

## Introduction

In 2019, the induction of labour (IOL) rate in Dumfries and Galloway Royal Infirmary (DGRI) was 41.6%, the highest rate in Scotland. This compares to a 31.4% rate of IOL across Scotland in that year. In 2019 the spontaneous birth rate was 61.7%, higher than the 54.1% Scottish average.

The objective of this audit was to compare our local practice to the standards set in the DGRI IOL guideline (2021), to assess whether indication and patient counselling were documented and to identify areas for improvement.

## Design

A retrospective review of all IOL patients who delivered between 01/01/2021 and 30/06/2021 at DGRI.

## Methods

All births over this 6-month period were identified using our electronic maternity notes system, Badgernet. All patient who underwent IOL were included. Patients who laboured spontaneously or had elective sections were excluded as well as all deliveries <24 weeks. Patient demographics were collected as well as indication for IOL, whether second round of IOL required and mode of delivery.

## Results

The total of 201 patients were induced, giving an induction rate of 38%. The commonest indication for IOL was a post-dates pregnancy (15.3%), followed by fetal growth concerns (13.8%) and diabetes (10.5%). Maternal request accounted for only 3.3% of all IOL. The failed IOL rate was only 7% with 93% of women successfully labouring. The majority of women who were induced had a spontaneous vaginal birth (73%). The caesarean section rate for the whole cohort was 20%. For women who had caesarean sections, this was performed before completion of the first round of IOL in 53%. Where the first round of IOL was unsuccessful, women opted for a rest and second attempt in 72% of cases, with a 67% spontaneous vaginal rate following a second round.

## Conclusions

This review of IOL demonstrates that although the rate of IOL is high, the vaginal birth rate (both spontaneous and assisted) is excellent (80%). The rate of instrumental delivery is consistent, despite the high IOL rate. The communication and discussion with the patient have been documented only in 70% of cases. Although most women had appropriate indications for IOL, only 55% of bookings were documented in electronic notes. The rate of spontaneous vaginal birth is good following the second round of IOL. However, there is still room for improvement.

This data can be used within our department to highlight the importance of appropriate counselling and a defined IOL indication. Education has been implemented on the importance of completing the IOL electronic booking form accurately to allow more accurate review when this audit is repeated in 6 months.