

# NICE support for commissioning for induction of labour

April 2014

## 1 Introduction

Implementing the recommendations from NICE guidance and other NICE-accredited guidance is the best way to support improvements in the quality of care or services, in line with the statements and measures that comprise the NICE quality standards. This report:

- Highlights the key actions that clinical commissioning groups (CCGs) and providers should take to improve the quality of care for pregnant women who are considering or having an induction of labour. Providers will typically be secondary care maternity providers. Priority actions are outlined in [table 1](#).
- Identifies opportunities for collaboration and integration at a local level.
- Identifies the benefits and potential costs and/or savings from implementing the changes needed to achieve quality improvement.
- Directs commissioners and service providers to other tools that can help them implement NICE and NICE-accredited guidance.

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. The statements draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. For more information see [NICE quality standards](#).

NHS England's [CCG outcomes indicator set](#) is part of a systematic approach to promoting quality improvement. The outcomes indicator set provides CCGs

and health and wellbeing boards with comparative information on the quality of health services commissioned by CCGs and the associated health outcomes. The set includes indicators derived from NICE quality standards. By commissioning services in line with the quality standard, commissioners can contribute to improvements in health outcomes, and particularly:

- 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.

Commissioners can use the quality standards to improve services by including quality statements and measures in the service specification of the standard contract and establishing key performance indicators as part of the tendering process. NICE quality standards provide a baseline against which improvements can be measured and rewarded, enabling commissioners to address gaps in service provision, support best practice and encourage evidence-based care. Commissioners can encourage improvements in provider performance by using quality standard measures in association with incentive payments such as [the commissioning for quality and innovation \(CQUIN\) payment framework](#). CCGs can select CQUIN indicators from the NHS England pick list at [appendix B](#). These include indicators for patient experience.

This report on the induction of labour quality standard should be read alongside:

- [Induction of labour](#). NICE quality standard 60 (2014).
- [Induction of labour](#). NICE clinical guideline 70 (2008).

## **2 Overview of induction of labour**

Induction of labour is the artificial initiation of labour and has an impact on birth experience and the health of women and their babies. 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. It can therefore be more resource intensive and can place additional strain on labour wards compared with spontaneous labour.

The National Audit Office concluded in its [audit of maternity services in England](#) (2013) that there are significant local variations in performance against indicators of quality and safety in maternity services and there is substantial scope for improvement.

Using the NICE quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the [NHS Outcomes Framework 2014/15](#) and [Public health outcomes framework for England, 2013–2016](#).

## **2.1 *Epidemiology of induction of labour***

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

# **3 Summary of commissioning and resource implications**

The cost of meeting the quality standard for induction of labour depends on current local practice and the progress organisations have made in implementing NICE and NICE-accredited guidance.

CCGs need to work with secondary care maternity service providers to be assured that women who are offered an induction of labour receive a safe service that offers personalised information, adequate pain relief and a positive experience for women and their families.

Table 1 summarises the priority commissioning and provider implications and potential resource implications for commissioners working towards achieving the [quality standard](#). See section 4 for more details on commissioning actions and resource implications.

**Table 1 Priority commissioning actions, provider implications and potential resource implications for induction of labour**

Quality improvement area	Commissioning actions	Provider implications	Resource implications
1 – Women’s involvement in decisions about induction of labour	<p>CCGs should specify that all secondary care maternity providers give personalised information to women who are being offered an induction of labour.</p> <p>Request evidence of monitoring of outcomes through the use of the NICE <a href="#">questionnaire for women for induction of labour</a></p>	<p>Competent healthcare professionals in secondary care maternity services, such as doctors or midwives, should give personalised information to women who are being offered an induction of labour.</p> <p>They should also use NICE’s <a href="#">questionnaire for women for induction of labour</a> to assess women’s satisfaction with the information they were given to enable them to make a decision.</p>	No significant resource impact is anticipated.
2 – Safety and support for women having outpatient induction of labour	<p>CCGs should specify that secondary care maternity providers have safety and support procedures, including audit, in place for women who have their labour induced as outpatients, in line with <a href="#">section 1.5</a> in the NICE clinical guideline on induction of labour.</p> <p>Request evidence of monitoring outcomes through local audit for maternal and newborn safety.</p>	<p>Competent healthcare professionals in secondary care maternity services, such as doctors or midwives, should develop and follow safety and support procedures (including audit) that include monitoring for women who have their labour induced as outpatients, access to immediate advice, information given to women about the pain relief options available in different settings.</p> <p>They should monitor maternal and newborn safety through local audit.</p>	No significant resource impact is anticipated.
3 – Pain relief	<p>CCGs should specify that all secondary care maternity providers ensure pain relief is available within a suitable timeframe for women who have their labour induced and that the pain relief is appropriate for their pain, in line <a href="#">NICE recommendations</a>.</p> <p>Request monitoring of outcomes through the use of NICE <a href="#">audit support for Induction of labour: questionnaire for women</a>.</p>	<p>Competent healthcare professionals in secondary care maternity services, such as doctors, midwives or anaesthetists, should be available with the capacity to give pain relief that is appropriate for the needs of women who have their labour induced.</p> <p>NICE <a href="#">audit support for Induction of labour: questionnaire for women</a> (NICE clinical guideline 70) can be used to monitor women’s satisfaction with the pain relief they received.</p>	Resource impact should be assessed locally.

## 4 Commissioning and resource implications

This section considers the commissioning implications and potential resource impact of implementing the recommendations to achieve the NICE quality standard for induction of labour. Commissioners may also find it useful to refer to the [NICE 'do not do' recommendations](#), which identify NHS clinical practices that should be stopped completely or should not be used routinely, in accordance with the NICE clinical guideline on [induction of labour](#)<sup>1</sup>.

### 4.1 Quality improvement areas

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

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.

#### **Quality statement 2: Safety and support for women having induction of labour**

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

#### **Quality statement 3: Pain relief**

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.

### **Women's involvement in decisions about induction of labour**

Clinical commissioners should specify that secondary care maternity service providers give personalised information to women who are being offered induction of labour. Commissioners may seek assurance that information is

---

<sup>1</sup> The 'do not do' recommendations may be because there is evidence that the practice is not, on balance, beneficial or there is a lack of evidence to support its continued use.

given in line with recommendations [1.1.1.1](#), [1.1.1.2](#) (key priorities for implementation) and [1.1.1.3](#) in NICE clinical guideline 70. This will enable women to use information that is relevant to their own circumstances to consider their options, ask questions and reach a decision, with the support of their healthcare professionals, about whether and when to have their labour induced. NICE's [questionnaire for women for induction of labour](#) can be used by providers to assess women's satisfaction with their decision based on the information they received.

### **Safety and support for women having outpatient induction of labour**

Outpatient induction is the process of induction that starts as an inpatient or outpatient procedure for women who are then discharged either to home or to a setting where they do not have immediate access to the hospital, such as an outreach antenatal clinic or a birthing centre. Women then return to the hospital for the delivery.

CCGs should specify that secondary care maternity service providers have safety and support procedures, including audit, in place for women who have their labour induced as outpatients in line with recommendations [1.5.1.1](#), [1.5.1.2](#) and [1.6.1.6](#) in the NICE clinical guideline.

CCGs may wish to check that procedures include monitoring women for a period of time before they go home, giving them instructions about who to contact (and ensuring they have immediate access to advice) and making sure women are told about the availability of pain relief options in different settings. Continual audit of inductions will allow service providers and clinical teams to ensure that inductions of labour for women as outpatients are carried out for clinically appropriate reasons and enable monitoring of outcomes for women and their babies.

### **Pain relief**

It is important for all women in labour to receive appropriate pain relief within a suitable timeframe<sup>2,3</sup>. Women whose labour is induced may need pain relief

---

<sup>2</sup> 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

earlier than women whose labour starts spontaneously, and women's needs for pain relief, and for different types of pain relief, may vary. CCGs should therefore specify that secondary care maternity service providers ensure that appropriate pain relief, ranging from simple analgesics to epidural analgesia, is available within a suitable timeframe for women who have had their labour induced, in line with NICE clinical guideline 70 (recommendation 1.6.2.3). CCGs may also seek assurance that appropriately trained staff, such as doctors, midwives and anaesthetists, are available to administer pain relief within a suitable timeframe.

The NICE shared learning example [labour analgesia clinical audit](#) (in line with NICE clinical guideline 55 on [intrapartum care](#)) provides details of a clinical audit undertaken in South London Healthcare NHS Trust<sup>4</sup>.

## 5 Other useful resources

### 5.1 Useful resources

- Royal College of Obstetricians and Gynaecologists (2013) [Induction of labour at term in older mothers \(Scientific impact paper 34\)](#).
- NHS England (2012) [Commissioning maternity services – a resource pack to support clinical commissioning groups](#).
- World Health Organization (2011) [WHO recommendations for induction of labour](#).
- Royal College of Obstetricians and Gynaecologists (2010) [Management of women with obesity in pregnancy](#).

---

suitable timeframe. [Adapted from [Induction of labour](#) (NICE clinical guideline 70, full guideline) and expert opinion]

<sup>3</sup> For women who are offered an induction of labour, the pain relief options available are those outlined [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.

<sup>4</sup> Examples in the NICE shared learning database are offered to share good practice and NICE makes no judgement on the compliance of these services with its guidance.

## **5.2 NICE implementation support**

- [Induction of labour](#). NICE clinical guideline 70 Implementation tools and resources (2008)

## **5.3 NICE pathways**

- [Induction of labour](#)
- [Patient experience in adult NHS Services](#)

### **Copyright**

© National Institute for Health and Care Excellence 2014. All rights reserved. NICE copyright material can be downloaded for private research and study, and may be reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the written permission of NICE.