

Objective:

This audit was conducted to assess the indications for elective induction of labour and the resultant maternal and foetal outcomes.

Design:

The audit was performed by doing a retrospective review of elective induction of labour in the month of February 2022.

Method:

We reviewed the maternal records of 99 women who had elective induction of labour in the month of February 2022 on Maternity Medway and completed an audit proforma. Data collected on the audit proforma were entered into a Microsoft Excel spread sheet and subsequently analysed using SPSS.

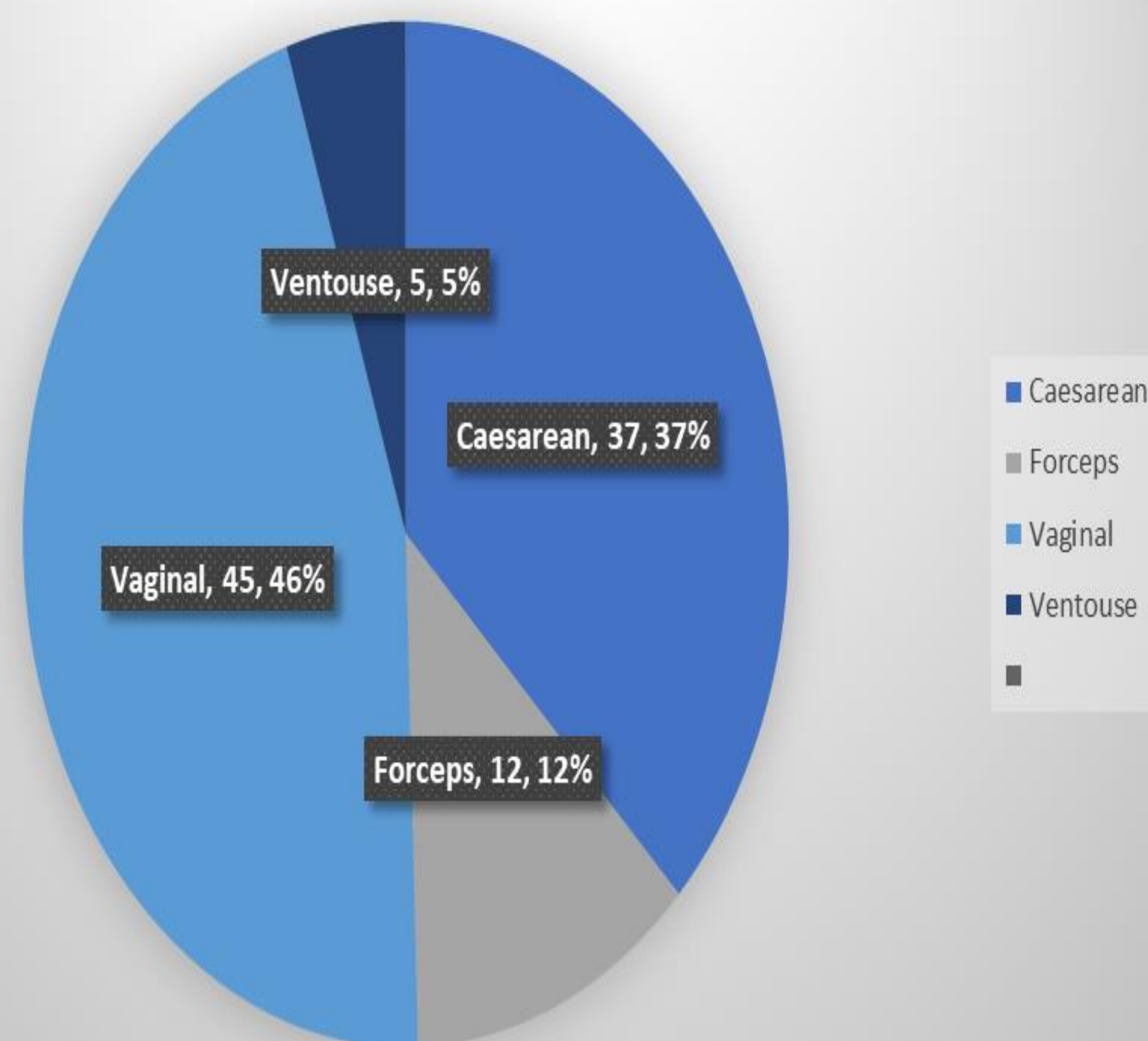
Results:

It was interesting to find the commonest indication for Induction of labour (IOL) was reduced fetal movements at 22.2%. Propess was the most frequent method used to start IOL with 66 out of the 99 women requiring it. Successful vaginal delivery was achieved in 63% of patients (combined vaginal and instrumental delivery). It takes an average of 26.8 hours from start of IOL till delivery and 3 days from start of IOL till discharge. Forty-five (45) out of the 99 women had maternal complications with postpartum haemorrhage being the most frequent complication (93.3% of reported complications). Only 4 out of the 99 babies born required neonatal admission.

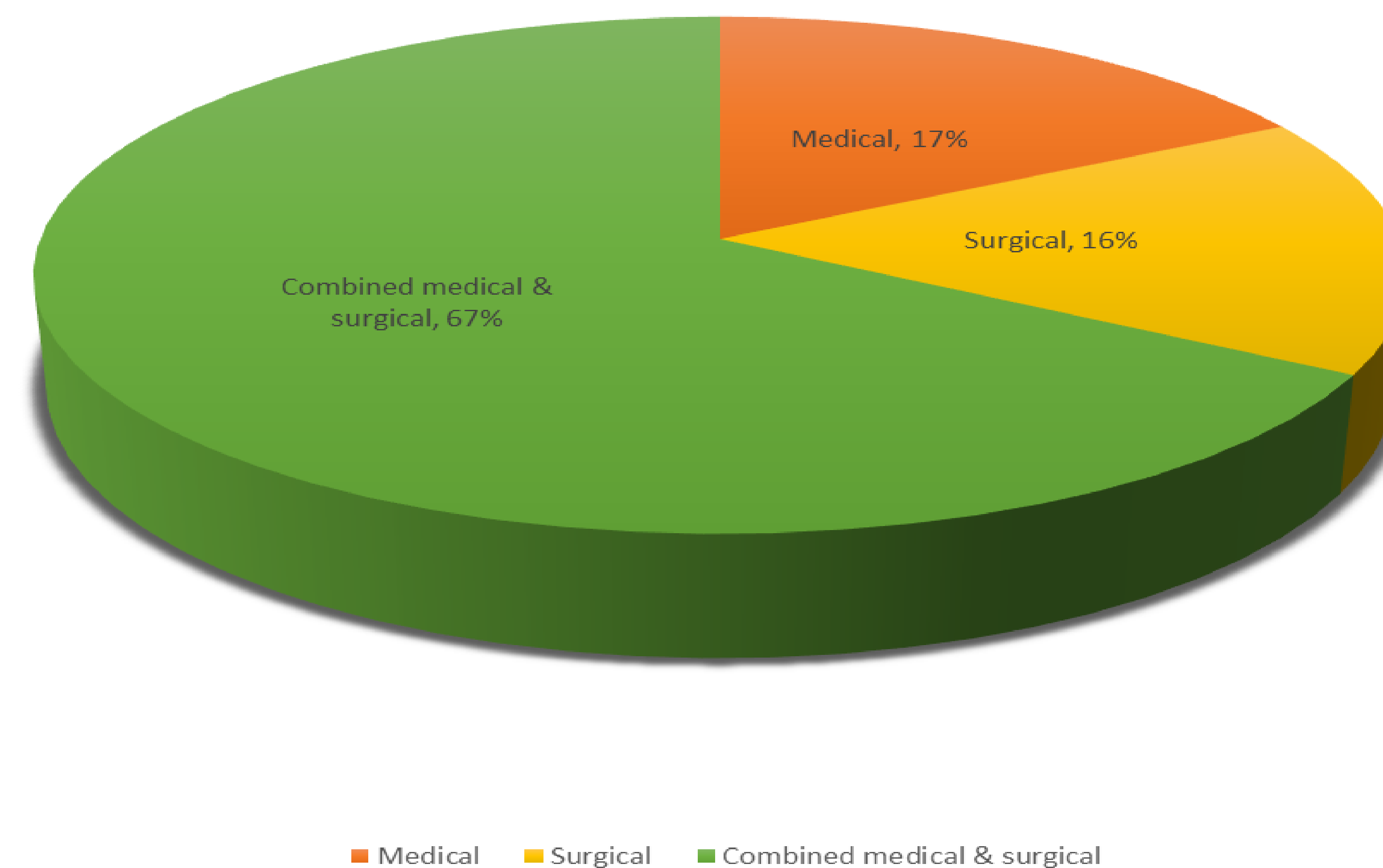
Conclusions:

Reduced foetal movement is the most common indication for induction of labour. We need to review our guidelines on management of reduced fetal movement to see if this would reduce the need for early delivery.

Outcome of IOL



Type of IOL



References

1. The Health and Social Care Information Centre. NHS Maternity Statistics 2020 – 2021. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2020-21>
2. National Collaborating Centre for Women's and Children's Health. Induction of labour (Clinical guideline NG207). London (UK): Royal College of Obstetricians and Gynaecologists (RCOG). Nov. 2021