

Background

- Induction of labour (IOL) is a common obstetric intervention
- Being performed in over 20% of maternities in the UK.
- It is indicated when interrupting the pregnancy is thought to be safer for the mother or the baby
 - Than allowing gestation to continue.
- When discussing IOL the balance between potential benefits + complications of IOL should be considered.
- In many circumstances the decision is not clear cut
 - Early delivery may be associated with benefit for the mother but risks for the baby, or vice versa.
- For example, IOL for moderate pre-eclampsia at 36 weeks of gestation may avoid maternal complications
 - But is associated with the increased risks of prematurity.

Aims & Objectives

Aim

- Assist NHS providers to determine whether the service is in compliance with:
 - The local maternity services guideline - Induction of Labour (IOL)
 - Revision No. 6
 - Approved date: 25/07/2021, Review Date: 25/07/2023

Objectives

- Audit failed induction of labour in nulliparous patients
- To assess if their management is compliant with the local maternity guideline on induction of labour
- At the Medway Maritime Hospital

Induction Of Labour Indications

- Prolonged pregnancy
- Maternal diabetes (including gestational diabetes)
- Twin pregnancy
- Prelabour rupture of membranes
- Fetal growth restriction and suspected in utero fetal compromise
- Hypertensive disorders in pregnancy and other maternal medical conditions
- Maternal request
- History of precipitate labour
- History of reduced fetal movements at term
- Suspected fetal macrosomia

Induction Of Labour Contraindications

- Induction of labour is contraindicated where vaginal delivery is contraindicated.
- Absolute contraindications to induction of labour include:
 - Placenta praevia/vasa praevia
 - Transverse lie
 - Prolapsed umbilical cord
 - Active genital herpes (first episode in third trimester - not recurrent herpes)
 - Previous classical uterine incision
 - Maternal or fetal anatomical abnormality that contraindicates vaginal delivery.
- Relative contraindications to vaginal delivery (and, therefore, induction of labour) include:
 - Triplet or higher order multiple pregnancy
 - Breech presentation
 - Two or more previous low transverse caesarean sections.

Method

- Retrospective audit from 01/09/2021 to 30/01/2022
- 147x patients were identified during this period with a management plan for IOL
 - Reduced to 8x patients after applying the Inclusion + Exclusion criteria as per this audit
- Data collected from patient case note reviews + Euroking searches
- 6x Standards created using IOL Trust guideline

Inclusion Criteria

- Primigravida
- Failed Induction Of Labour due to unable to perform Artificial Rupture of Membranes
- Induction of Labour for:
 - Post Dates at 40+7/40 Weeks Gestation / Reduced Fetal Movements
 - Large for Gestational Age / Essential Hypertension / Preeclampsia
 - Symphysis Pubis Dysfunction / Prolonged Rupture Of Membranes
 - Abnormal Dopplers / Maternal Request / Intrauterine Growth Restriction
 - Gestational Diabetes Mellitus / Obstetric Cholestasis

Exclusion Criteria

- Failed IOL due to Failure To Progress In Labour (60x Patients Excluded, 40.8% Reduction)
- Failed IOL due to Pathological CTG (36x Patients Excluded, 24.5% Reduction)
- Multiparous (21x Patients Excluded, 14.3% Reduction)
- Maternal Request For Not Wanting To Continue With IOL (12x Patients Excluded, 8.2% Reduction)
- Failed IOL due to Failed Instrumental Delivery Requiring LSCS (3x Patients Excluded, 2% Reduction)
- Failed IOL due to Chorioamnionitis (2x Patients Excluded, 1.4% Reduction)
- Maternal Request For Exhaustion (1x Patient Excluded, 0.7% Reduction)
- Maternal Request As Unable To Tolerate Vaginal Examination Due To Sexual Abuse History (1x Patient Excluded, 0.7% Reduction)
- Removal Of Propess Causing Hyperstimulation + Not Reintroducing Propess Due To Potential Hyperstimulation Recurrence (1x Patient Excluded, 0.7% Reduction)
- Ballotable Fetal Head + ARM-Able, But Controlled ARM Not Done (1x Patient Excluded, 0.7% Reduction)
- Failure To Progress In 1st Stage Of Labour On Syntocinon + Preterm SROM (1x Patient Excluded, 0.7% Reduction)

Total Patients Excluded From Original Sample Identified = 139x

Standards Measured

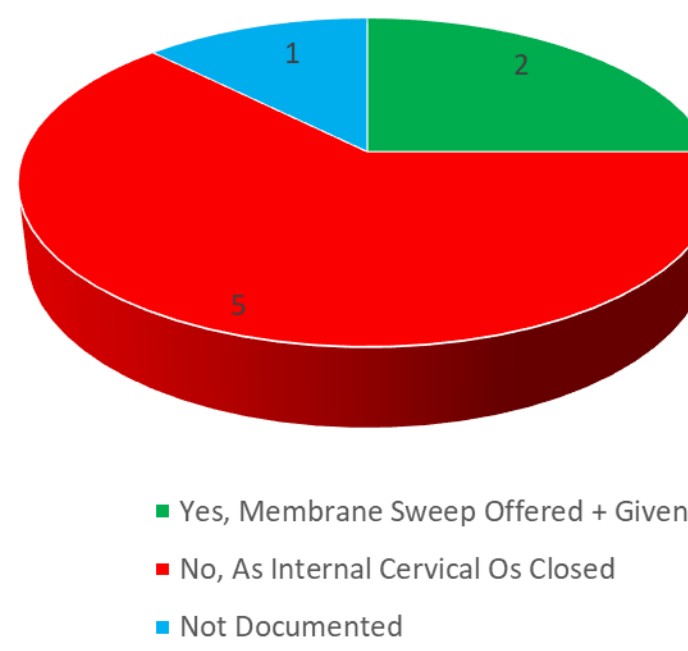
Number	Criteria To Be Measured	Required Compliance (%)
1	Membrane sweep should be offered to all women from 39+0/40 - 40+0/40	100%
2	Induction of Labour leaflet provided to all women and documented	100%
3	2nd dose of Propess inserted if modified Bishop's score $\leq$ 6	100%
4	Vaginal examination performed by SpR or Consultant for 2nd dose of Propess	100%
5	If Induction of Labour fails, Consultant obstetrician should discuss further management with woman + document plan in records	100%
6	Syntocinon Infusion Trial considered for failed Induction of Labour to try to achieve cervical dilation sufficient for Artificial Rupture of Membranes after discussion with consultant on call	100%

IOL Audit Results Of 8x Primigravid Patients That Were Not ARM-Able

Standard 1: Membrane Sweep Should Be Offered To All Women From 39+0/40 - 40+0/40

•Standard Ideal Target = **100%**

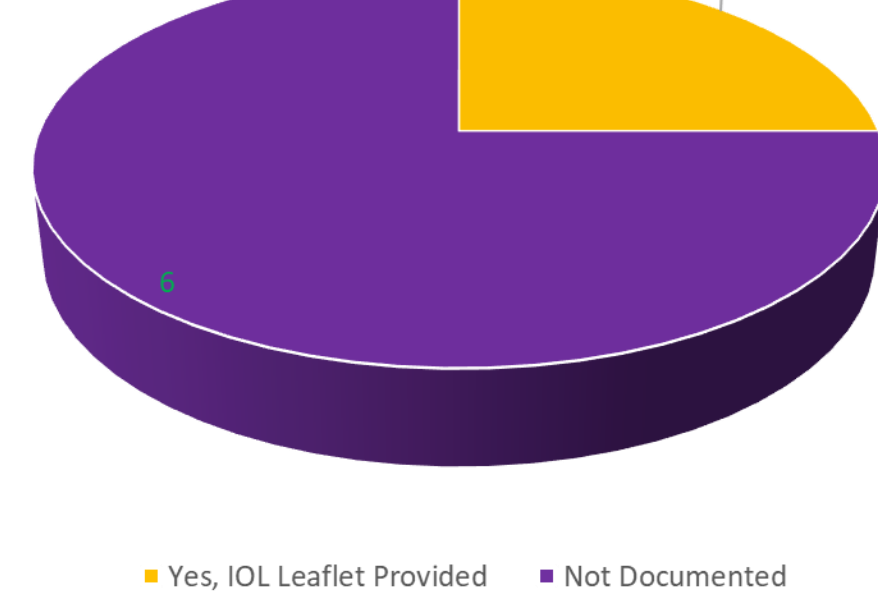
•Standard Achieved = **87.5% (Offered, but unable to perform membrane sweep in 5x patients)**



Standard 2: Induction Of Labour Leaflet Provided To All Women And Documented

•Standard Ideal Target = **100%**

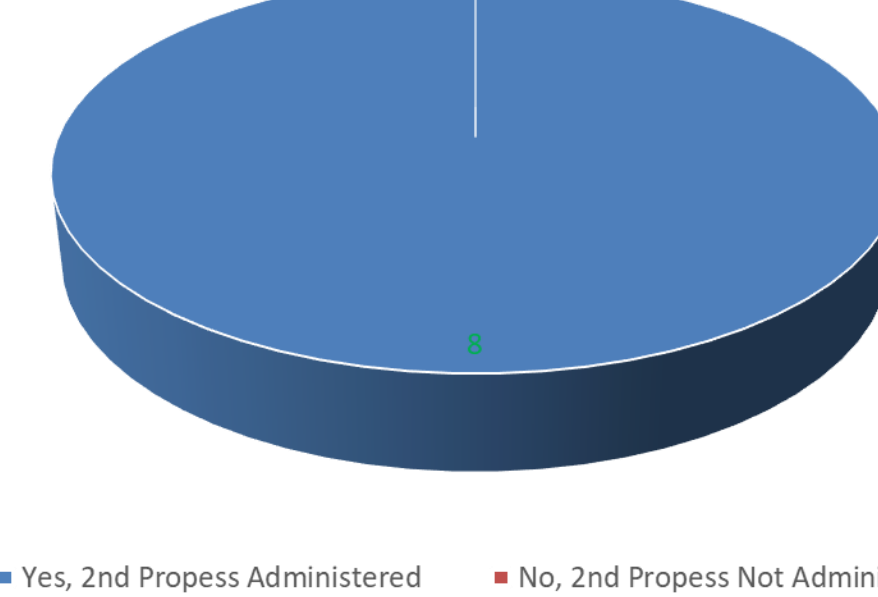
•Standard Achieved = **25%**



Standard 3: 2nd Dose Of Propess Inserted If Modified Bishop's Score $\leq$ 6

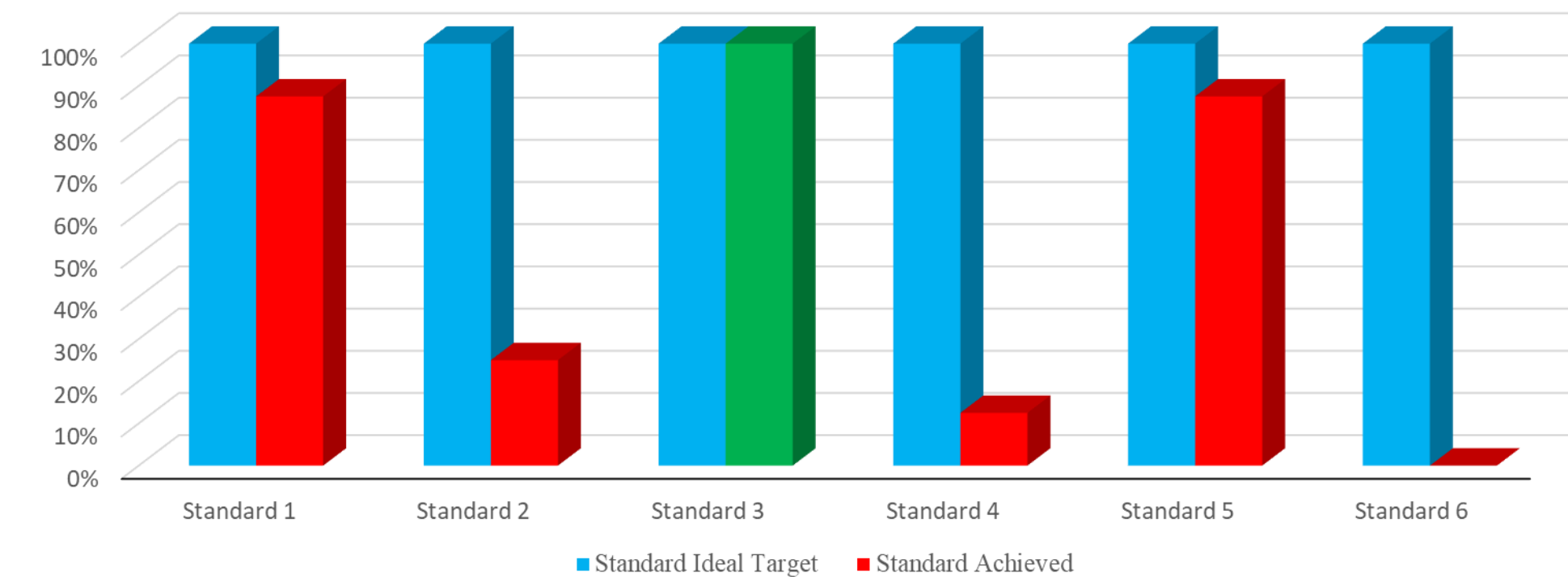
•Standard Ideal Target = **100%**

•Standard Achieved = **100%**



Results Summary

Standard Ideal Target Vs Standard Achieved



What Went Well?

Standard 1 was almost achieved:

- Only for 1x patient it was not clearly documented
- If a membrane sweep was offered + attempted

Standard 3 was achieved:

- In that all involved patients
- Were appropriately given a 2nd dose of Propess for Bishop's Score $<$ 6

Standard 5 was almost achieved:

- It was not clearly documented
- If a consultant was involved in the management of a failed IOL

What Could Be Improved?

Standard 2 was far from being achieved

- IOL leaflet was only documented to have been given to two patients

Standard 4 was also far from being achieved

- Only 1x patient was examined by an O&G SpR / Consultant

Standard 6 was not even considered for any of the IOL patients

Conclusions

- Overall only one standard (Standard 5 - Giving 2nd dose of Propess for Bishop's Score $<$ 6) was 100% achieved
 - Therefore there is a lot of room for improvement

- 12x patients declined to continue with IOL after 1x Propess
 - Preventing potential opportunity for a vaginal delivery
 - If a 2nd Propess / Trial of Syntocinon was given

- Surprisingly most patients (94.6%) that were classed as failed IOL as per the original patient audit list
 - Was not actually due to the fact that an ARM was not achievable
 - But due to various other reasons as per the exclusion criteria

Recommendations

- Send an email to all healthcare professionals working within the O&G department including this presentation
- To increase awareness + improve adoption of good documentation to ensure for all IOL's:
 - Membrane sweep are offered + given
 - IOL leaflets are provided
 - Vaginal examinations for 2nd dose of Propess are to be performed by O&G SpR's / Consultants
 - Consultants should be involved if IOL fails i.e. after 1x Propess used + not ARM-able
 - Trial of Syntocinon is a valid alternative option to a 2nd Propess / after a 2nd Propess + still not ARM-able

- Add a check list box to the IOL Proforma to ensure IOL leaflets are given to all patients

- Reaudit in 6-12 months to assess for changes from these recommendations

References

- Induction Of Labour - Medway Maritime Hospital Local Maternity Guideline
- Revision No. 6
- Date Approved: 25/07/2021
- Review Date: 25/07/2023