

SCOPE

1 Guideline title

Labour: induction of labour

1.1 Short title

Induction of labour

2 Background

- (a) The National Institute for Health and Clinical Excellence (NICE) has commissioned the National Collaborating Centre for Women's and Children's Health to develop a clinical guideline on induction of labour for use in the NHS in England and Wales; this will update the existing NICE guideline 'Induction of labour' (*NICE inherited guideline D*, published in June 2001). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- (b) NICE clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by NICE after an NSF has been issued will have the effect of updating the Framework.
- (c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of patients' individual needs and preferences, and ensuring that patients (and their carers and families, if appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

- a) This will be a review of an inherited guideline that was published in 2001 and is in need of updating because some of its content has been superseded by changes in both the evidence base and clinical practice.
- b) Induced labour has an impact on the birth experience of women. It is less efficient and more painful than spontaneous labour. It is also more likely to require epidural anaesthesia and assisted delivery. Induction of labour is a relatively common procedure, probably occurring in about 15% of pregnancies.
- c) A review is required to establish the preferred policy in women with a cervix unfavourable for induction. The aim of the review is to attempt to reduce the continuing high incidence of unsuccessful inductions leading to caesarean section. In this group caesarean section rates may be between 20 and 30%.
- d) Induction of labour, rather than spontaneous labour, can place a considerable strain on labour wards. Traditionally induction is undertaken during daytime when labour wards are often already busy. Therefore the policy of induction, including indications, methods and care to be offered, needs to be reviewed.

4 The guideline

- a) The guideline development process is described in detail in two publications that are available from the NICE website (see 'Further information'). 'The guideline development process: an overview for stakeholders, the public and the NHS' describes how organisations can become involved in the development of a guideline. 'The guidelines manual' provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider.

- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

Women undergoing induction of labour for the following indications:

- a) prolonged pregnancy
- b) preterm rupture of membranes
- c) prelabour rupture of membranes
- d) presence of fetal growth restriction
- e) previous caesarean section
- f) history of precipitate labour
- g) maternal request
- h) breech presentation
- i) intrauterine fetal death
- j) suspected macrosomia.

Where relevant evidence exists, the guideline will address induction of labour in primiparous and multiparous women separately.

4.1.2 Groups that will not be covered

- a) Women with diabetes.
- b) Women with multifetal pregnancy.
- c) Women undergoing augmentation (rather than induction) of labour.

4.2 Healthcare setting

Appropriate care in hospital-based maternity units, midwifery led units and at home.

4.3 Clinical management

- a) The clinical indications for induction of labour.
- b) Appropriate place and timing of induction of labour.
- c) The care that should be offered to women during the induction process, including when to consider fetal and maternal monitoring, analgesia, and emotional support. This will include providing information for pregnant women (and their partners/families).
- d) The effectiveness of methods used for cervical priming. This will include for example, intracervical and intravaginal prostaglandins.
- e) The effectiveness of methods used for induction of labour. This will include for example, membrane sweeping, drugs (such as prostaglandins and oxytocin), and amniotomy. The role of sexual intercourse in the initiation of labour will be considered. The guideline will consider all relevant drug formulations and routes of administration.
- f) The management that should be offered if the cervix is very unfavourable.
- g) Management of complications of induction e.g. failed induction.

Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use the summary of product characteristics to inform their decisions for individual patients.

4.4 Status

2.1.1 Scope

This is the final scope.

This guideline will update the existing NICE guideline on induction of labour (*NICE inherited guideline D*). It will refer to the following NICE clinical guidelines.

- Caesarean section.
- Antenatal care.
- Forthcoming NICE clinical guideline on antenatal and postnatal mental health.
- Forthcoming NICE clinical guideline on intrapartum care.
 - The guideline on intrapartum care will consider some aspects of prelabour rupture of membranes, and the guideline on induction of labour will refer to its recommendations on: observations and duration of ‘watchful waiting’ before induction; factors during prelabour rupture of membranes at term that influence maternal and neonatal outcomes following birth; use of antibiotics before delivery and criteria for antibiotics in healthy newborns; and electronic fetal monitoring.
- Forthcoming NICE clinical guideline on diabetes in pregnancy.
 - The guideline on diabetes in pregnancy will consider induction of labour in women with diabetes and fetal macrosomia, and the guideline on induction of labour will refer to these recommendations.

2.1.2 Guideline

The development of the guideline recommendations will begin in December 2006.

Formatted: Bullets and Numbering

Formatted: Bullets and Numbering

3 Further information

Information on the guideline development process is provided in:

- 'The guideline development process: an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesprocess). Information on the progress of the guideline will also be available from the website.