

Midwifery-led induction of labour clinics: Blueprint for the future of induction?

Dr Chineze Otigbah
Miss Eleni Papadopoulou
Miss Melissa Coventry

Consultant Obstetrician
Midwife
Midwife

Miss Joanne Correlis
Mrs Susan Calder
Midwife
Matron



► Patient with Midwife in the induction of labour clinic.



► Midwife at the induction of labour clinic.

Objective

To show that midwifery led induction of labour clinics can contribute to achieving the NICE quality standards for induction of labour, including the provision of individual patient guidance, administration of inducing agents, triaging of induction and data collection.

Design

Prospective audit of all women who attended the midwifery led induction of labour clinics between January 1st to 31st December 2022 at a large maternity hospital in Essex.

Methods

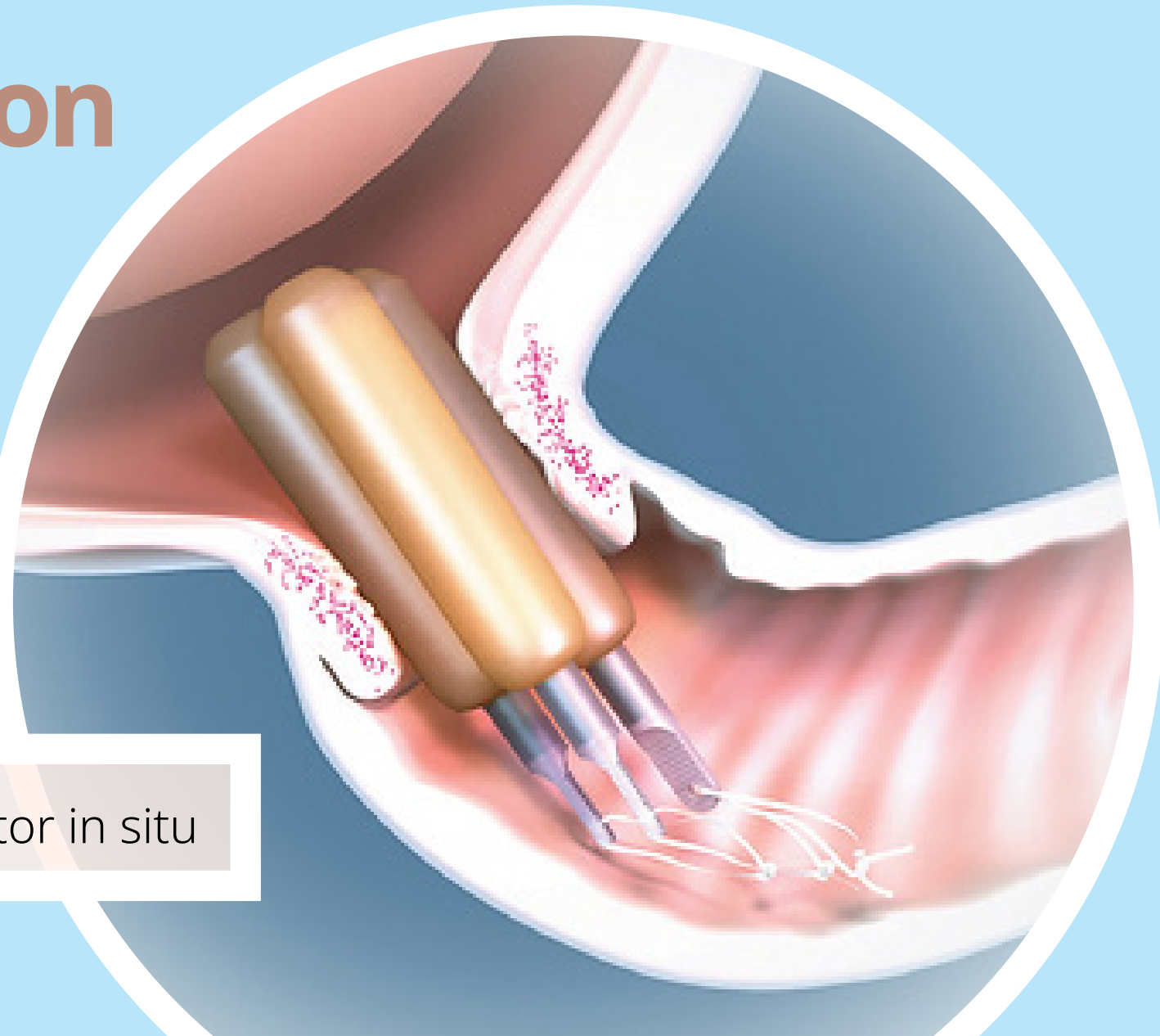
- The induction of labour clinic was created and staffed by three band 6 midwives over seen by a consultant obstetrician.
- The clinic was situated in the obstetric day unit with access to computerised cardiotocograph monitoring and ultrasound scanning.
- It provided for both inpatient and outpatient induction of labour.
- Osmotic dilators (Dilapan-S) were used as the primary induction agent due to their safety profile and licensed use for out-patient induction.
- The midwives underwent a training programme on how to insert the osmotic dilators by a senior obstetrician with an interest in induction of labour.
- This included a lecture, hands on training with competency assessments.
- The inductions were stratified according to risk.
- This allowed the midwives to book and re-organise inductions in terms of clinical need especially when there were capacity/staffing issues.
- It enabled midwives to pre-warn patients of possible delays at the time of booking the induction.
- It enabled re-assessment of the women whose inductions had to be deferred.

Queen’s Hospital induction of labour prioritisation RAG rating tool

Level 1 within 24 hours	Level 2 between 24-48 hours	Level 3 between 48-72 hours
• 42 + weeks gestation • Sub-optimal Doppler • Severe PET • SGA at or below the 3rd centile • Static AC (crossing centiles) • APH at term • PPROM at term (at or > 37 weeks) • PPROM preterm with other indications • IDDM LGA/ poor glycaemic control • Severe Polyhydramnios • Rhesus Iso immunisation • Obstetric cholestasis bile acid 40-100 • Reduced fetal movements with other risk and ultrasound features including abnormal Doppler, CTG, lack of movements on ultrasound • Previous SB with recurring condition, (severe placental problems, eg DVM) • Other	• 40+10 • Mild PIH • GDM, with or without metformin, well controlled • Reduced growth velocity, normal Dopplers, Normal AC • Obstetric cholestasis bile acid <40 • Growth on 10th centile • Other	• Maternal request • Maternal age • IVF with no other risk factors • SPD • LGA without diabetes • Previous C/S without other risk factors • Previous still birth without recurring conditions (eg early SB fetal anomaly) • Pregnancy pruritis with normal liver function • Other
• Level 1(red) rated inductions are not to be deferred, or have dates changed and take precedence over level 2 and 3 (amber/green) rated inductions. • Level 2/3 inductions may be booked with a 1-2/2-3 day deviation from recommended date. These patients are pre-warned about date changes at the time of booking the induction. • Dates can only be changed once. • All women having their date changed attend for re-assessment before the date is changed.		

Intermediate risk criteria for outpatient induction

Post-dates	SPD
Maternal request	LGA without diabetes
GDM diet controlled/metformin normal growth velocity	IVF with no other risk factors
Maternal age no other risk factors	
SGA above 10th centile with normal Dopplers	
Pregnancy pruritis with normal liver function	



► Dilapan-S Osmotic dilator in situ

Methods

- Patients were booked through a shared hard drive referred from maternity triage, community and antenatal clinics.
- In the clinic the women had a second opportunity to discuss the induction process and see an obstetrician if required.
- An excel spread sheet was used to collect patient data prospectively.
- After the procedure a patient satisfaction survey was completed.

Results

- In 2022, 7119 women were delivered at Queens hospital Essex.
- The overall induction of labour rate that year was 27.%.
- 14% (995) were induced in the midwifery-led clinic (all women with pre-labour ruptured membranes and high risk women were induced as inpatients).
- 35% were outpatient inductions.
- The incidence of maternal antibiotic use was 14.5% of which 5% was for suspected sepsis or chorio-amnionitis.
- Fifteen (1.5%) of babies were admitted to NICU mainly due to cardiotocograph abnormalities and poor adaptation to extra-uterine life.

Conclusion

- Midwifery led induction of labour clinics are safe.
- They contribute to improved provision of care to women and address many of the NICE quality standards for induction of labour.
- This innovative way of working enables close monitoring and audit of the process, safe triaging with guidance and senior supervision thus blunting the peaks and troughs of activity in over subscribed units whilst coping with increasing rates of induction of labour.
- The clinic enables the acquiring of patient satisfaction data to guide service development.

References

- NICE guideline [NG207]Published: 04 November 2021



▲ The team use the induction of labour prioritisation RAG rating tool.

