

How is the induction of labour going? Improving patient and staff experience at Lister Hospital

Dr Zofia Witkowska, FY1 (zofia.witkowska1@nhs.net); Miss Rabia Zill-e-Huma, O&G consultant (rabia.zill-e-huma@nhs.net)

East and North Hertfordshire NHS Trust

Aim: to evaluate the patient experience of induction of labour (IOL) at the Lister Maternity unit (Stevenage, UK) and to evaluate staff feedback on the IOL process with an overall aim to review and improve service

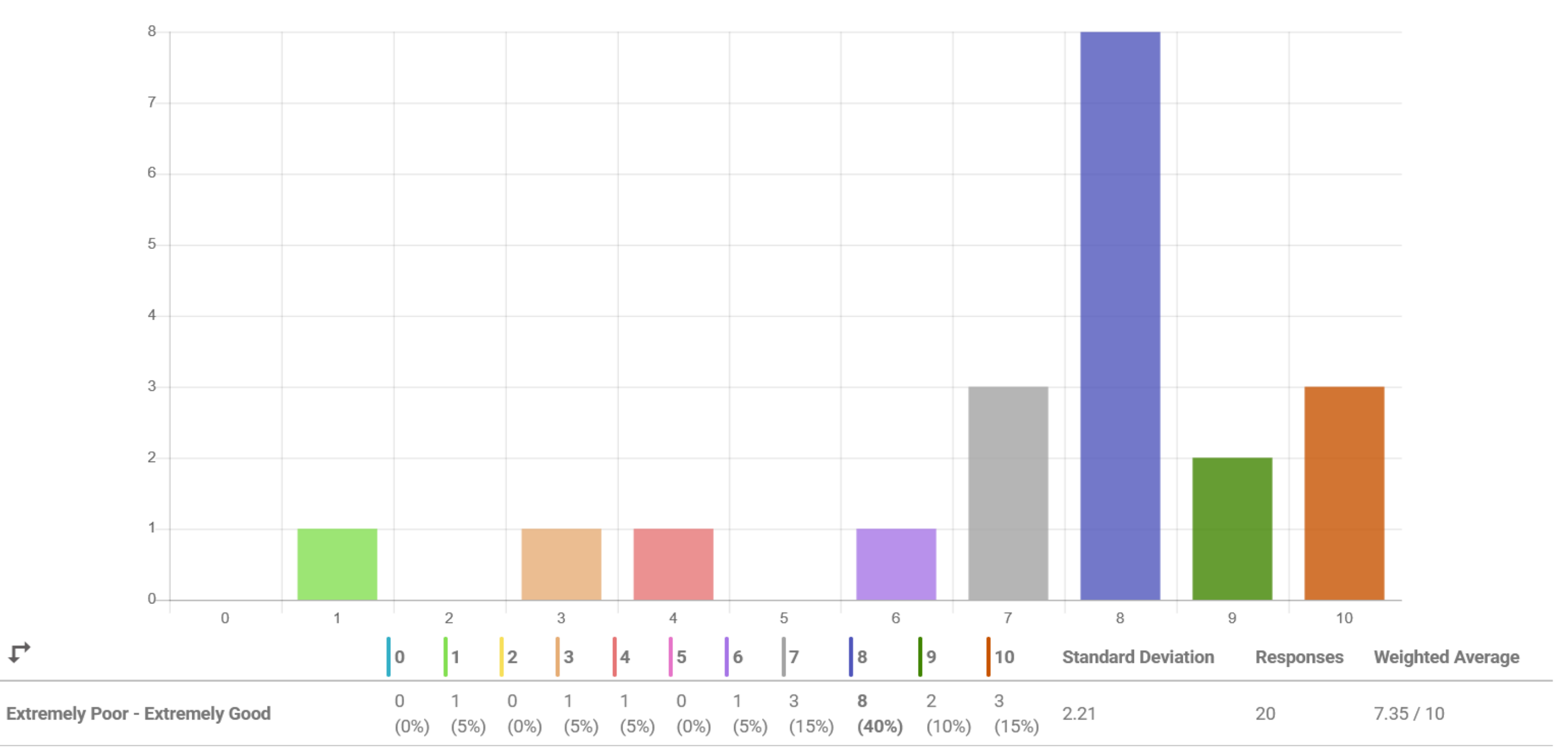
Method: data collection using paper and electronic questionnaires from Oct 2021 – April 2022; separate survey for patients and for staff

Staff survey outlined following issues:

More staff	Better communication	Friendly space	Other
‘more midwifery support on Dacre, with at least one midwife for 4 inductions’ ‘senior midwifery staff support to midwives on ward’ ‘more staff to provide adequate care’	‘communication beforehand when consenting is key’ ‘explaining realistic information about the process length, delays and how it will work should help’ ‘video information’ ‘more accessible information prior to attending Dacre’	‘ward TVs’ ‘coffee bar available to patients and visitors, relaxation room where women can sit and chat together, maybe even support each other during IOL process’ ‘relaxation rooms, better and more comfortable sofas for birth partners, another bath’	‘a standardised system’ ‘reduce the amount of ongoing inductions that are allowed and give women additional monitoring instead of starting inductions we cannot then facilitate resulting in women just sat waiting’ ‘kindness and compassion’

Main outcomes of the patient survey:

- Most common reason for IOL in the surveyed group was IUGR, with majority of inductions at term
- Overall, **18** women (85.7%) reported **good understanding** of the IOL process , but only **57%** of women felt that they were provided with an appropriate explanation at the time of booking
- Almost all (**95%**) of women **felt comfortable** asking questions during their IOL.
- A third of women, 7 out of 21, (**33.3%**) experienced a delay in their induction of labour
- Overall rating of experience: **average score of 7.35 out of 10** (range demonstrated below)



Issues highlighted by patient survey:

- The main concern was **delays** and lack of effective communication when they occurred
- Several women asked for improvement in **communication** during the process
- Some comments were made on the quality of facilities available
- Need for improved **access to information**

It was also noted that new NICE guidelines may mean that number of inductions increases further and hence emphasised the issues of delays.

Based on both surveys, solutions suggested focused on the following areas:

- 1) Creating a clerking proforma
- 2) Improving access to information (leaflets/video)
- 3) Introduction of a RAG system for inductions
- 4) Improving Communication
- 5) Review of staffing levels (dedicated IOL team)
- 5) Review the impact of the new guidelines
- 6) Staff satisfaction
- 7) Facilities

Advantages of revised leaflet/video/proforma:

- Improve communication with women in different formats
- Improve the consistency, expectations and efficiency of the information provided

RAG system:

- Scoring system for inductions
- Enable staff to accommodate workload for the day and create realistic expectations for women

Communication among clinical areas:

- Consultant ward rounds to review IOLs and communication with women
- Matron support and updates to wards about acuity in the unit
- Enables to plan referrals to other units or acceptance from other units of any delayed ongoing IOLs

Other:

Sharing information within the wider LMNS (local maternity service network) to review and improve the wider services.