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Induction of Labour: Involving Women in a Local Quality Improvement Project

Magdalena Skrybant (Public Involvement Lead);
Fiona Cross-Sudworth (Research Fellow)

They say that the best things come to those who wait. But waiting for your baby to arrive, a baby you've carried for nine months, can be an anxious and stressful time. This is especially true for women recommended to have induction of labour for whatever reason.

Issues in induction of labour are not new. We know that women who have a labour induced can have a less-positive experience overall compared to women who have a spontaneous delivery.[1] Our Maternity theme brought together staff from the local NHS Trust and public contributors to better understand where issues are locally and to make recommendations to improve the service in the future. ARC WM's public contributors were involved throughout the whole process and played an important role in capturing the views of women who had an induction of labour.

Induction of Labour: National Context

The number of inductions in the UK is rising, increasing from one-fifth of births in 2007/2008 to one-third of births in 2019/20,[2] and this is presenting an increasing challenge for maternity services. Induction of labour may be offered when women go beyond their due date; when waters break early and labour doesn't immediately start; or for a number of other reasons, such as problems with mother or baby. The process usually starts by inserting vaginal prostaglandins that 'ripen' or soften the cervix and increase the chance of going into labour. Inductions can also involve mechanical processes, such as inserting an intracervical catheter or rupturing membranes, followed by oxytocin to stimulate contractions to start the labour process. This medicalised process can be far-removed from what women may have originally envisaged with calming music, birthing balls, water births, etc.

Evidence tells us that women may experience anxiety from delays in the process,[3] feel a lack of involvement in decision-making about their labour,[4] and may also experience increased pain compared to women who give birth through spontaneous labour.[5] Anecdotally, we also hear stories of rising complaints, concerns over safety, and women feeling they are over-burdening an already stretched maternity service when they are induced.

Working with Women to Better Understand Induction of Labour

Local Trusts implementing induction of labour as a Quality Improvement project should benefit many women. By bringing together representatives from the local Trust, researchers and women from the ARC WM Maternity theme, a project was set-up to better understand induction of labour processes and improve the experience for future mothers-to-be.

Working with Public Contributors to Capture Women's Views

ARC WM's public contributors expressed strong support for a survey, independent of the Trusts, to capture the experiences of women who had an induction of labour. As embedded partners in the Maternity theme, our public contributors worked alongside researchers in a virtual workshop to '*co-design the public-facing materials*' – a phrase familiar to any researcher that involves patients and the public in their work. But what did 'co-design' look like, and what changes came about as a result of the partnership between researchers and public contributors?

Our public contributors were able to bring key insights to help understand how to encourage women who had just brought home their new-born baby to complete a survey about their experiences. Public contributors supported presenting the survey with a 'Congratulations' card to overcome that '*not another survey request*' feeling, and to provide a pen so it could be completed in the moment. They also thought that the prize draw to incentivise women to complete the survey was a good idea, and provided views on when to send reminders, with wording carefully crafted to '*serve as a gentle prompt*' unlikely to annoy a woman who was likely tired and faced with an already long list of things to do. A key consideration of any survey is the length – our public contributors stressed that the survey could not be too long as women would likely complete the survey in between feeds, sleep, nappy changes, and everything else that a new parent has to do!

In developing the content of the survey, the Maternity theme public contributors provided input into the included questions, the order of the questions, and the wording of the questions. Although some questions were taken from validated surveys, others were designed from scratch. Some proposed changes were fairly straightforward: one question was re-worded to clarify that Remifentanil is a drug administered '*in the hand*' for pain relief; another had wording changed from 'who was involved in the decision *for your labour to be induced*' to 'who was involved in the decision *about whether you should have an induction*' (the second version was felt to be more personal); and another changed response options of '25-36 hours' and 'over 37 hours', to options of '2 days' and '3 days'.

Some discussions over wording, however, were more prolonged and nuanced. It took over ten minutes discussion, for example, to agree the wording for the question '*From when you first rang the hospital on the day your induction was booked, how long did you have to wait for a bed there before the induction could be started?*'. Our contributors felt that the original wording, 'From when you rang on the day of your induction', was confusing - partly due to the delays involved in Inductions and numerous times you have to call the hospital during the process. These small, but important changes, hopefully meant women completing the survey understood what was being asked and were able to provide responses rather than leaving the question blank or, worse still, not completing the survey at all.

Whilst the team were able to make most of the suggested changes, not all changes proposed were feasible within the time-frames/resources

budgeted. The contributors, for example, were keen to capture experiences of women that didn't speak English as a first language, but it wasn't possible to provide translation support for survey completion because the women had been discharged from maternity services by the time the survey was posted (but this is definitely a project to consider in the future).

Throughout the process, updated versions of the survey were shared with public contributors. The versions showed where changes had been incorporated, as well as why certain suggestions could not be incorporated, until the final version, which everyone was happy with, was circulated.

Using the Survey Findings

The findings from the survey from women are being used to improve the experiences of women being induced in different ways. There have been some 'quick wins', such as making drinks and snacks available to women who are being induced outside of mealtimes; whilst others will be much harder and take longer to resolve, such as how to minimise delays from getting from the induction bay or antenatal ward to delivery suite to continue the induction process, or increasing the numbers of women able to have out-patient induction of labour.

Another positive output from the project, however, was the design of new leaflets and a poster to support Mums-to-be throughout the induction of labour process. Bringing together expertise from our Maternity theme, clinicians and our public contributors, the leaflets include clear information on what to expect in an induction and 'top tips' to support women through the process. You can see the final version here: https://bwc.nhs.uk/download.cfm?ver=5858. This is an example of ARC WM policy to integrate PPIE for research with PPIE for service improvement. We feel very strongly that it is illogical for the two types of PPIE to exist on parallel but separate tracks.

The Start of the Journey

This project very much demonstrates 'ARC WM in action'. With strong links with local maternity services and with PPIE embedded within the ARC WM, we were able to be involved in this project from the outset, which brought together the service, researchers and women to better understand issues at the heart of induction of labour. And whilst there are still some key issues to resolve, ARC WM will no doubt be part of that ongoing dialogue and at the heart of projects going forwards.

References:

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