NICE National Institute for Health and Care Excellence

NICE quality standard

Inducing labour

Quality standard
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www.nice.org.uk/guidance/qs60

Contents

This standard is based on NG207.

This standard should be read in conjunction with QS22, QS37, QS32, QS35, QS46, QS75, QS105, QS135 and QS192.

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 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.

Statement 4 Pregnant women discuss the option of vaginal examination for membrane sweeping at their antenatal appointments after 39 weeks of pregnancy.

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

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 in the denominator who receive 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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from surveys of women offered induction of labour.

What the quality statement means for different audiences

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.

Women who are offered induction of labour (labour that is artificially started, for

example, 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

Inducing labour. NICE guideline NG207 (2021), recommendations 1.1.3, 1.1.4 and 1.1.5

Definitions of terms used in this quality statement

Personalised information

For women who are offered induction of labour, personalised information includes:

- explaining that induction of labour is a medical intervention that will affect their birth options and their experience of the birth process
- the reasons why induction may be clinically appropriate, and alternative options
- when, where and how induction may be carried out (including pain relief options)
- the risks and benefits of induction of labour relevant to the woman's own circumstances.

[Adapted from NICE's guideline on inducing labour, recommendations 1.1.3 and 1.1.4]

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 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.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

Process

a) Proportion of women who are induced as outpatients who agree a review plan before they go home.

Numerator – the number in the denominator who agree a review plan before they go home.

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

b) Proportion of women who are induced as outpatients who are given information on when to contact their midwife, maternity unit or obstetrician.

Numerator – the number in the denominator who are given information on when to contact their midwife, maternity unit or obstetrician.

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

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

Outcome

a) Maternal safety.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records. The NHS Digital Maternity Services Data Set includes data on maternal safety including a maternal critical incident indicator.

b) Newborn safety.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records. The NHS Digital Maternity Services Data Set includes data on newborn safety including a neonatal critical incident indicator.

What the quality statement means for different audiences

Service providers ensure that safety and support procedures 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.

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

Women who have induction of labour (labour that is artificially started, for example, using a pessary, tablet or gel) started in a hospital maternity unit and then go home to wait for the induction to work agree a review plan before they leave the unit. They are given information about contacting their midwife, maternity unit or obstetrician when contractions start, if there are no contractions, if their membranes rupture, if they develop bleeding or if they have any concerns. They are also given information about the types of pain relief available.

Source guidance

Inducing labour. NICE guideline NG207 (2021), recommendations 1.6.2, 1.6.3 and 1.6.4

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:

- Agreeing a review plan with the woman before she returns home.
- Giving women information about when to contact their midwife, maternity unit or obstetrician, such as:
  - when contractions begin
  - if there are no contractions (in an agreed timeframe, depending on the method used)
  - if her membranes rupture
  - if she develops bleeding
  - if she has any other concerns (such as reduced or altered fetal movements, excessive pain or uterine contractions, side-effects or loss of the pessary or device).
- Ensuring that women are told about the pain relief options available in different settings.

[NICE's guideline on inducing labour, recommendations 1.5.7, 1.6.3 and 1.6.4]

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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

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: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from surveys of women who had induction of labour.

What the quality statement means for different audiences

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.

Women who have induction of labour (labour that is started artificially, for example, 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

Inducing labour. NICE guideline NG207 (2021), recommendation 1.5.8

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 NICE's full guideline on inducing labour and expert opinion]

For women who are offered induction of labour the pain relief options available are those outlined in NICE's guideline on intrapartum care, along with comfort that may be provided by partners, family members and others. This can include simple analgesia, labour in water and epidural analgesia. [Adapted from NICE's guideline on inducing labour, recommendation 1.5.8]

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.

Quality statement 4: Membrane sweeping for prolonged pregnancy

Quality statement

Pregnant women discuss the option of vaginal examination for membrane sweeping at their antenatal appointments after 39 weeks of pregnancy.

Rationale

A membrane sweep after 39 weeks of pregnancy might make it more likely that labour will start naturally, without the need for pharmacological or mechanical methods of induction. It is important to discuss the procedure with women and to obtain their consent.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that pregnant women discuss the option of vaginal examination for membrane sweeping at their antenatal appointments after 39 weeks of pregnancy.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from service protocols.

Process

Proportion of pregnant women attending an antenatal appointment after 39 weeks of pregnancy who discuss the option of vaginal examination for membrane sweeping.

Numerator – the number in the denominator who discuss the option of vaginal examination for membrane sweeping.

Denominator – the number of pregnant women attending an antenatal appointment after 39 weeks of pregnancy.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example, from patient records.

Outcome

a) Rates of induction of labour for women with prolonged pregnancy.

Data source: The NHS Digital Maternity Services Dataset collects data on the medical induction of labour, the method for delivering baby and neonatal death.

b) Mode of delivery for women with prolonged pregnancy including:

- spontaneous vaginal birth
- instrumental vaginal birth
- elective or emergency caesarean section.

Data source: The NHS Digital Maternity Services Data Set collects data on the medical induction of labour, the method for delivering baby and neonatal death.

c) Rates of stillbirth beyond 40 weeks of pregnancy (where there is no underlying medical cause).

Data source: The NHS Digital Maternity Services Data Set collects data on the medical induction of labour, the method for delivering baby and neonatal death.

What the quality statement means for different audiences

Service providers ensure that processes are in place to discuss the option of vaginal examination for membrane sweeping with pregnant women at antenatal appointments

after 39 weeks of pregnancy. Service providers ensure that systems are in place to obtain the woman's consent before carrying out membrane sweeping.

Healthcare professionals discuss the option of vaginal examination for membrane sweeping with pregnant women at their antenatal appointments after 39 weeks of pregnancy and obtain their consent before carrying out membrane sweeping.

Commissioners ensure they commission services that discuss the option of vaginal examination for membrane sweeping with pregnant women at their antenatal appointments after 39 weeks of pregnancy and obtain their consent before carrying out membrane sweeping.

Pregnant women discuss the option of a vaginal examination to carry out a membrane sweep, in which a healthcare professional moves a finger around the cervix or massages the cervix, to help start labour, at their antenatal appointments after 39 weeks of pregnancy. Pregnant women are asked to give their consent before they have a membrane sweep.

Source guidance

Inducing labour. NICE guideline NG207 (2021), recommendation 1.3.2

Update information

November 2021: Changes were made to align this quality standard with the updated NICE guideline on inducing labour. Statement 2 on safety and support procedures for outpatients was amended to reflect that the recommendation on audit in an outpatient setting has been removed, and the definition was updated to reflect the wording in the updated recommendations. Statement 4 on membrane sweeping for prolonged pregnancy was revised to better reflect the focus on discussing membrane sweeping with the woman in the updated guideline. Measures, data sources, links and references were also updated throughout.

August 2021: Statement 4 on membrane sweeping for prolonged pregnancy was moved to this quality standard from NICE's quality standard on antenatal care to better align the quality standards with the updated NICE guideline on antenatal care.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standard advisory committees for details of standing committee 4 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

This quality standard has been included in the NICE Pathway on induction of labour, which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact statement for NICE's guideline on inducing labour to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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.

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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 (RCN)
- Royal College of Obstetricians and Gynaecologists