

Audit:

Induction of Labour (IOL) at a Tertiary Metropolitan Hospital

Viner R₁, Coundjipapadam C₁, Khalil, I₁

1 Fiona Stanley Hospital, Murdoch, Western Australia, Australia

Rosie.Viner@health.wa.gov.au



FIXIOL

BACKGROUND

The aim of this study was to audit the outcomes of women undergoing Induction of Labour (IOL) at a Tertiary Metropolitan Hospital in Western Australia (WA) in accordance with the ACHS Indicator 1.2. The study was driven by the most recent data that shows rates for IOL have reached their highest rate of 31.6% with rates being highest in WA. These women represent a higher risk in the antenatal period and contribute to a large burden of workload within the Maternity department.

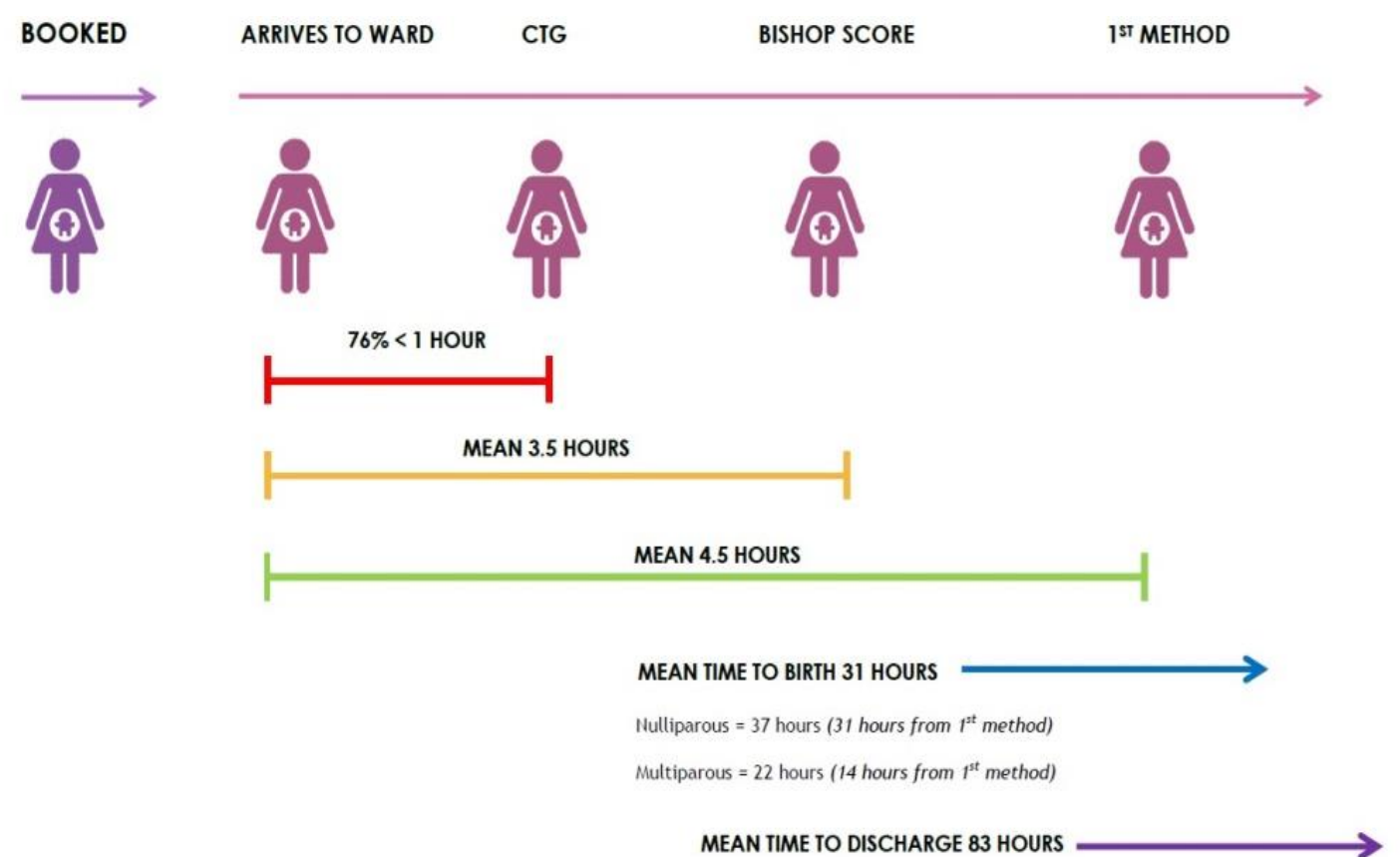
METHODS

We audited 50 cases of women undergoing inpatient IOL within a 3 month period (July to September 2018) at a Tertiary Metropolitan Hospital of WA. This represented 16% of all IOL cases (n=310) for that period and 4.5% of total births (n=1096). Data was collected from electronic records and analysed via SPSS using simple statistics.

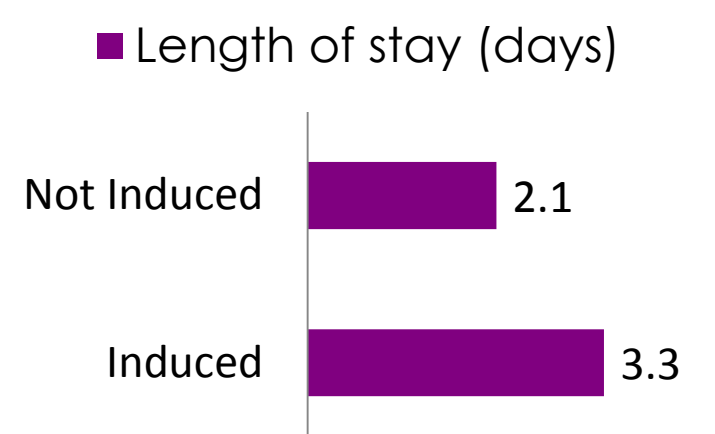
RESULTS

In the period analysed:

1. IOL rate was 28%
2. Majority were nulliparous (58%)
3. Majority had GDM-I (32%).
4. Majority required cervical ripening (68%) and the mean time to delivery of the ripening method was 4.5hours.
5. Nearly a quarter required a second ripening method (24%)
6. Mean time to birth was 31 hours
7. Delivery method:
 - SVD (44%),
 - Instrumental (40%)
 - Emergency C-section (16%)
8. Of those that required caesarean section:
 - Majority Nulliparous (87.5%)
 - All unfavourable on admission (100%)



Anecdotal feedback from the Maternity Department was that IOL patients had prolonged length of stay particularly protracted antenatal periods. Data was collected on the LOS of patients induced vs. those not induced that delivered from July 2018 to May 2019 and confirmed the increased LOS for induced women.



DISCUSSION

Women undergoing IOL represent a significant proportion of women delivering at our hospital. Women with GDM on Insulin account for a major allocation of resources for IOL. Nulliparous women undergoing IOL required increased intervention for cervical ripening and birth. This information can help us to allocate resources effectively, improve workflow and aid the expectation of other hospitals becoming specialist centres for GDM. This audit ultimately led to a Service Improvement project to better the experience of women and staff at our hospital.