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INDUCTION OF LABOUR PROJECT / CWM TAF UNIVERSITY HEALTH BOARD

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Abstract

Abstract Background:

This project is a Quality Improvement Project performed using PDSA, aiming to improve the IOL services at Cwm Taf University Health Board by ensuring appropriate indications for induction of labour been offered to all women beside improving maternal and neonatal outcome and in doing so, improves patient satisfaction with our maternity services after optimising our IOL processes.

References : Inducing Labour / Nice Guidelines, Induction Of Labour / Cwm Taf University Health Board.

Methodology of Induction of Labour Project: this project done over two cycles.

First Cycle:

137 IOL Patients involved , from 1st/May /2020 to 1st/July /2020. Range of gestation 34+5/40 -40+14 weeks, 75 Primigravida and 62 Multigravida.

Results:50% only of those patients were offered membrane stretch and a sweep,68 % of women had a documented discussion about the method of IOL, risks and benefits with verbal consent during booking consultation, 28 % had no documentation in the notes and 5 patients had no Performa, 87 % of patients did not have delay in the induction of labour process,13% delayed, the main reason for the delay was due to labour ward Acuity which affected 50 %, 22 % due to medications not charted and rest were due to CTG concerns and unknow reasons, The length of time from start of IOL to delivery was ranging between 2 hours – 153 hours, the longest IOL was in a primigravida patient who was induced for Intrauterine growth restriction and gestational diabetes, had 2 rounds of IOL, ended up in a prelabour caesarean section.

Maternal complications reported in 25%, Neonatal complications 7%.

Second Cycle:

58 IOL patients involved, from 1st/October/2022 until 31st/October/2022, 28 primigravida and 30 multigravida, Gestation between 37+1-40+14 weeks.

Results : Membrane stretch and sweep 57%, Documentation increased to 95%, 5% no documentation, Delayed IOL 13% due to shortage of staff, Length of time 57 minutes to 69 hours, patient who had 69 hrs IOL delivered by Caesarean Section for failed IOL, Maternal complications 20%, 0% Neonatal complications, Caesarean Section rate decreased from 19% to 18%, Operative Vaginal Birth 4%.

Conclusions/ Improvement Steps following first cycle;

Induction of Labour Performa introduced with detailed discussion about IOL process, offering membrane stretch and sweep, indications for IOL ,Medication chart all should be completed appropriately with the Performa.

Patient information leaflets created ;this can be used by patients Electronically in the form of a sticker in the notes.

Mechanical Dilators introduced in the form of (Dilopan) with continues Educational Programs about it.