Queensland Clinical Guidelines

Translating evidence into best clinical practice

Maternity and Neonatal **Clinical Guideline**

Guideline Supplement: Induction of labour

Queensland Government

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1 Introduction

This document is a supplement to the Queensland Clinical Guideline (QCG) *Induction of labour.* It provides supplementary information regarding guideline development, makes summary recommendations, suggests measures to assist implementation and quality activities and summarises changes (if any) to the guideline since original publication. Refer to the guideline for abbreviations, acronyms, flow charts and acknowledgements.

1.1 Funding

The development of this guideline was funded by Healthcare Improvement Unit, Queensland Health. Consumer representatives were paid a standard fee. Other working party members participated on a voluntary basis.

1.2 Conflict of interest

Declarations of conflict of interest were sought from working party members. One working party member declared a conflict of interest and this was managed as per the Queensland Clinical Guidelines *Conflict of Interest* statement.

1.3 Guideline review

Queensland clinical guidelines are reviewed every 5 years or earlier if significant new evidence emerges. Table 1 provides a summary of changes made to the guidelines since original publication.

Table 1. Summary of change

Publication date	Identifier	Summary of major change
August 2010	MN11.22-V1-R16	First publication Endorsed by: · *QCG Steering Committee* · *Statewide Maternity and Neonatal Clinical Network* · *Patient Safety and Quality Executive Committee*
October 2011	MN11.22-V2-R16	Minor formatting corrections Table 18: Oxytocin considerations – Frequency of temperature monitoring amended from 4 hourly to 2 hourly
January 2014	MN11.22-V3-R16	Added: Section 1.5 Care if induction postponed Added to Table 17 Indications for removal: re use of dinoprostone gel following insufficient cervical ripening Added to Table 19 Administration: re use of secondary IV access Added to Table 21. Monitoring: Additional assessments before ARM Added to Table 23 Uterine hypercontractility: Use of off-licence sublingual GTN
April 2014	MN11.22-V4-R16	Flowchart: Oxytocin row: shaded blue; frequency of observations amended Table 4 Term prelabour rupture of membranes, Recommendations Deleted Recommend expedited IOL as contradicts Early onset Group B streptococcal disease guideline Table 5 Previous caesarean section, Risk/Benefit deleted content and added 'Refer to guideline: Vaginal birth after caesarean section (VBAC)' Table 17: Maximum dose and Indications for removal rows: the timing for Dinoprostone gel administration amended to be based on the woman's individual circumstances and the obstetrician's discretion Table 18: Cautions Amended wording from 'Oxytocin should be used with caution.' to 'Oxytocin is contraindicated in women with a previous uterine scar or high parity ..'

Publication date	Identifier	Summary of major change
March 2017	MN17.22-V5-R22	First complete guideline review Endorsed by: · *QCG Steering Committee* · *Statewide Maternity and Neonatal Clinical Network*
June 2017	MN17.22-V6-R22	Amendment to Table 17 Post balloon catheter insertion. Added to first row of table-monitoring: "engagement of the fetal head" and "medical review required if malpresentation or fetal head 5/5 palpable after insertion" Amendment to Flowchart Balloon catheter as above
July 2018	MN17.22-V7-R22	Change to TGA approvals for cervidil (dinoprostone) Table 19: Indications for removal of dinoprostone pessary amended *From*: Insufficient cervical ripening after 12 hours *To:* Insufficient cervical ripening after 24 hours Table 16: Balloon (transcervical) catheter insertion amended at 'Equipment' *From: 26 French gauge Foley catheter* *To: Foley catheter with balloon capacity of at least 30 mL* Section 2.2 Concern for fetal wellbeing amended to align with intrapartum fetal surveillance terminology *From: …decreased fetal movements, oligohydramnios,* ***non-reassuring fetal surveillance test****, fetal abnormality….* *To: …decreased fetal movements, oligohydramnios,* ***abnormal fetal surveillance****, fetal abnormality* Minor updates to reference list Guideline Supplement: Section 4.6 National Safety and Quality Health Service Standards (NSQHS) updated to align with 2017 publication of NSQHS standards

2 Methodology

Queensland Clinical Guidelines (QCG) follows a rigorous process of guideline development. This process was endorsed by the Queensland Health Patient Safety and Quality Executive Committee in December 2009. The guidelines are best described as 'evidence informed consensus guidelines' and draw from the evidence base of existing national and international guidelines and the expert opinion of the working party.

2.1 Topic identification

The topic was identified as a priority by the Statewide Maternity and Neonatal Clinical Network at a forum in 2009.

2.2 Scope

The scope of the guideline was determined using the following framework.

Table 2. Scope framework

Scope framework	
Population	Pregnant women
Purpose	Identify assessment for and management of IOL
Outcome	Support evidence based decision making related to: · Assessment of suitability for IOL · Management during IOL
Exclusions	· Routine antenatal and intrapartum care · Augmentation · IOL for termination of pregnancy · Other methods of IOL (e.g. acupuncture, hypnosis, homeopathy, castor oil, enema, sexual intercourse, breast stimulation, nitrates) · Care covered in other Queensland Clinical Guidelines

2.3 Clinical questions

The following clinical questions were generated to inform the guideline scope and purpose:

- What are the clinical indications for IOL?
- What clinical care should be provided to pregnant women where IOL has been agreed?
- What methods of IOL are recommended?
- For each method of IOL, what are the clinical considerations?
- What are the complications of IOL?

2.4 Search strategy

A search of the literature was conducted during June to November 2016. The QCG search strategy is an iterative process that is repeated and amended as guideline development occurs (e.g. if additional areas of interest emerge, areas of contention requiring more extensive review are identified or new evidence is identified). All guidelines are developed using a basic search strategy. This involves both a formal and informal approach.

Table 3. Basic search strategy

Step		Consideration
1.	Review clinical guidelines developed by other reputable groups relevant to the clinical speciality	· This may include national and/or international guideline writers, professional organisations, government organisations, state based groups. · This assists the guideline writer to identify: o The scope and breadth of what others have found useful for clinicians and informs the scope and clinical question development o Identify resources commonly found in guidelines such as flowcharts, audit criteria and levels of evidence o Identify common search and key terms o Identify common and key references
2.	Undertake a foundation search using key search terms	· Construct a search using common search, key and MESH terms identified during Step 1 above · Search the following databases o PubMed o CINAHL o Medline o Cochrane Central Register of Controlled Trials o EBSCO o Embase · Studies published in English less than or equal to 5 years previous are reviewed in the first instance. If relevant, other years may be searched · Save and document the search · Add other databases as relevant to the clinical area
3.	Develop search word list for each clinical question.	· This may require the development of clinical sub-questions beyond those identified in the initial scope. · Using the foundation search performed at Step 2 as the baseline search framework, refine the search using the specific terms developed for the clinical question · Save and document the search strategy undertaken for each clinical question
4.	Other search strategies	· Search the reference lists of reports and articles for additional studies · Access other sources for relevant literature o Known resource sites o Internet search engines o Relevant text books

2.4.1 Keywords

The following keywords were used in the basic search strategy. Other keywords may have been used for specific aspects of the guideline:
Induc* of labo*r, labo*r induc*, IOL, membran*, sweep*, strip*, guideline*, fetal macrosomia, postterm, postdates, prolonged, pregnancy, fetal growth restriction, FGR, IUGR, intrahepatic cholestasis of pregnancy, obstetric cholestasis, maternal age, maternal request, guideline, prostaglandin, dinoprostone, oxytocin, twin* pregnanc*, balloon, transcervical, catheter, amniotomy, artificial rupture of membranes, ARM, fetal growth restriction, FGR, IUGR, risks

2.5 Consultation

Major consultative and development processes occurred between August 2016 and November 2016. These are outlined in Table 4.

Table 4. Major guideline development processes

Process	Activity
Clinical lead	The nominated Clinical Lead was approved by QCG Steering Committee
Consumer participation	Consumer participation was invited from a range of consumer focused organisations who had previously accepted an invitation for on-going involvement with QCG
Working party	An EOI for working party membership was distributed via email to Queensland clinicians and stakeholders (~1000) in August 2016 The working party was recruited from responses received Working party members who participated in the working party consultation processes are acknowledged in the guideline Working party consultation occurred in a virtual group via email
Statewide consultation	Consultation was invited from Queensland clinicians and stakeholders (~1000) during November 2016 Feedback was received primarily via email All feedback was compiled and provided to the clinical lead and working party members for review and comment

2.6 Endorsement

The guideline was endorsed by the:

- Queensland Clinical Guidelines Steering Committee in February 2017
- Statewide Maternity and Neonatal Clinical Network Queensland in February 2017

2.7 Publication

The guideline and guideline supplement were published on the QCG website in March 2017.

The guideline can be cited as:

Queensland Clinical Guidelines. Induction of labour. Guideline No. MN17.22-V7-R22. Queensland Health. 2017. Available from: http://www.health.qld.gov.au/qcg/

The guideline supplement can be cited as:

Queensland Clinical Guidelines. Supplement: Induction of labour. Guideline No. MN17.22-V7-R22. Queensland Health. 2017. Available from: http://www.health.qld.gov.au/qcg/

3 Levels of evidence

The levels of evidence identified in the National Health and Medical Research Council (NHMRC) Levels of evidence and grades for recommendations for developers of guidelines (2009) were used to inform the summary recommendations. Levels of evidence are outline in Table 5. Note that the 'consensus*' definition in Table 5 is different from that proposed by the NHMRC. Instead, it relates to forms of evidence that are not identified by the NHMRC and/or that arise from the clinical experience of the guideline's clinical lead and working party.

Table 5. Levels of evidence

Levels of evidence	
I	Evidence obtained from a systematic review of all relevant randomised controlled trials.
II	Evidence obtained from at least one properly designed randomised controlled trial**.**
III-1	Evidence obtained from well-designed pseudo randomised controlled trials (alternate allocation or some other method).
III-2	Evidence obtained from comparative studies including systematic review of such studies with concurrent controls and allocation not randomised (cohort studies), case control studies or interrupted time series with a control group**.**
III-3	Evidence obtained from comparative studies with historical control, two or more single arm studies, or interrupted time series without parallel control group.
IV	Evidence obtained from case series, either post-test or pre-test and post-test.
Consensus*	Opinions based on respected authorities, descriptive studies or reports of expert committees or clinical experience of the working party.

3.1 Summary recommendations

Summary recommendations and levels of evidence are outlined in Table 6.

Table 6. Summary recommendations

Recommendation		Grading of evidence
1.	Document the indication for induction[1]	**Consensus**
2.	Discuss with the woman: · Reason for induction · Method of induction · Potential risks and benefits · Options for pain relief · Options if unsuccessful · Options if IOL declined or postponed	**Consensus**
3.	Assess the cervix using the Modified Bishop Score[1]	**Consensus**
4.	Care if IOL declined from 42^{+0} weeks: · Offer at least twice weekly assessment for fetal well-being from 42^{+0} weeks[1,2], including: o Cardiotocography (CTG)[3] o Ultrasound assessment of amniotic fluid volume using estimation of deepest vertical pocket[4]	**II[1]**
5.	When a booked induction of labour is postponed: · Perform an assessment of maternal and fetal wellbeing · Develop a plan with the woman for continued care including: o Arrangements for ongoing monitoring (if required) o Return for IOL o Advise the woman to contact the facility if concerned about her wellbeing or that of her baby · Document the assessment and plan in the health record	**Consensus**
6.	Prolonged pregnancy: for women with uncomplicated pregnancies, recommend IOL from 41^{+0} weeks[5]	**II[1]**
7.	After ARM, commence oxytocin early to assist with establishing labour[1]	**Consensus**
8.	Record oxytocin infusion rates in milliunit/minute rather than mL/hour.[1]	**Consensus**

4 Implementation

This guideline is applicable to all Queensland public and private maternity facilities. It can be downloaded in Portable Document Format (PDF) from www.health.qld.gov.au/qcg

4.1 Guideline resources

The following guideline components are provided on the website as separate resources:

- Flowchart: Induction of labour
- Education resource: Induction of labour
- Knowledge assessment: Induction of labour
- Parent information: Induction of labour

4.2 Suggested resources

During the development process stakeholders identified additional resources with potential to complement and enhance guideline implementation and application. The following resources have not been sourced or developed by QCG but are suggested as complimentary to the guideline:

- Local protocols regarding the use of water immersion if telemetry monitoring is available
- Local protocols for oxytocin dilution preparations where close fluid monitoring is required (e.g. cardiac conditions)
- Resources (e.g. education and training, notifications) to support clinicians transition to the standard oxytocin regimen
- Local protocols for outpatient management of induction of labour (where this is an option) that include inclusion/exclusion criteria, information for women, monitoring requirements, indications for return to hospital, clinical governance and monitoring of the service and outcomes

4.3 Implementation measures

Suggested activities to assist implementation of the guideline are outlined below.

4.3.1 QCG measures

- Notify Chief Executive Officer and relevant stakeholders
- Monitor emerging new evidence to ensure guideline reflects contemporaneous practice
- Capture user feedback
- Record and manage change requests
- Review guideline in 2022

4.3.2 Hospital and Health Service measures

Initiate, promote and support local systems and processes to integrate the guideline into clinical practice, including:

- Hospital and Health Service (HHS) Executive endorse the guidelines and their use in the HHS and communicate this to staff
- Promote the introduction of the guideline to relevant health care professionals
- Support education and training opportunities relevant to the guideline and service capabilities
- Align clinical care with guideline recommendations
- Undertake relevant implementation activities as outlined in the *Guideline implementation checklist* available at www.health.qld.gov.au/qcg

4.4 Quality measures

Auditing of guideline recommendations and content assists with identifying quality of care issues and provides evidence of compliance with the National Safety and Quality Health Service (NSQHS)Standards[6] [Refer to Table 7. NSQHS Standard 1]. Suggested audit and quality measures are identified in Table 8. Clinical quality measures.

Table 7. NSQHS Standard 1

NSQHS Standard 1: Clinical governance	
Clinical performance and effectiveness	
Criterion 1.27:	**Actions required:**
Evidence based care	a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice
	b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care

Table 8. Clinical quality measures

No	Audit criteria	Guideline section
1.	Proportion of women who gave birth beyond 42^{+0} weeks gestation	Section 2.1 Prolonged pregnancy prevention
2.	Proportion of women who declined IOL, who received at least twice weekly assessment of fetal well-being from 42^{+0} weeks gestation (CTG and USS)	Section 1.2 IOL declined or postponed
3.	Proportion of women who have a documented indication for the IOL in their health record	Section 1.1 Communication and information
4.	Proportion of women who have a documented modified Bishop score (MBS) in their health record before IOL commences	Section 3 Pre IOL assessment
5.	Proportion of women who had a CTG performed before IOL commences	Section 3 Pre IOL assessment
6.	Proportion of women with intact membranes and unfavourable cervix (MBS 6 or less) where an ARM was attempted/performed as the primary method of IOL (low expected)	Section 4 Methods of IOL
7.	Proportion of women who had ARM as the primary method of IOL, and commenced oxytocin within four hours	Section 4.3 Artificial rupture of membranes

4.5 Areas for future research

During development the following areas were identified as having limited or poor quality evidence to inform clinical decision making. Further research in these areas may be useful:

- Women's experiences and preferences in relation to IOL and expectant management
- The influence of maternal ethnicity on timing of IOL for prolonged pregnancy

4.6 Safety and quality

Implementation of this guideline provides evidence of compliance with the National Safety and Quality Health Service Standards and Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) National accreditation programs.[6,7]

Table 9. NSQHS/EQuIPNational Criteria

NSQHS/EQuIPNational Criteria	Actions required	þ Evidence of compliance
NSQHS Standard 1: Clinical governance		
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Diversity and high risk groups** 1.15 The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care	þ Assessment and care appropriate to the cohort of patients is identified in the guideline þ High risk groups are identified in the guideline þ The guideline is based on the best available evidence
Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.	**Evidence based care** 1.27 The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	þ Queensland Clinical Guidelines is funded by Queensland Health to develop clinical guidelines relevant to the service line to guide safe patient care across Queensland þ The guideline provides evidence-based and best practice recommendations for care þ The guideline is endorsed for use in Queensland Health facilities. þ A desktop icon is available on every Queensland Health computer desktop to provide quick and easy access to the guideline
	Performance management 1.22 The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	þ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg
Patient safety and quality systems Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.	**Policies and procedures** 1.7 The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	þ QCG has established processes to review and maintain all guidelines and associated resources þ Change requests are managed to ensure currency of published guidelines þ Implementation tools and checklist are provided to assist with adherence to guidelines þ Suggested audit criteria are provided in guideline supplement þ The guidelines comply with legislation, regulation and jurisdictional requirements

NSQHS/EQuIPNational Criteria	Actions required	þ Evidence of compliance
NSQHS Standard 2: Partnering with Consumers		
Health literacy Health service organisations communicate with consumers in a way that supports effective partnerships.	**Communication that supports effective partnerships** 2.8 The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community 2.9 Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review 2.10 The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	þ Consumer consultation was sought and obtained during the development of the guideline. Refer to the acknowledgement section of the guideline for details þ Consumer information is developed to align with the guideline and included consumer involvement during development and review þ The consumer information was developed using plain English and with attention to literacy and ease of reading needs of the consumer
Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation.	**Partnerships in healthcare governance planning, design, measurement and evaluation** 2.11 The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community 2.14 The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	þ Consumers are members of guideline working parties þ The guideline is based on the best available evidence þ The guidelines and consumer information are endorsed by the QCG and Queensland Statewide Maternity and Neonatal Clinical Network Steering Committees which includes consumer membership
NSQHS Standard 4: Medication safety		
Clinical governance and quality improvement to support medication management Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines	**Integrating clinical governance** 4.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	þ The guideline provides current evidence based recommendations about medication

NSQHS/EQuIPNational Criteria	Actions required	þ Evidence of compliance
NSQHS Standard 5: Comprehensive care		
Clinical governance and quality improvement to support comprehensive care Systems are in place to support clinicians to deliver comprehensive care	**Integrating clinical governance** 5.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care **Partnering with consumers** 5.3 Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	þ The guideline has accompanying educational resources to support ongoing safety and quality education for identified professional and personal development. The resources are freely available on the internet http://www.health.qld.gov.au/qcg þ The guideline provides evidence-based and best practice recommendations for care þ Consumer information is developed for the guideline
NSQHS Standard 6: Communicating for safety		
Clinical governance and quality improvement to support effective communication Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients.	**Integrating clinical governance** 6.1 Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication **Partnering with consumers** 6.3 Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making **Organisational processes to support effective communication** 6.4 The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	þ Requirements for effective clinical communication by clinicians are identified þ The guideline provides evidence-based and best practice recommendations for communication between clinicians þ The guideline provides evidence-based and best practice recommendations for communication with patients, carers and families þ The guideline provides evidence-based and best practice recommendations for discharge planning and follow –up care

NSQHS/EQuIPNational Criteria	Actions required	þ Evidence of compliance
NSQHS Standard 6: Communicating for safety (continued)		
Communication of critical information Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care.	**Communicating critical information** 6.9 Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient 6.10 The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	þ Requirements for effective clinical communication of critical information are identified þ Requirements for escalation of care are identified
Communicating at clinical handover Processes for structured clinical handover are used to effectively communicate about the health care of patients.	**Clinical handover** 6.7 The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover 6.8 Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	þ The guideline acknowledges the need for local protocols to support transfer of information, professional responsibility and accountability for some or all aspects of care

5 References

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