Outpatient Induction of Labour (IOL)

Key Document code:	WAHT-TP- 094	
Key Documents Owner/Lead:	Dr Hillman	Consultant Obstetrician
Approved by:	Maternity Governance Meeting	
Date of Approval:	15th November 2019	
Date of review:	15th November 2022	

Key Amendments

Date	Amendments	Approved by

This guidance does not override the individual responsibility of health professionals to make an appropriate decision according to the circumstances of the individual patient in consultation with the patient and/or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

Women with uncomplicated pregnancies may be offered membrane sweep after 40 weeks and then induction of labour by 40+12.

The process for induction of labour should only be considered when vaginal delivery is felt to be the most appropriate route of delivery. This guideline refers to all women who are suitable for outpatient induction of labour.

Approximately 20% of labours in the UK are induced and this number is increasing. Many Trusts are now offering outpatient IOL for low risk women requiring Propess.

It is essential that outpatient induction of labour only be carried out with safety and support procedures in place, in low risk women.

This guideline should be used in conjunction with (Inpatient induction of Labour).

Inclusion criteria

Careful risk profiling is crucial to safe outpatient induction. Appropriate women should be:

- Primip with an uncomplicated singleton pregnancy
- Post-dates T+12 with an unfavourable cervix (Bishops score ≤ 6)
- Women being induced for social reasons
- Women being induced for pelvic girdle dysfunction
- No significant active medical disorders (e.g. asthma, epilepsy, hypertension, pre-eclampsia, cardiac, renal and liver disease or glaucoma)
- No complications during this or previous pregnancies that may place the women or her baby at increased risk (e.g. vaginal bleeding after 20 weeks gestation in current pregnancy)
- No evidence or suspicion of fetal compromise (e.g. intra-uterine growth restriction, oligohydraminios, polyhydraminios or fetal heart rate abnormalities)
- No history of previous uterine surgery (Excluding straight forward hysteroscopy, D and C or Evac.)
- No known hypersensitivity to prostaglandins
- Fetal head is engaged
- Ability to return to the hospital within 30 minutes by her own transport should a need arise
- Good understanding of the English language and has access to a telephone
- The women has a competent adult to stay with her during the induction period
- The women is able to remove the Propess herself if necessary

PROCESS OF OUTPATIENT INDUCTION OF LABOUR

- Eligible women should be offered the option of outpatient IOL at the time of booking the IOL.

- All women should be examined in the community to assess the Bishops score.

- Women with a bishops score ≥6 can be booked for ARM for admission straight to Delivery Suite. They should be booked in the usual way via the Antenatal ward diary. These women should be listed on the Delivery Suite induction board. The Consultant on call, in conjunction with midwifery staff, should triage the patient as if she was an inpatient. It is the responsibility of the on call team to ensure that women awaiting ARM at home are not forgotten.

- IOL should be booked by the Community Midwife no later than T+10 by telephone with the Day Assessment Unit (Worcester Royal). The process of induction of labour should have started by T+12.

- The patient should be provided with written and verbal information regarding the process (See patient information leaflet - Appendix 1).

- DAU should offer an appointment and complete the outpatient of labour booking form (See Appendix 2). This should be filed within the main notes

Initial Inpatient Assessment

- In eligible woman, an initial assessment with initiation of induction should occur in Day Assessment Unit at Worcester Royal.

- DAU slots will be available from 18.00 each day.

- Prior to commencement of the induction process, baseline maternal observations should be recorded (blood pressure, maternal pulse, temperature, urinalysis).

- There should be an assessment of fetal wellbeing via computerised CTG.

- The abdomen should be palpated to confirm a longitudinal lie, cephalic presentation, level of fetal head engagement and confirm that the SFH is within normal limits.

- Review and complete the booking form (Appendix 2)

- If all of the above is reassuring, insert Propess.

- If any of the above is abnormal the women should be reviewed by the on call obstetric team.

Insertion of Propess

- As per inpatient induction of labour guideline.

Discharge from Hospital

If the above has been satisfactory the women can return home. Prior to the women making this decision, she should be provided with verbal and written information explaining the next stage of the induction process. This should be documented in the green handheld notes and inpatient record.

The woman should be told how to remove the Propess before going home and a time arranged for the 12 hour telephone assessment made. Prior to going home a trained member of staff should go through the leaflet (Appendix 1) with the women, and clear instructions on how to contact the unit throughout the day and night should be given.

Women should be instructed to contact triage on 01905 703002 if:

- They have painful tightenings / contractions
- They require pain relief
- They have any other concern

Women should remove the Propess and contact the triage on 01905 703002 if:

- There is vaginal bleeding
- The membranes rupture
- The women has concerns regarding fetal movements
- If there is evidence of maternal adverse effect e.g. severe nausea and vomiting

If Propess is removed, falls out or drops within the vagina, patients should be advised to bring the Propess in a clean bag for re-insertion. If Propess is contaminated, a new pessary may be inserted, but total exposure time to Propess should not exceed 24 hours.
If a woman contacts triage she should be advised whether it is necessary to remove the Propess and where to attend if further assessment is required.

Criteria for readmission:

- Regular uterine contractions 1:10
- Any vaginal bleeding
- History of membrane rupture
- Reduced or absent fetal movements
- Evidence of adverse maternal reaction to Propess

12 hour Telephone Assessment

Women should have a telephone assessment 12 hours post-Propess insertion if they have not already been admitted. This call should be placed by the midwife on the induction ward and should be documented in the notes as per (Appendix 3).

The following should be documented:

- Frequency of contractions
- Any vaginal loss
- Fetal movements
- Experience of pressure/ pain
- Adverse effects from Propess e.g. nausea/ vomiting
- Propess in-situ

If the woman is well and none of the criteria for re-admission are met she can remain at home with instructions to return to the maternity ward at 24 hours post-Propess insertion or earlier if she has any concerns.

Re-admission

At any point following discharge women may be re-admitted, either in established labour or if they develop side effects or complications as a result of the use of Propess. If the onset of labour does not establish, readmission for assessment should occur at 24 hours post-Propess.

On re-admission review by a midwife should include:

- Baseline maternal observations (BP, RR, HR, T, urinalysis)
- Palpation of the abdomen to confirm longitudinal lie, cephalic presentation and level of fetal head engagement.

- Electronic Fetal Monitoring (EFM)

Ongoing management is as per inpatient induction of labour guideline.

Rerences:

GHNHSFT (2014) Outpatient Induction of Labour, A1109, Gloucestershire Hospitals NHS Foundation Trust

GHNHSFT (2012) Induction and augmentation of labour, including the use of syntocinon. Gloucestershire Hospitals NHS Foundation Trust

National Institute for Health and Clinical Excellence (2008). Induction of Labour. An update of NICE inherited clinical guideline D, Royal College of Obstetricians and Gynaecologists, London.

Kelly AJ, Alfirevic Z, Dowswell T. Outpatient versus inpatient induction of labour for improving birth outcomes. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. N0.:CD007372. DOI: 10.1002/14651858.CD007372.pub2

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.Art No.: CD007701. DOI: 10.1002/14651858.CD007701.pub

Akmal S; Yu, C; Paterson-Brown C; Phelan L; Murphy K, Donaldson B. Induction of labour Maternity guideline. Imperial college healthcare NHS trust. July 2012

Appendix 1

Patient Information leaflet - Outpatient induction of labour

Why have an outpatient induction of labour (IOL)?

- Going home during the first stage of the induction reduces the amount of time you will need to stay in hospital before your labour begins
- Allows your birth partner to remain with you throughout the induction process
- Makes the process of induction feel more 'normal' as most ladies who have spontaneous labour are at home for the early part of it

You may be offered an outpatient IOL if:

- Your pregnancy is considered 'low-risk'
- You have gone past your due date
- Your baby is well grown and all tests are normal
- This is your first full-term pregnancy
- You have no relevant medical or obstetric problems
- You have not had any uterine surgery
- You have had no bleeding after 20 weeks of pregnancy
- You have a telephone
- You have understood the information and can communicate well in English
- You have an adult who will be with you at all times
- You have transport to get you to the hospital within 30 mins

Please note that situations and change at any stage and you might be advised to stay in hospital if any problems arise during the process.

What to expect on the day of induction

Whenever you attend the hospital, please remember to bring your hospital notes and an overnight bag in case you do need to stay. Be prepared to spend about 2 hours at the hospital. The midwife looking after you will answer any questions you have and assess you and your baby's well-being. This will include checking your blood pressure, a urine sample and a baby's heart rate. The midwife will then do a vaginal examination. If it is appropriate to do so, a Propess pessary will be placed in your vagina. This will stay there for 24 hours.

A Propess pessary feels similar to having a very small flat tampon inserted into the vagina. There is a string for ease of removal which will sit just inside your lower vagina. It will swell a little to stay in place. You will then be asked to lie down for about half an hour before a final check. Providing all is well, you will then be able to go home.

What should I be doing at home?

- Be mobile - Being as upright and as active as possible will encourage your labour to commence
- Eat and drink as normal
- Bath or shower as normal but avoid excessive use of soap
- Take care when washing/undressing/wiping not to dislodge the Propess if the string is just outside the vagina
- We recommend avoiding sexual intercourse
- Monitor your baby's movements
- Take Paracetamol if you require
- Use a TENS machine if you would like, as you mobilise or rest

What are the possible side effects ?

There can be some side effects with Propess. They are usually mild and do not affect all women:

- Abdominal discomfort
- Nausea and vomiting
- Diarrhoea
- Vaginal swelling, discomfort or irritation
- Palpitations

If any of these occur to a distressing level, or you are unsure of what you are experiencing, you should phone the hospital. There is a very rare chance that you may be very sensitive to Propess and start contracting very frequently and strongly. If you have more than 5 contractions in 10 minutes, contractions lasting longer than 2 minutes, bleeding or severe abdominal pain you must phone the hospital and will be asked come in for a full assessment.

When should I contact the hospital?

Please contact **Triage** on 01905 703002 if:

- You have regular painful contractions
- You require stronger pain relief
- You have any vaginal bleeding
- You think your waters have broken
- You are concerned about your baby's movements
- You have strong contractions lasting >2 mins or more than 5 in 10 minutes
- You have constant pain
- You feel unwell in yourself or have difficulty breathing
- You are experiencing side effects to Propess that concern you
- The Propess falls out – please bring it in a clean plastic bag
- You have any other concerns

What next:

We will contact you 12 hours after the insertion of Propess. Please ensure you have access to the telephone that we will ring, it is fully charged and you have reception. Be aware that a hospital call will come up as blocked, withheld or unknown.

Your agreed telephone review time is ……..

If you have not been contacted within 2 hours of this time please ring the Antenatal ward 01905 760586

What happens if labour does not start within 24 hours of the pessary being inserted?

If your labour has not started within 24 hours of having Propess you will be invited back to the maternity unit. A time will have been agreed with you at the start of the induction process. The midwife will assess you and your baby's wellbeing. The midwife or doctor will also ask to perform an internal examination to remove the Propess and to assess your cervix. If your cervix is not ready the midwife or doctor will discuss further treatment with you. A second pessary might be inserted. You will now stay in hospital until your baby is born.

Worcestershire Acute Hospitals NHS Trust

Patient details sticker

Booking form and checklist for outpatient IOL

Date:	Gravida	Para
Gestation:		

Confirm that indication for IOL is Post-dates (please tick box) ☐

Decision by Name: Designation:

Membrane sweep: Accepted Declined

Date:	Bishop score:	Done by:
Date:	Bishop score:	Done by:

Risk checklist completed:

(tick)

No significant active medical disorders (e.g. asthma, epilepsy, hypertension, pre- eclampsia, cardiac, renal and liver disease or glaucoma)	
No previous uterine surgery	
No bleeding after 20 weeks gestation	
No complications in this or previous pregnancies	
No abnormal vaginal loss since last appointment	
SFH within normal limits and along centile	

Allergies: None Known Other:

Recent Bloods date: Hb: Platelets:

Fetal movements:

Normal Reduced Excessive

If movements reduced or excessive NOT for outpatient IOL

Maternal observations:

BP: / Pulse: Temperature: Urinalysis:

Ensure all observations are normal

Patient details sticker

Fetal assessment on DAU:

Longitudinal lie ☐ Cephalic ☐ Fetal head palpable /5

CTG meeting Dawes Redmond Criteria Y ☐ N ☐

Ensure CTG normal

Pre-requisites for outpatient IOL (please tick)

Ability to return to the hospital within 30 minutes by own transport ☐

Good understanding of English and access to a telephone ☐

Competent adult staying with the woman during the induction period ☐

Able to remove Propess herself if necessary ☐

Leaflet given ☐

IOL booked in IOL diary ☐

Consent ☐

Date and time of admission:

Gestation on date of admission:

Patient contact number:

Signature:	Print name:
Designation:	

Patient details sticker

Appendix 3

Outpatient Induction of Labour – Telephone Review

Time of call: Date:

Type of call: Routine 12 hour call ☐ Other:

Call failed ☐ Tried again at _____:_____

Contractions: Regular ☐ Irregular ☐ Frequency in 10 minutes:

Analgesia used: ☐ Type and Dose:

Vaginal loss: None ☐ Clear ☐ Blood ☐ Mucus ☐ Green ☐

Fetal movements: Normal ☐ Reduced ☐ Excessive ☐

Pain other than contractions: Location Intermittent / Constant

Adverse effects from Propess?

Nausea ☐ Vomiting ☐ Vaginal soreness ☐ Other ☐

Propess still in situ? Y ☐ N ☐

Plan: Stay at home ☐ Attend ANW ☐

Signature: Print name: Designation: