

# Induction of labour

## NICE quality standard

### Draft for consultation

November 2013

## Introduction

This quality standard covers the induction of labour in hospital outpatient or inpatient settings. The quality standard does not cover the induction of labour for women with diabetes or multiple pregnancies, or augmentation (acceleration) of established labour. For more information see the [topic overview](#).

### ***Why this quality standard is needed***

Induction of labour is a relatively common procedure. Every year in the UK approximately 1 in 5, or 122,000, labours are induced.

Labour is induced when it is believed that the outcome of the pregnancy will be better if it is artificially interrupted rather than being left to follow its natural course. A variety of clinical circumstances may indicate the need for induction of labour, with a greater or lesser degree of urgency. The essential judgment that the clinician and the pregnant woman must make is whether the interests of the mother or the baby, or both, will be better served by induction of labour or continuing the pregnancy. Following discussion of the relative risk of continuing the pregnancy compared to induction, the woman's wishes must be taken into account.

Induction of labour has an impact on birth experience and the health of women and their babies, and so needs to be clinically justified. It may be less efficient and is usually more painful than spontaneous labour. Epidural analgesia and assisted delivery are more likely to be required following induced labour.

## ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following two outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2013/14](#)
- [Public health outcomes framework for England, 2013–2016](#)

Tables 1–2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1 [NHS Outcomes Framework 2013/14](#)**

<b>Domain</b>	<b>Overarching indicators and improvement areas</b>
1 Preventing people from dying prematurely	<b><i>Improvement area</i></b> <b>Reducing deaths in babies and young children</b> 1.6i Infant mortality* 1.6ii Neonatal mortality and stillbirths
4 Ensuring that people have a positive experience of care	<b><i>Overarching indicator</i></b> 4c Friends and family test (placeholder) <b><i>Improvement area</i></b> <b>Improving women and their families' experience of maternity services</b> 4.5 Women's experience of maternity services
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	<b><i>Improvement area</i></b> <b>Improving the safety of maternity services</b> 5.5 Admission of full-term babies to neonatal care
<b>Alignment across the health and social care system</b>	
* Indicator shared with Public Health Outcomes Framework (PHOF)	

**Table 2 [Public health outcomes framework for England, 2013-2016](#)**

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	<p><b>Objective</b></p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p><b>Indicators</b></p> <p>4.1 Infant mortality*</p> <p>4.3 Mortality from causes considered preventable**</p>
<p><b>Alignment across the health and social care system</b></p> <p>* Indicator shared with NHS Outcomes Framework</p> <p>** Indicator complementary with NHS Outcomes Framework</p>	

### ***Coordinated services***

The quality standard for induction of labour specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole induction of labour care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to pregnant women for and with whom induction of labour is considered.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality induction of labour service are listed in 'Related quality standards'.

### **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating pregnant women who may have their labour induced should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

## **Role of partners, families and carers**

Quality standards recognise the important role partners, families and carers have in supporting pregnant women who have their labour induced. If appropriate, healthcare professionals should ensure that partners, family members and carers are involved in the decision-making process about investigations, treatment and care.

## **List of quality statements**

[Statement 1](#). Women who have their labour induced as outpatients have the induction carried out in a setting that has safety and support procedures in place, and where the practice of induction is audited continuously.

[Statement 2](#). Women who are offered induction of labour should be given personalised information about the reasons for induction, the benefits and risks for them and their babies, and the alternatives to induction.

[Statement 3](#). Women who have their labour induced have rapid access to pain relief that is appropriate to their level of pain and to the type pain relief they request.

## **Questions for consultation**

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

## Quality statement 1: Safety and support in outpatient settings

### ***Quality statement***

Women who have their labour induced as outpatients have the induction carried out in a setting that has safety and support procedures in place, and where the practice of induction is audited continuously.

### ***Rationale***

For women who have their labour induced in an inpatient setting, safety and support procedures, including audit, are likely to be in place. Safety and support procedures for inductions undertaken in the outpatient setting will ensure that all outpatient inductions take place in settings that are clinically safe and provide support to meet women's needs. Continuous audit of inductions undertaken in the outpatient setting will allow service providers and clinical teams to ensure that the outpatient setting is used for clinically appropriate reasons and to monitor outcomes for women and their babies.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that women who have their labour induced as outpatients are induced in a setting with safety and support procedures in place, and where the practice of induction is audited continuously.

***Data source:*** Local data collection.

#### **Process**

Proportion of women who have their labour induced as outpatients.

Numerator – The number of women in the denominator who have their labour induced as outpatients.

Denominator – The number of women who have their labour induced.

***Data source:*** Local data collection.

**Outcome**

a) Maternal safety

**Data source:** Local data collection.

b) Newborn safety

**Data source:** Local data collection.

***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** ensure that safety and support procedures are in place in outpatient settings where labour is induced and that the practice of induction in the outpatient setting is audited continuously.

**Healthcare professionals** follow the safety and support procedures that are in place in outpatient settings where labour is induced and take part in continuous audit of the practice of induction in the outpatient setting.

**Commissioners** ensure that they commission services from providers that can demonstrate that safety and support procedures are in place in outpatient settings where labour is induced and that the practice of induction in the outpatient setting is audited continuously.

***What the quality statement means for women offered induction of labour and their partners, families and carers***

Women who go to a hospital outpatient unit to have induction of labour (labour artificially started) are cared for in a unit that checks the quality of its care continuously and that provides safety and support, for example by:

- checking women for a time after the induction, before they go home
- giving women information about who to contact if regular contractions start or they have concerns when they are at home
- explaining how to remove the gel, tablet or pessary that was inserted to induce labour.

**Source guidance**

- Induction of labour (NICE clinical guideline 70), recommendations [1.5.1.1](#) and [1.5.1.2](#).

***Definitions of terms used in this quality statement*****Safety and support procedures**

When induction of labour is performed in an outpatient setting safety and support procedures may include: monitoring women for a period of time before they are allowed to go home; giving women instructions on who to contact (and ensuring immediate access to advice) if they experience regular contractions or have concerns; giving women advice on how to remove the insert if necessary (adapted from [NICE clinical guideline 70](#) – Full version).

## **Quality statement 2: Women's involvement in decisions about induction of labour**

### ***Quality statement***

Women who are offered induction of labour should be given personalised information about the reasons for induction, the benefits and risks for them and their babies, and the alternatives to induction.

### ***Rationale***

The quality of the information-giving process, and the provision of information at the most appropriate time about induction of labour, can ensure effective choices by women about whether or not to have an induction of labour and about the timing of an induction of labour. A woman should be able to use this information to consider her options, to ask questions and to reach a decision that is supported by her healthcare professionals

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that women who are offered induction of labour are provided with personalised information about the reasons for induction of labour, the benefits and risks for them and their babies, and the alternatives to induction.

***Data source:*** Local data collection.

#### **Process**

Proportion of women who are offered induction of who receive personalised information about the reasons for induction of labour, the benefits and risks for them and their babies, and the alternatives to induction.

Numerator – The number of women in the denominator who received personalised information about the reasons for induction of labour, and the risks and benefits for them and their babies, and the alternatives to induction.

Denominator – The number of women who are offered induction of labour.

**Data source:** Local data collection.

### **Outcome**

Women feel satisfied about how their decision to have, or not to have, an induction of labour was made based on personalised information provided.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** ensure that systems are in place for women who are offered induction of labour to receive personalised information about the reasons for induction of labour, the benefits and risks for them and their babies, and the alternatives to induction.

**Healthcare professionals** ensure that women who are offered induction of labour receive personalised information about the reasons for induction of labour, the benefits and risks for them and their babies, and the alternatives to induction.

**Commissioners** ensure that they commission services that ensure that women who are offered induction of labour receive personalised information about the reasons for induction of labour, the benefits and risks for them and their babies, and the alternatives to induction.

### ***What the quality statement means for women offered induction of labour and their partners, families and carers***

**Women who are offered induction of labour (labour artificially started)** are given personalised information by their healthcare professionals about the reasons for induction of labour, the benefits and risks for them and their babies, and the alternatives to induction.

### **Source guidance**

- Induction of labour (NICE clinical guideline 70), recommendations [1.1.1.1](#) (key priority for implementation), [1.1.1.2](#) (key priority for implementation) and [1.1.1.3](#).

### **Definitions of terms used in this quality statement**

#### **Personalised information**

For women who are offered an induction of labour personalised information should include the reasons why induction may be clinically appropriate, and alternative options; when, where and how induction may be carried out (including pain relief options); and the risks and benefits of induction of labour relevant to a woman's own circumstances (adapted from NICE clinical guideline 70 – Full version).

#### **Equality and diversity considerations**

Personalised information about the reasons for induction of labour, the benefits and risks and the alternatives, should be understood by all women so that they can make informed choices. Information should be provided in an accessible format for all women, including those with physical, sensory or learning disabilities and women who do not speak or read English.

## Quality statement 3: Pain relief

### ***Quality statement***

Women who have their labour induced have rapid access to pain relief that is appropriate to their level of pain and to the type of pain relief they request.

### ***Rationale***

Induced labour is usually more painful than spontaneous labour. Women whose labour is induced may need pain relief earlier than women whose labour starts spontaneously. Women's needs for pain relief, and for different types of pain relief, may vary. Pain relief that is suitable for the woman should be available when the woman requests it, along with comfort that may be provided by partners, family members, doulas and others.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements that pain relief options can quickly be provided to ensure that women who have their labour induced have rapid access to pain relief that is appropriate to their level of pain and to the type of pain relief they request.

***Data source:*** Local data collection.

#### **Outcome**

Women who had an induction of labour are satisfied that the pain relief they received was appropriate to their level of pain and to the type of pain relief they request.

***Data source:*** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** ensure that systems are in place for women whose labour is induced to have rapid access to pain relief that is appropriate to their level of pain and to the type of pain relief they request.

**Healthcare professionals** ensure that women whose labour is induced have rapid access to pain relief that is appropriate to their level of pain and to the type of pain relief they request.

**Commissioners** ensure that they commission services from providers that ensure that women whose labour is induced have rapid access to pain relief that is appropriate to their level of pain and to the type of pain relief they request.

***What the quality statement means for women offered induction of labour and their partners, families and carers***

**Women who have their labour induced (started artificially)** are offered effective pain relief of the type they request as soon as they ask for it.

***Source guidance***

- Induction of labour (NICE clinical guideline 70), recommendation [1.6.2.3](#).

***Equality and diversity considerations***

All women, including those with physical, sensory or learning disabilities and women who do not speak or read English, should have access to support such as an interpreter or advocate to help them express their needs for pain relief.

## Status of this quality standard

This is the draft quality standard released for consultation from 28 November 2013 to 2 January 2014. It is not NICE's final quality standard on induction of labour. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 2 January 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from April 2014.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, healthcare professionals, patients, service users and carers alongside the documents listed in 'Development sources'.

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and women who are offered induction of labour induced is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to women with additional needs such as physical, sensory or learning disabilities, and to women who do not speak or read English. Pregnant women who are offered induction of labour should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## **Development sources**

Further explanation of the methodology used can be found in the quality standards [Process guide](#) on the NICE website.

## ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Induction of labour](#). NICE clinical guideline 70 (2008).

## ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- Royal College of Obstetricians and Gynaecologists (2013) [Induction of labour at term in older mothers \(Scientific Impact Paper no. 34\)](#).
- World Health Organization (2011) [WHO recommendations for induction of labour](#).
- Royal College of Obstetricians and Gynaecologists (2010) [Management of women with obesity in pregnancy](#).

## **Related NICE quality standards**

### ***Published***

- [Multiple pregnancy](#). NICE quality standard 46 (2013).
- [Postnatal care](#). NICE quality standard 37 (2013).
- [Hypertension in pregnancy](#). NICE quality standard 35 (2013).
- [Caesarean section](#). NICE quality standard 32 (2013).
- [Antenatal care](#). NICE quality standard 22 (2012).

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Pre-term birth.
- Pre-term labour.

## **Quality Standards Advisory Committee and NICE project team**

### ***Quality Standards Advisory Committee***

This quality standard has been developed by Quality Standards Advisory Committee 4.

Membership of this committee is as follows:

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**About this quality standard**

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific,

concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

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ISBN: