

## **Costing statement: Induction of labour**

The guideline on induction of labour (NICE clinical guideline CG70) is unlikely to result in a significant change in resource use in the NHS.

The guideline is an update of NICE clinical guideline D (published in 2001). Costing work has therefore focused on recommendations that are new or that have changed from the previous guidance.

Because of the breadth and complexity of the guideline, we worked with the Guideline Development Group and other professionals to identify recommendations that are likely to have the most significant resource impact.

These recommendations are as follows:

### **Information and decision-making (recommendation 1.1.1.1)**

- Women should be informed that most women will go into labour spontaneously by 42 weeks. At the 38 week antenatal visit, all women should be offered information about the risks associated with pregnancies that last longer than 42 weeks, and their options. The information should cover:
  - membrane sweeping:
    - ◇ that membrane sweeping makes spontaneous labour more likely, and so reduces the need for formal induction of labour to prevent prolonged pregnancy
    - ◇ what a membrane sweep is
    - ◇ that discomfort and vaginal bleeding are possible from the procedure
  - induction of labour between 41<sup>+0</sup> and 42<sup>+0</sup> weeks
  - expectant management.

### **Vaginal prostaglandin E2 (recommendation 1.3.2.1)**

- Vaginal prostaglandin E2 (PGE<sub>2</sub>) is the preferred method of induction of labour, unless there are specific clinical reasons for not using it (in particular the risk of uterine hyperstimulation). It should be administered as gel, tablet or controlled-release pessary. Costs may vary over time, and trusts/units should take this into consideration when prescribing PGE<sub>2</sub>. For doses, refer to the summaries of product characteristics (SPCs). The recommended regimens are:
  - one cycle of vaginal PGE<sub>2</sub> tablets or gel: one dose, followed by a second dose after 6 hours if labour is not established (up to a maximum of two doses)
  - one cycle of vaginal PGE<sub>2</sub> controlled-release pessary: one dose over 24 hours.

### ***Patient numbers affected***

Approximately 20% (122,000) of all deliveries in England are induced each year. We do not expect this to change significantly after the guideline is implemented.

### ***Resource impact***

#### **Information and decision-making (recommendation 1.1.1.1)**

This recommendation may result in some additional costs if more women choose to have membrane sweeping. However, if more women go into labour spontaneously as a result of membrane sweeping some savings could be achieved. Therefore, it is not expected to have a significant resource impact nationally.

#### **Vaginal PGE<sub>2</sub> (recommendation 1.3.2.1)**

There is no significant variation between the old and the updated guideline, as the old guideline recommended vaginal PGE<sub>2</sub> as the preferred method of induction for women with intact membranes. However, the cost of the regimen should now be taken into account. The previous guideline stated that oxytocin

could be offered to women with ruptured membranes; this is no longer the case. This may result in a small saving locally dependant on local circumstances, but is not expected to have a significant resource impact nationally.

Overall, the guideline is not expected to have a significant resource impact nationally.