THE MUSLIM MOTHERHOOD

Understanding Induction

Your methods explained

If induction is offered, you're entitled to understand what's actually involved before deciding. This is a plain-language walkthrough of the methods used in UK maternity care — what each one is, what to expect, and the questions worth asking.

You may be offered an induction during pregnancy — sometimes as an option, sometimes because it becomes medically necessary. Whatever the reason, you're entitled to ask questions, understand the risks and benefits and take the time you need to reach an **informed decision with your care team**.

1 Membrane sweep

Usually offered from around week thirty-nine and positioned as an informal induction, a midwife will conduct an internal examination and sweep their fingers around your cervix to help separate the amniotic sac membranes, which can help labour start naturally.

What to expect: can feel uncomfortable or crampy for a short time; may cause some spotting. It doesn't always work, and can be repeated or declined.

2 Prostaglandin (gel, pessary, or tablet)

A hormone-based medication placed in the vagina to soften and "ripen" the cervix, encouraging it to open ready for labour.

What to expect: usually given on a labour ward or induction unit; you'll be monitored afterwards. It can take several hours, or more than one dose, before contractions start.

3 Balloon catheter

A thin tube with a small balloon on the end, inserted into the cervix and gently inflated to apply pressure and encourage it to open — a mechanical alternative to hormonal methods.

What to expect: can feel uncomfortable during insertion; often used when prostaglandin isn't suitable or hasn't worked. Usually stays in for several hours before being removed or falling out on its own.

4 Membrane rupture (AROM)

Also known as breaking your waters — a small hook-like instrument is used to break the amniotic sac during an internal examination, which can bring on or strengthen contractions.

What to expect: usually described as feeling like a warm gush; the examination itself may be uncomfortable. Often used alongside, or shortly before, an oxytocin drip.

5 Oxytocin drip (Syntocinon)

A synthetic version of the hormone oxytocin, given through a drip in your arm to start or strengthen contractions.

What to expect: continuous monitoring of your baby's heartbeat is standard with this method; the dose is increased gradually, and contractions can feel stronger or come on faster than in unmedicated labour.

QUESTIONS WORTH ASKING ABOUT ANY METHOD

B — Benefits: What are the benefits of this, for me or my baby?

R — Risks: What are the risks?

A — Alternatives: What else could we try instead?

I — Intuition: What does my gut say?

N — Nothing: What if we wait, or take more time?

Why is this being recommended for me specifically? What happens if I wait, or say no? How long will we try before considering the next step? What does this mean for my other birth preferences?