Blackpool Teaching Hospitals NHS

NHS Foundation Trust

Document Type: **PROTOCOL**	**Unique Identifier:** OBS/GYNAE/PROT/027	
Title: **Outpatient Induction of Labour**	**Version Number:** 2	
	Status: Ratified	
Target Audience: All medical staff and midwives in Obstetrics	**Divisional and Department:** Families Division Obstetrics and Gynaecology	
Author / Originator and Job Title: Mr Johnson Amu, Consultant Obstetrician and Gynaecologist Angela Fletcher, Antenatal Services Manager Nicky Moate, Practice Development Midwife Dr Ben Choo, Specialty Trainee in Obstetrics and Gynaecology	**Risk Assessment:** Not Applicable	
Replaces: OBS/GYNAE/PROT/027 version 1.1, Outpatient Induction of labour	**Description of amendments:** 01/12/2016 – References updated to reflect latest evidence Duplication of links in Appendix 3 noted and corrected Revision of criteria on 3.2.1 Appendix 1- revision of criteria Authors reviewed	
Validated (Technical Approval) by: Families Division Obstetrics and Gynaecology Policy Group	**Validation Date:** 27/02/2017	**Which Principles of the NHS Constitution Apply?** 1 - 4
Ratified (Management Approval) by: Families Division Women's Health Departmental Meeting	**Ratified Date:** 28/02/2017	**Issue Date:** 28/02/2017
Review dates and version numbers may alter if any significant changes are made	**Review Date:** 01/02/2020	

Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.

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1 PURPOSE

To provide guidance on the selection and management of woman who are suitable for outpatient induction of labour.

2 TARGET AUDIENCE

All medical staff and midwives working within the maternity unit of Blackpool Teaching Hospital NHS Foundation Trust.

3 PROTOCOL

3.1 Introduction

Induction of labour is an intervention designed to artificially initiate uterine contractions leading to progressive dilatation and effacement of the cervix and delivery of the baby.

3.2 Outpatient induction of labour

This method of induction of labour is offered strictly to low risk women who meet all the eligibility criteria

3.2.1 Eligibility Criteria

• Low risk pregnancy

• Para 3 or less

• Post-dates pregnancy (Term + 10-12)

• Singleton and cephalic presentation

Patient must

• Have no medical , obstetric or gynaecological problems

• Have good understanding and able to speak English fluently

• Have access to own transportation

• Have a responsible adult staying with them at home and overnight on induction day

• Live within 45 minutes (driving distance) from Blackpool Victoria hospital

• Able to access telephone for easy communication with Blackpool Victoria Hospital

3.2.2 Process of outpatient induction of Labour

See Appendix 1.

3.2.3 Outpatient induction checklist / Proforma

See Appendix 2.

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3.2.4 Outpatient induction of labour telephone assessment Proforma

See Appendix 3.

4	ATTACHMENTS	
Appendix Number	**Title**	
1	Process of outpatient induction of Labour	
2	Outpatient induction checklist/proforma	
3	Outpatient induction of labour telephone assessment Proforma	
4	Equality Impact Assessment Form	

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	**Location**	**Date Issued**
1	Intranet	28/02/2017
2	Wards, Departments and Service	28/02/2017

7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**
OBS/GYNAE/GUID/004	Labour Care http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-GUID-004.docx
OBS/GYNAE/GUID/111	Induction of labour http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-GUID-111.docx
OBS/GYNAE/PROT/003	Fetal Monitoring and Fetal Blood Sampling http://fcsharepoint/trustdocuments/Documents/OBS-GYNAE-PROT-003.docx
LP/129/01	Outpatient Induction Of Labour Telephone Assessment Proforma http://fcsharepoint/divisions/corporateservices/informationgovernance/healthrecords_library/Documents/Outpatient%20Induction%20Of%20Labour%20Telephone%20Assessment%20Proforma.doc
LP/128/02	Outpatient Induction of Labour Checklist /Proforma http://fcsharepoint/divisions/corporateservices/informationgovernance/healthrecords_library/Documents/Outpatient%20Induction%20of%20Labour%20Appendices%20for%20HR.doc

8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS
References In Full
Dowswell T, Kelly AJ, Livio S, Norman JE, Alfirevic Z. Different methods for the Induction of labour in outpatient settings. Cochrane Database of Systematic Reviews 2010, Issue 8. Art. No.: CD007701. DOI: 10.1002/14651858.CD007701.pub2

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8   SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References In Full
Kelly AJ, Alfirevic Z, Ghosh A. Outpatient versus inpatient induction of labour for improving birth outcomes. *Cochrane Database of Systematic Review* 2013, Issue 11. Art. No.: CD007372. DOI: 10.1002/14651858. CD007372.pub3.
NICE 2008 – CG70 Induction of labour www.nice.org

9   CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC

Name	Designation	Date Response Received
	Obstetrics and gynaecology consultants	
	Maternity Day unit staff	
Nicola Parry	Head of midwifery	

10   DEFINITIONS / GLOSSARY OF TERMS

NHS	National Health Service
MOEWS	Modified Obstetric Early Warning Scoring

11   AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL

Issued By	Angela Fletcher	Checked By	Mr Johnson Amu
Job Title	Antenatal Services Manager	Job Title	Head of Department /Consultant Obstetrician and Gynaecologist
Date	January 2017	Date	January 2017

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APPENDIX 1: PROCESS OF OUTPATIENT INDUCTION OF LABOUR

ELIGIBILITY

- Low risk pregnancy
- Term + 10-12
- Singleton pregnancy
- Cephalic presentation
- Para 3 or less

ELIGIBILITY

- Have no medical, obstetrics or gynaecological problem
- Able to speak fluently and good understanding of English
- Have a responsible adult staying with them at home and overnight on induction day
- Have access to own transportation (car)
- Live within 45minutes (driving distance) from Blackpool Victoria hospital

Suitable patient must meet ALL criteria above

- Outpatient IOL can be offered by community midwife or obstetrician (ST3 and above)
- **Only one outpatient IOL is allowed per day** (Monday-Friday)
- Agreed Induction date and time must be documented in the induction diary and patient's health record
- Outpatient induction of labour **should commence in the morning (1000hrs) on the maternity day unit**

Pre induction (on MDU)

The midwife will:

- Record and document the MEOWS score on the MEOWS chart
- Perform an antenatal assessment
- Complete the Induction of Labour Record
- Perform CTG for at least 30minutes
- Complete the outpatient induction of labour proforma (appendix 2)

If Bishop Score is 5 or less, CTG is normal and maternal observation satisfactory the process of induction can be commenced

Induction

- The midwife will insert Propess into the posterior fornix

- Allow the woman to mobilise within the hospital for 2hours

- After 2hours of mobilisation, the woman returns to MDU for fetal auscultation by midwife

Post induction

- If no fetal or maternal concerns she is allowed home with clear instructions on what to expect and how to contact the delivery suite (information leaflet)

- After insertion of Propess, patient is advised to contact delivery suite later in the day (1800hrs) for assessment over the telephone (appendix 3)

- At any time, he woman should contact delivery suite or be advised to attend delivery suite by the midwife after telephone assessment if
  - Pessary falls out
  - Membrane ruptures
  - PV bleeding
  - Experiencing pain
  - Starts to contract every 5minutes

- If labour does not commence and no concerns the woman should be admitted to ward D after 24hours
  - The midwife and senior obstetrician should review and manage as per in-patient induction protocol
  - Individualised management plan should be documented in the woman's health record.

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APPENDIX 2: OUTPATIENT INDUCTION OF LABOUR CHECKLIST /PROFORMA

http://fcsharepoint/divisions/corporateservices/informationgovernance/healthrecords_library/Documents/Outpatient%20Induction%20of%20Labour%20Appendices%20for%20HR.doc

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APPENDIX 3: OUTPATIENT INDUCTION OF LABOUR TELEPHONE ASSESSMENT PROFORMA

http://fcsharepoint/divisions/corporateservices/informationgovernance/healthrecords_library/Documents/Outpatient%20Induction%20Of%20Labour%20Telephone%20Assessment%20Proforma.doc

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APPENDIX 4:   EQUALITY IMPACT ASSESSMENT FORM

Department	Obstetrics	Service or Policy	Policy	Date Completed:		January 2014

GROUPS TO BE CONSIDERED

Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED

Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.

QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	To ensure appropriate management of low risk women suitable for outpatient IOL			
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	NA			
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	NO			
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	NO			
How does the service, leaflet or policy/ development promote equality and diversity?	NA			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	YES			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Workforce reflective of local population			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	NA			
Does the service, leaflet or policy/ development promote equity of lifelong learning?	NA			
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	NA			
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	NA			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	NA			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	NA			
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the	NO			

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environment • During development • At implementation?				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis			**No**	**(Please delete as appropriate)**
Name of Author: **Signature of Author:**	Mr Johnson Amu		**Date Signed:**	**January 2017**
Name of Lead Person: **Signature of Lead Person:**			**Date Signed:**	
Name of Manager: **Signature of Manager**	Mr Johnson Amu		**Date Signed:**	**January 2017**

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