish to wait at home during stage 2, a doctor will need to be informed, and an individual plan made.

Top Tips for Induction of Labour



Eat and drink as normal



Keep active and moving,
use birthing balls



Let your midwife know if you have regular contractions (1 every 5 minutes) your waters break or any pain you are worried about



Patience is key - induction can be long. Your midwife will keep you informed of any delays



Use relaxation techniques, read a book or watch a film

Stage 3: Having your waters broken and starting hormone drip

For the final stage you will go to the Delivery Suite or Rushey birthing centre to have your waters broken and start your labour journey.

To break your waters, your midwife or doctor will do a vaginal examination and use an amnihook to make a hole in the bag of water around your baby. This will cause no harm to your baby but may cause some discomfort during the process, your midwife will offer you gas and air (Entonox) to use if you wish. If you would like to have any further pain relief options before this procedure, please speak to your midwife.

Once your waters have been broken, if your contractions have not started after four hours, you will be offered an assessment to see how you are progressing and at this stage you may be offered to start the Oxytocin drip.

If your midwife or doctor have any concerns about you or there are infections risks for your baby, including Group B Streptococcus, they may recommend starting the Oxytocin drip as soon as your waters are broken.

What if my baby's head is high?

It may have been discussed that although the cervix is ready to have your waters broken, your baby's head is high. This means that your baby's head although down (cephalic), may not be fully engaged into the pelvis and because of this, there may be a risk of cord prolapse.

A cord prolapse is a medical emergency, this is when the umbilical cord slips down in front of the baby after the waters have been broken. The cord can then slip through the cervix which can reduce the amount of blood flowing and the amount of oxygen going to the baby. The risk of cord prolapse is very low.

If your midwife or doctor is concerned that your baby's head is high in the pelvic brim, they may recommend breaking your waters in an operating theatre. If there is a risk of a cord prolapse, you are in the best place for an emergency caesarean.

What is the Oxytocin drip?

Oxytocin is a synthetic hormone that encourages contractions and will be given to you through a drip in the delivery room. Oxytocin enters your bloodstream through a tiny tube into a vein in the arm (cannula). Once contractions have begun, the rate of the drip can be adjusted so that your contractions occur regularly until your baby is born. While you are being given Oxytocin, the midwife will monitor your baby's heartbeat continuously.

If you require Oxytocin we are unable to offer the Rushey birth centre because the baby's heart beat will need constant monitoring.

What are the side effects of having the Oxytocin drip?

Oxytocin can make your contractions stronger and more regular, it can start to work quite quickly, so your midwife will talk to you about your options for pain relief. Some women choose an epidural at this stage.

As Oxytocin is given by a drip attached to your arm, it can limit your ability to move around. It is still possible to use many different positions for labour and birth whilst on a drip, your midwife will help to show you these.

We will monitor your baby's heart rate continuously using a CTG, as there is a low risk that Oxytocin may cause the womb to contract too much, which may affect the pattern of your baby's heartbeat.

Pain management options

During induction of labour

Women will experience their induction of labour in different ways and will choose different options to manage pain or discomfort that suits them.

There are a range of pain management options we can offer and support you with on the induction of labour ward:

Pain management options during induction of labour:

Relaxation and breathing exercises, hypnobirthing



Position changes



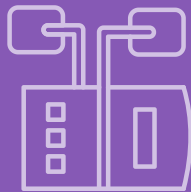
Warm bath or shower



Pain relieving injections - diamorphine or morphine (opiate based)



TENs machine



Oral medication - paracetamol or codeine



Gas and air (Entonox)



The induction of labour ward

Where are we?

The induction of labour ward is found on Marsh Ward, Maternity Unit, Level 4 at the Royal Berkshire Hospital.

The team

The induction of labour team are specialist trained midwives who will care for you through your induction. They are supported by the maternity staff who will also provide care for you on Marsh Ward.

There is an allocated induction midwife for each shift (both day and night).

Midwives normally wear navy blue uniform and you may see student midwives in grey or green uniform. Our maternity support workers are in a pink uniform.



All members of the team caring for you will introduce themselves and their role to you. Please do feel free to ask us if we forget to tell you, or if you forget during your time with us.

Relaxation area

The induction of labour relaxation area is a cozy spot set up to help you relax and pass the time while waiting.

It has yoga mats and balls to encourage gentle stretching and help ease any discomfort. There are also colouring books and board games to keep your mind busy.



Question and Answers

What if I am unsure if I want to have my induction of labour?

If you are unsure about whether to have an induction of labour, please contact the team on 0118 322 7825 and the midwife can have a chat with you or arrange for you to come for a well-being check.

Can I be induced before my due date?

We do not usually offer an induction without a clinical need before 39 weeks. There is evidence to suggest that babies born between 37 and 38 weeks are twice as likely to be admitted to the neonatal unit for specialist care than those born after 39 weeks.

There is also some evidence that shows long term outcomes are affected by the the number of weeks at which a baby is born due to the ongoing development of their brain which continues throughout pregnancy. The risk of the baby having special educational needs is 6% at 37 weeks and reduces to 4.4% risk at 40 weeks.

What should I do on the day of my induction of labour appointment?

You will receive a text message to confirm your appointment, if your appointment is at the weekend, you may receive this text message on the Friday before. On the day of your induction you will receive a text, please wait for a call from us before you come into hospital.

Sometimes we may offer you an earlier date and time if we are quiet on the ward or if we are busy then there may be a delay in your appointment and we will contact you about this.

If you have not been contacted by 8pm on the day of your appointment, please call the induction team on 0118 322 7825. If there is no answer straight away please try again.

Will my baby come the same day as my induction of labour?

Having a baby is very unpredictable so we cannot say exactly when your baby will arrive. An induction of labour can be a slow process, as we are supporting your body to make the changes that are needed for labour. This means it can take longer and your baby may not be born on the same day of your induction.

How long will I wait to go down to Delivery Suite?

The induction of labour team work closely with the delivery team to ensure we safely transition you within 24 hours to delivery for the next stage in your care.

During times when Delivery Suite is busy, there may be a delay in breaking your waters. Your midwife will keep you updated as much as possible as we know this can be a frustrating time. We prioritise our patients based on their clinical needs and your safety is always our first priority.

Can my birth partner stay with me during my induction of labour?

Yes you can have one birth partner stay with you during your induction of labour. Each bed space has a recliner chair for your partner to stay. There are toilet facilities but unfortunately no shower facilities for your birth partner.

What should I bring with me for induction of labour?

You'll need enough clothing items and essentials for yourself for a few days as well as clothing for your baby. There is limited space so we suggest packing a second bag which can be retrieved from the car, or brought in by visitors once your baby has arrived. Your partner will also need to pack a bag of essentials (change of clothes, wash bag).

Question and Answers

Can I eat and drink during induction of labour?

We encourage you to eat and drink as normal during your induction of labour. As an inpatient you will be offered a choice of options for breakfast, lunch and dinner. Your birth partner will need to arrange their own food. You are more than welcome to bring in your own food and drink, and use the family kitchen to store this.

Where can I park?

We offer free parking during your induction and birth. Please park in the multi storey park on Craven Road in visitor parking. The car park uses ANPR (automatic number plate recognition), so you don't need a ticket and normally pay on exit. Free parking is only valid during your induction and the day of birth, after you will need to pay for parking.

When you, and/or your birthing partner leave, please ask the midwife for a parking pass – you will need to go to the security desk near M&S Food to register your car, and you will be able to exit the car park. If you, or your birthing partner need to come and go during the induction please make sure you repeat this process each time. Once your baby arrives you will need to then pay for parking at the pay stations or via the app before leaving the car park.

Can I collect my colostrum on the induction of labour ward?

Colostrum is the first milk you will make and sometimes known as 'liquid gold,' as it helps to regulate your baby's blood sugar, protects from infection, increases bowel movements and is easy to digest.

Your induction is a great time to practice hand expressing. If you collect some colostrum, you can safely store it in our freezer until your baby arrives.

[This video shows you how to hand express.](#) Ask your midwife about infant feeding classes on the ward, if you would like any further guidance or if you would like any syringes, pots, labels or colostrum storage information. We can safely store your colostrum until your baby arrives.

