

Inducing labour

Quality standard

Published: 17 April 2014

www.nice.org.uk/guidance/qs60

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This standard is based on CG70.

This standard should be read in conjunction with QS22, QS37, QS32, QS35, QS46, QS75, QS105 and QS135.

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 thought that the outcome of the pregnancy will be better if labour is artificially started. A variety of clinical circumstances may indicate the need for induction of labour, with a greater or lesser degree of urgency. The essential judgement 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 inducing labour or continuing the pregnancy. The woman's wishes must be taken into account, and the relative risks of continuing the pregnancy compared with inducing labour discussed with her.

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 needed if labour has been induced.

The quality standard is expected to contribute to improvements in the following outcomes:

- fewer complications during labour, for example the proportion of instrumental deliveries
- birth experience of mothers who have their labour induced
- satisfaction of mothers with their participation in making the decision to induce labour.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable 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 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2014–15](#)
- [Public Health Outcomes Framework for England, 2013–16](#)

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 2014–15](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p>Overarching indicator</p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>i Adults ii Children and young people</p> <p>Improvement area</p> <p>Reducing deaths in babies and young children</p> <p>1.6i Infant mortality*</p> <p>1.6ii Neonatal mortality and stillbirths</p>
4 Ensuring that people have a positive experience of care	<p>Overarching indicator</p> <p>4c Friends and family test (placeholder)</p> <p>Improvement area</p> <p>Improving women and their families' experience of maternity services</p> <p>4.5 Women's experience of maternity services</p>

<p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>Overarching indicators</p> <p>5a Patient safety incidents reported</p> <p>5b Safety incidents involving severe harm or death</p> <p>Improvement area</p> <p>Improving the safety of maternity services</p> <p>5.5 Admission of full-term babies to neonatal care</p>
<p>Alignment across the health and social care system</p> <p>* Indicator shared with Public Health Outcomes Framework (PHOF)</p>	

Table 2 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
<p>4 Healthcare public health and preventing premature mortality</p>	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</p> <p>Indicators</p> <p>4.1 Infant mortality*</p> <p>4.3 Mortality from causes considered preventable**</p>
<p>Alignment across the health and social care system</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 are being offered induction of labour are given personalised information about the benefits and risks for them and their babies, and the alternatives to induction.

Statement 2. Women only have their labour induced as outpatients if safety and support procedures, including audit, are in place.

Statement 3. Women who have their labour induced have access to pain relief that is appropriate to their level of pain and to the type of pain relief they request.

Quality statement 1: Women's involvement in decisions about induction of labour

Quality statement

Women who are being offered induction of labour are given personalised information about 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 about induction of labour at the most appropriate time, can ensure effective choices by women about whether and when they have their labour induced. Women can use this information to consider their options, to ask questions and to reach a decision with the support of their 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 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 labour who receive personalised information about 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 benefits and risks 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 who are offered induction of labour feel that they were given sufficient information to enable them to choose to have their labour induced.

Data source: Local data collection. NICE [audit support for induction of labour](#); NICE [questionnaire for women for induction of labour](#).

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

Service providers ensure that personalised verbal and written information is available for women who are offered induction of labour that explains the reasons for induction of labour, the benefits and risks for them and their babies, and the alternatives to induction.

Healthcare professionals ensure that they provide women who are offered induction of labour with personalised information explaining 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 provide women who are offered induction of labour with personalised information explaining 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 that is artificially started using a pessary, tablet or gel) 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](#) and [1.1.1.2](#) (key priorities for implementation), and [1.1.1.3](#).

Definitions of terms used in this quality statement

Personalised information

For women who are offered induction of labour personalised information includes 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 the woman's own circumstances. [Adapted from [NICE clinical guideline 70](#), recommendation 1.1.1.2]

Equality and diversity considerations

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

Quality statement 2: Safety and support for women having labour induced as outpatients

Quality statement

Women only have their labour induced as outpatients if safety and support procedures, including audit, are in place.

Rationale

Women who have their labour artificially started using pharmacological techniques sometimes leave hospital to return home (or to a setting where they do not have immediate access to the hospital), but they will return to the hospital for the delivery. Women should only leave hospital after induction is started if it is in their interests and if there are safety and support procedures in place. Continual audit of the practice of induction of labour for women who return home will allow service providers and clinical teams to ensure that this process is used for clinically appropriate reasons and to monitor outcomes for women and their babies.

Quality measures

Structure

a) Evidence of local arrangements to ensure that women who have their labour induced as outpatients are induced with safety and support procedures in place.

b) Evidence of local arrangements to ensure that the practice of outpatient induction is audited continually.

Data source: Local data collection.

Process

a) Proportion of women who are induced as outpatients who are monitored for a period of time before they go home.

Numerator – the number of women in the denominator who are monitored for a period of time before they go home.

Denominator – the number of women who are induced as outpatients.

b) Proportion of women who are induced as outpatients who are given instructions on who to contact if they experience regular contractions or have concerns.

Numerator – the number of women in the denominator who are given instructions on who to contact if they experience regular contractions or have concerns.

Denominator – the number of women who are induced as outpatients.

Data source: Local data collection.

Outcome

a) Maternal safety.

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, including audit, are in place for women who have their labour induced as outpatients.

Healthcare professionals follow the safety and support procedures that are in place for women who have their labour induced as outpatients and take part in continual audit of the process of induction.

Commissioners ensure that they commission services from providers that can demonstrate that safety and support procedures, including audit, are in place for women who have their labour induced as outpatients.

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

Women who have induction of labour (labour that is artificially started using a pessary, tablet or

gel) started in a hospital maternity unit and then go home to wait for the induction to work are offered monitoring for a time before they leave the unit, and given information about who to contact if contractions start or they have any concerns, and about the types of pain relief available.

Source guidance

- Induction of labour (NICE clinical guideline 70), recommendations [1.5.1.1](#), [1.5.1.2](#) and [1.6.1.6](#).

Definitions of terms used in this quality statement

Outpatient

Outpatient in this context refers to women who start the process of having their labour induced in hospital and are then discharged either to home or to a setting without immediate access to inpatient care (such as an outreach antenatal clinic or a birthing centre). Women will return to hospital for delivery of the baby. [Expert consensus]

Safety and support procedures

When women have their labour induced as outpatients, safety and support procedures should include:

- Monitoring women for a period of time before they go home.
- Giving women instructions on who to contact (and ensuring they have immediate access to advice) if they experience contractions, if they do not experience contractions after 6 hours, or if they have any concerns.
- Ensuring that women are told about the pain relief options available in different settings.
- Continual audit of the process of induction.

[Adapted from [Induction of labour](#) (NICE full clinical guideline 70)]

Quality statement 3: Pain relief

Quality statement

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

Rationale

It is important for all women in labour that they receive appropriate pain relief within a suitable timeframe. As 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 appropriate and suitable for the woman should be available, along with comfort and support that may be provided by partners, family members and others.

Quality measures

Structure

Evidence of local arrangements for women who have their labour induced to have 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 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 requested.

Data source: Local data collection. NICE [audit support for induction of labour](#); NICE [questionnaire for women for induction of labour](#).

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

Service providers ensure that access is available, for women whose labour is induced, 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 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 that provide women whose labour is induced with 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 induction of labour (labour that is started artificially using a pessary, tablet or gel) are offered pain relief that is appropriate for the amount of pain they are experiencing and the type of pain relief they request.

Source guidance

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

Definitions of terms used in this quality statement

Appropriate pain relief

Induced labour is usually more painful than spontaneous labour. It follows that 'appropriate' in this context refers to whether the type of pain relief is satisfactory and if it is given within a suitable timeframe. [Adapted from [Induction of labour](#) (NICE full clinical guideline 70) and expert opinion]

Pain relief

For women who are offered induction of labour the pain relief options available are those outlined in sections 1.4 and 1.5 of [Intrapartum care](#) (NICE clinical guideline 55), along with comfort that may be provided by partners, family members and others.

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.

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](#).

Information for commissioners

NICE has produced [support for commissioning](#) that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced [information for the public](#) about this quality standard. Women offered induction of labour and their families, partners and carers can use it to find out about the quality of care they should expect to receive; as a basis for asking questions about their care, and to help make choices between providers of social care services.

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 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](#).

Definitions and data sources for the quality measures

- National Collaborating Centre for Women's and Children's Health (2008) [Induction of labour](#).
- [Intrapartum care](#). NICE clinical guideline 55 (2007).

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](#).

This quality standard has been incorporated into the NICE pathway for [induction of labour](#).

Changes after publication

April 2015: minor maintenance

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ISBN: 978-1-4731-0538-6

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of Midwives](#)
- [Royal College of Nursing](#)
- [Royal College of Obstetricians and Gynaecologists](#)