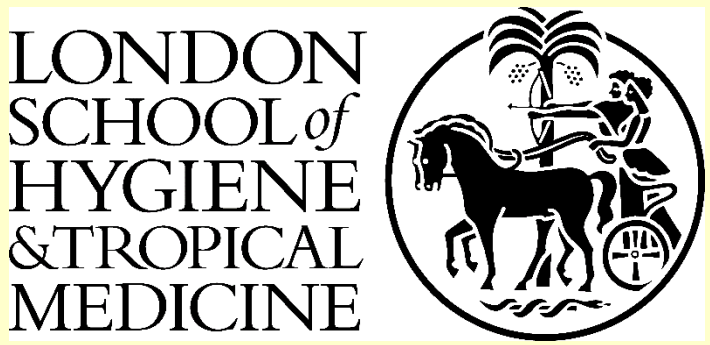


A review of national induction of labour guidelines – variation across multiple languages



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Background:

More women are experiencing Induction of Labour (IOL) each year [1]. Between maternity units, there is clear variation in induction of labour practices between maternity units, which is seen across many countries [2][3].

Research Questions:

How do national IOL guidelines differ in recommended practice? Do factors such as language and guideline quality contribute to variation?

Methodology:

Scope:

- IOL clinical guidelines
- National level
- Regional level if no national guidelines
- 2000 onwards

Academic literature searching:

- 7 databases
- Search Strategy ‘Induction of Labour’ & ‘Guidelines’

Grey literature searching:

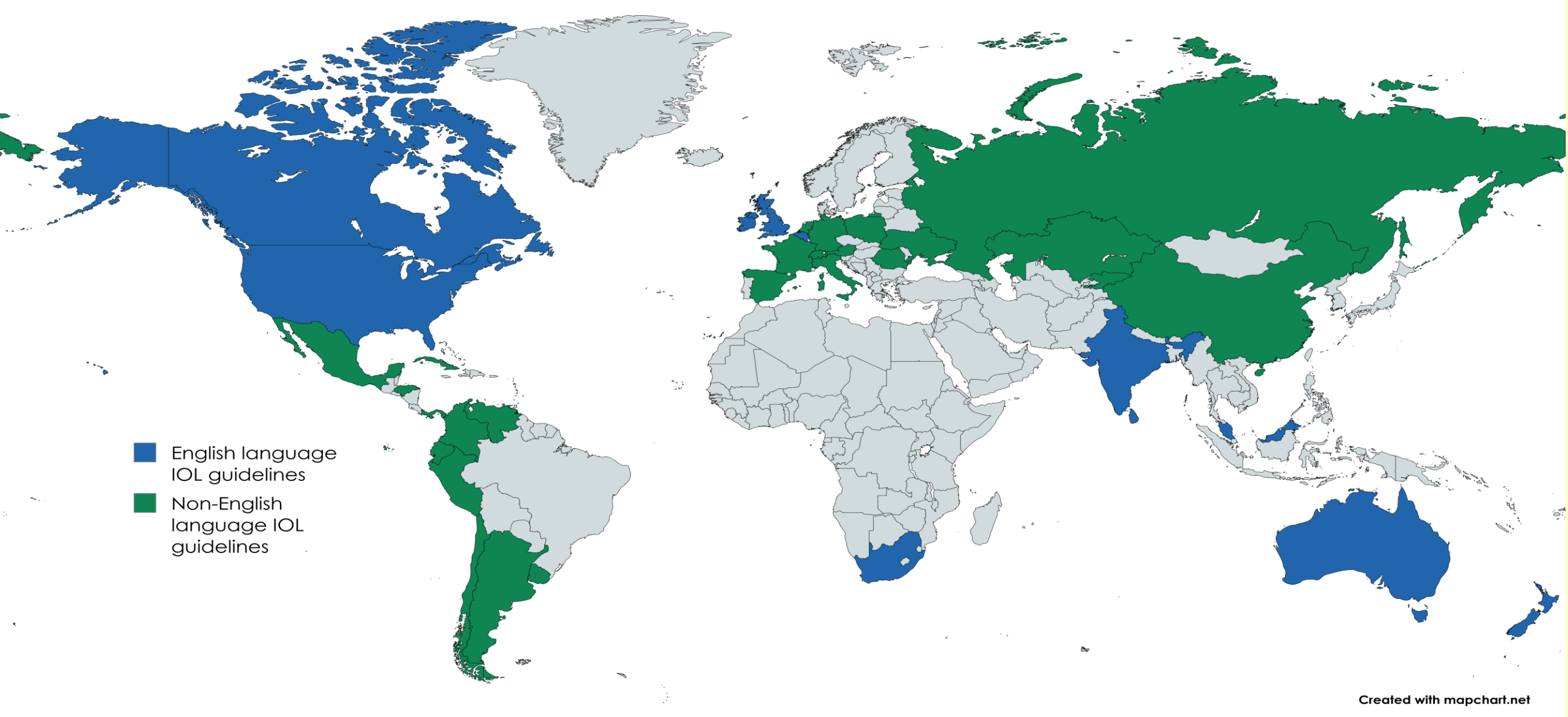
- Search Strategy ‘Induction of Labour’ & ‘Guidelines
- Translated into 10 commonly spoken European languages + English
- Machine Translation

Data extraction and appraisal:

- Online translation to English
- Identify convergence and divergence of recommendations – **Where, How** and **When**
- Guideline appraisal – AGREEII tool
- Focus on stakeholder involvement and rigour of development – most important domains

Search Results:

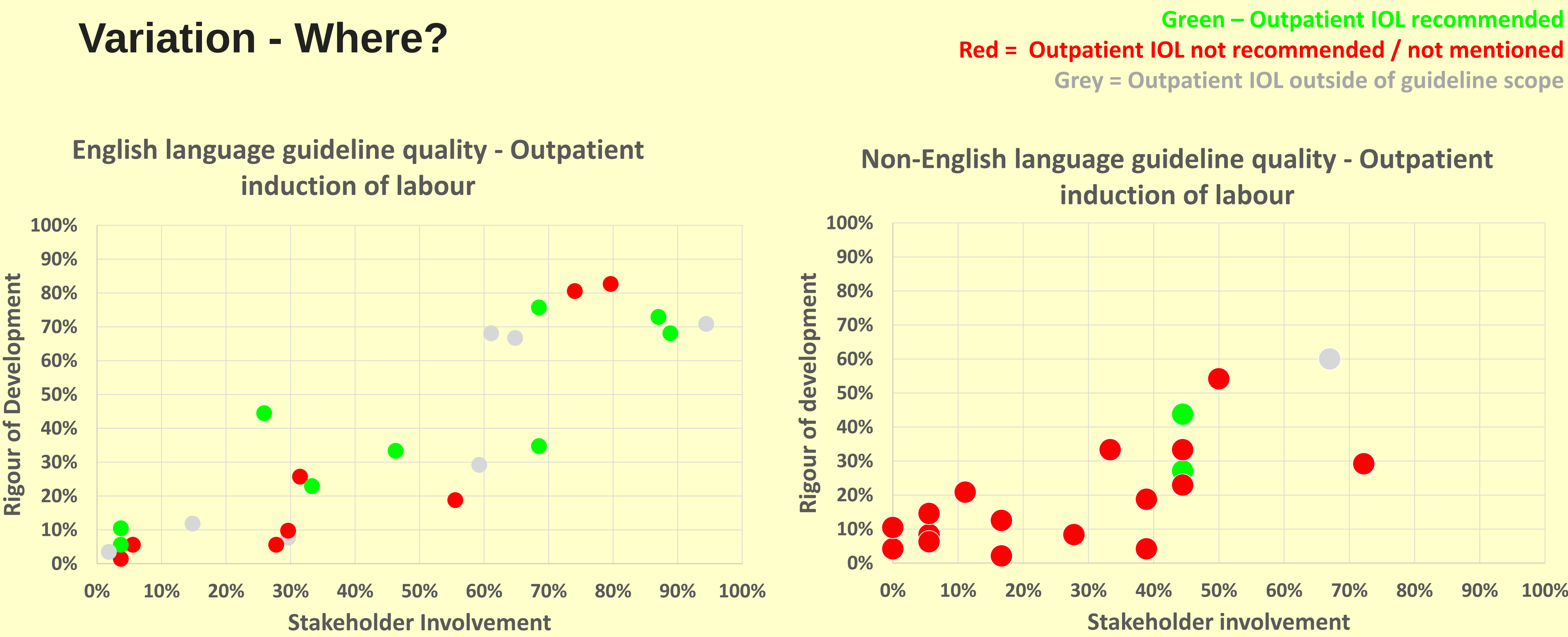
47 guidelines from 34 countries



Interim results Non-English language guidelines (n=23):

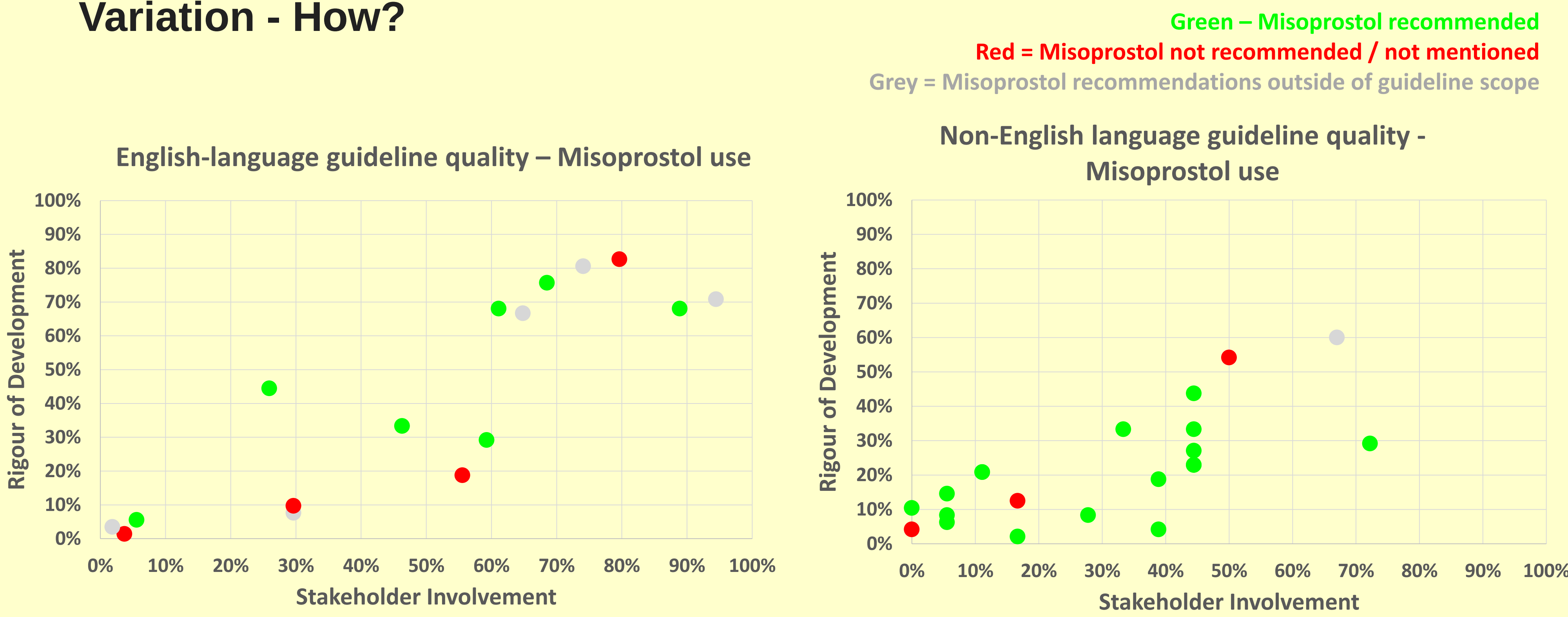
- Heterogenous quality (AGREE-II tool)
- Overall lower quality than English language guidelines
- Few guidelines had scores >70% in any domain
- Guideline quality does not improve over time

Variation - Where?



Non-English language guidelines less likely to support outpatient IOL then English language guidelines

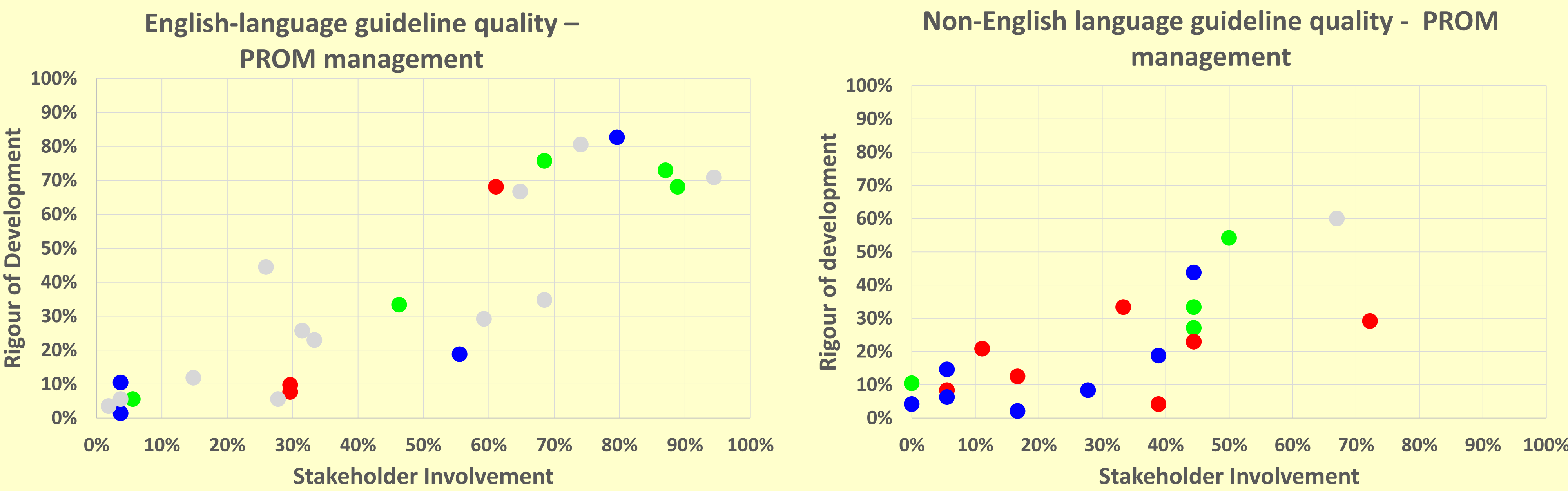
Variation - How?



Non-English language guidelines more likely to support misoprostol use for induction of labour than English-language guidelines

Variation - When?

Prelabour rupture of membranes (PROM)



Non-English language guidelines more likely to provide advice on PROM, and more likely to recommend either expectant management or immediate induction separately

Conclusion:

Despite a common body of evidence, there is considerable variation in the quality and content of national-level induction of labour guidelines relating to where, how and when women experience induction of labour. Geographical differences in IOL recommendations exist, and likely contribute to differences in birth experience, maternal and long-term neonatal outcomes.

References:

[1] WHO recommendations for induction of labour (2011), World Health Organisation

[2] NMPA Project Team. National Maternity and Perinatal Audit: Clinical Report 2022. Based on births in NHS maternity services in England and Wales between 1 April 2018 and 31 March 2019. London: RCOG; 2022.

[3]] Seijmonsbergen-Schermers, A.E., Van Den Akker, T., Rydahl, E., Beeckman, K., Bogaerts, A., Binfa, L., Frith, L., Gross, M.M., Misselwitz, B., Hálfárdóttir, B. and Daly, D., 2020. Variations in use of childbirth interventions in 13 high-income countries: a multinational cross-sectional study. PLoS medicine, 17(5).