

Audit on Induction of Labour at DGRI

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Introduction

Induction of labour, whereby the onset of labour is stimulated using pharmacological or mechanical methods

Most common obstetric procedures in the UK.

The rate of Induction of labor has increased in recent years.

Outcomes in terms of mode of birth specifically, instrumental and cesarean birth have been variably reported

Objective

The audit aimed to evaluate the Induction of labor practices at Dumfries and Galloway Royal Infirmary between 1st January and 30 April 2023, focusing on indications, methods, outcomes, and compliance with NICE guideline

Design

A retrospective analysis of maternity records was conducted to identify all births during the study period from 1/1/23 till 30/4/23

Methods

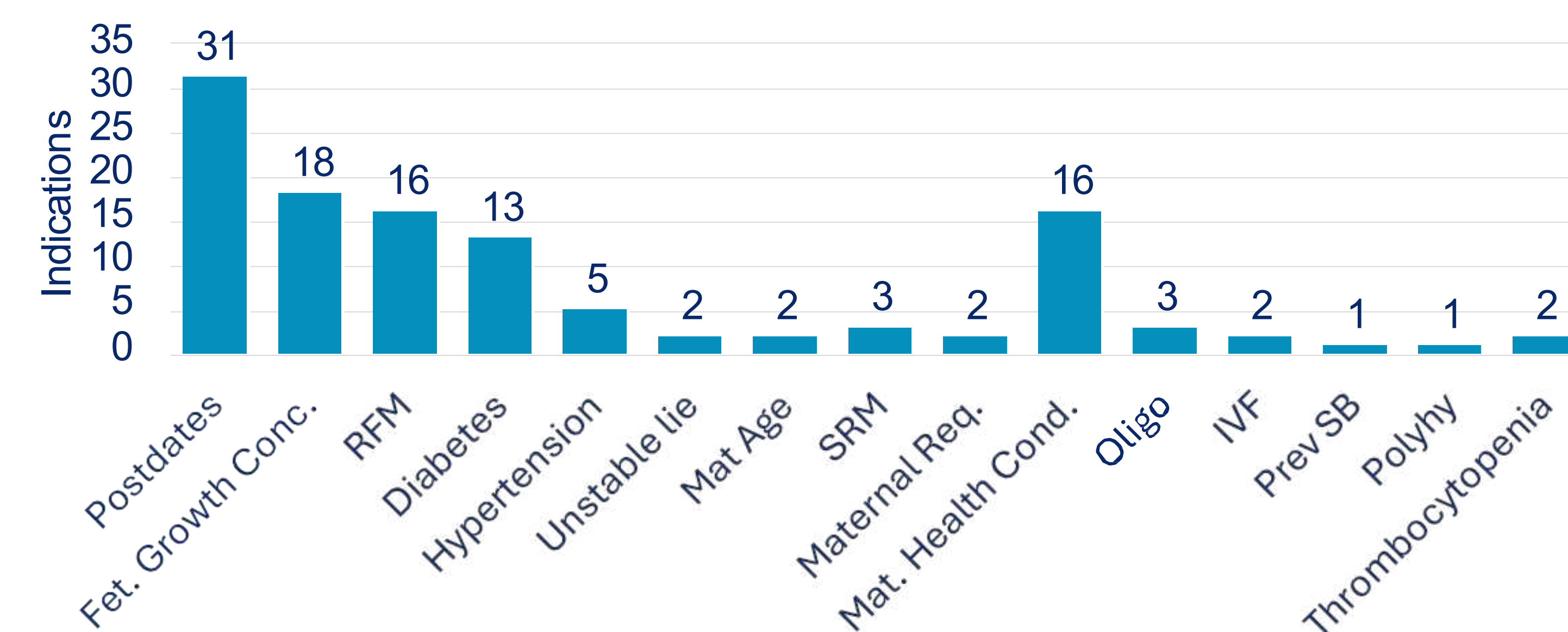
The study included 117 women who underwent induction of labour, excluding those who experienced spontaneous labour or delivered before 24 weeks.

Data were extracted from electronic maternity records and analysed for adherence to clinical guidelines. Patient demographics were collected, along with indications for induction, success rates, the need for a second round of induction, mode of delivery, and compliance with the electronic booking form.

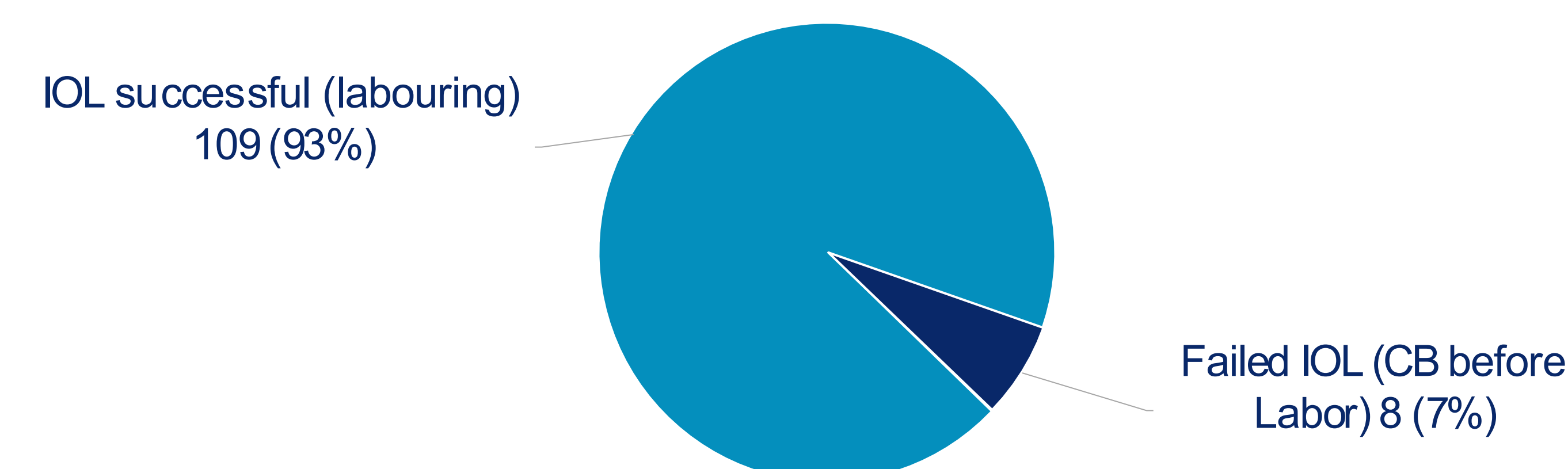
Results

A total of 117 women underwent induction of labour (IOL), representing an induction rate of 34.7%. The success rate was high, with 93% progressing to labour. Vaginal delivery was achieved in 66% of cases, while 34% required caesarean section. Among those needing a second cycle of IOL, 55% still achieved vaginal delivery. The most common indication for IOL was postdate pregnancy (26%), followed by fetal growth concerns(15%). Only 43% of IOL booking forms were fully completed. Delivery intervals varied by parity, with 59.7% of multiparous women delivering within 24 hours, whereas primigravidae typically experienced longer intervals.

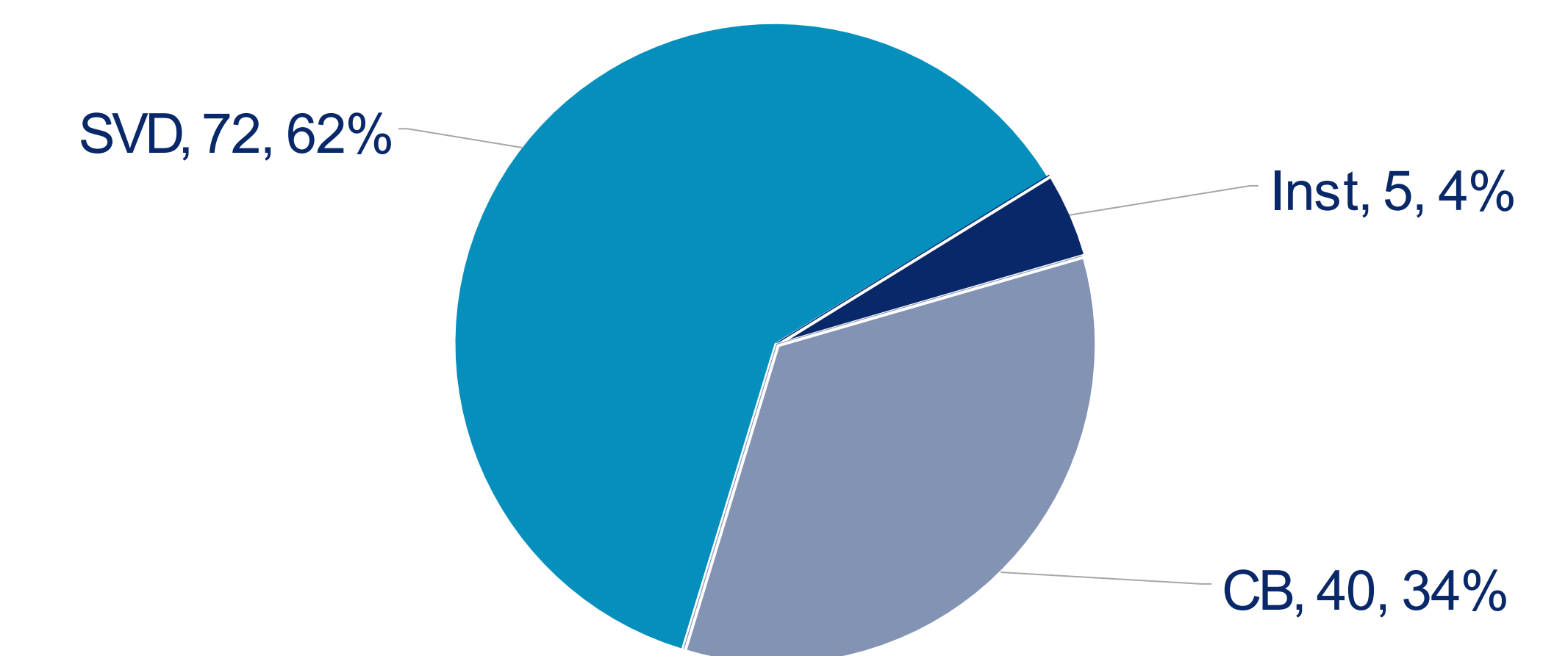
Indication of induction of labour



Success rate



Mode of delivery of second cycle



Conclusion

The study highlights the high success rate of IOL but identifies areas for improvement, such as reducing unnecessary inductions, optimizing second-cycle decisions, and enhancing compliance with electronic booking forms. Addressing these gaps could improve patient outcomes, reduce cesarean rates, and ensure efficient resource utilization.

Staff education and awareness via email about the importance of completing IOL electronic booking form were promoted. A re-audit is planned in six months time to assess for improvement.

References

Inducing labour NICE Guideline (NG27) published 2021.
<https://www.nice.org.uk/guidance/ng207>

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