

### Induction of labour (IOL) Information Rosie 2018

IOL is a process that can take 3-4 days even without any delays. Each woman responds differently and response cannot be predicted. IOL is put on hold when there are capacity issues, either with space on the DU, staffing or NICU capacity. Responsibility to provide safe care and cannot commence an IOL or continue it if we do not have the staff or space to safely look after the woman.

#### Place of birth for Rosie Hospital Statistics

|                                | <u>2016/17</u> | <u>2017/18</u> |
|--------------------------------|----------------|----------------|
| Other Rosie wards/clinic areas | 0.1%           | 0.11%          |

Birth on Sara Ward would fall in to the 'Other Rosie wards/clinic areas' category.

#### Induction of labour rates

| January | February | March | April | May |
|---------|----------|-------|-------|-----|
| 25%     | 23%      | 22%   | 26%   | 24% |

Response from Alberto (Clinical Services Manager Delivery Unit) and Stacy Hayden (Sara Ward Manager):

*'In 2016 we undertook a significant review of the IOL pathway, including thorough audit which leave to the changes in the pathway.. The main changes to the pathway were aimed to minimise delays, enhance women experience and safety. We introduced a regular review of IOL's between AN ward and DU. We introduced prostin tablets to replace prostin gel to avoid confusion and potential safety issues, reviewed the criteria for outpatient IOL to include multiparous women, and included the option of low risk multiparous women going to the RBC if they laboured following prostin administration only, subject to a full midwifery assessment to confirm everything is within normal parameters and normal electronic fetal monitoring. A midwife 'PGD' (Patient Group directive- i.e. a prescription that can be written and administered by midwives without a doctor) for prostin and propess introduced to avoid delay in first prescription.*

*The antenatal IOL DVD is still in the process of being shot and should be completed soon. I feel this will help with meeting women's expectations about the IOL process.'*

A re-audit of the Induction of Labour Pathway is due in September and will focus on IOL (overall), RBC and outpatient IOL. Looks generally favourable with significantly lower CS rates that the background rate. Most women do not experience long delays- this is only a small number.

The number of complaints and concerns regarding IOL have reduced in the last 6 months. Complaints and concerns trends are monitored and reviewed at least quarterly so any further developments can be addressed as required.