"Inductive Reasoning": A Retrospective Audit of Non-Medically Indicated Early Term Inductions in a Tertiary Centre.

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Introduction

Induction of labour is indicated when the expected outcomes for the foetus, mother or both are better than if pregnancy continued.

Increasing recognition of short-term respiratory and long-term neurological adverse outcomes in infants born prior to 39+0 has prompted efforts to reduce non-medically indicated 'early term' delivery (37 – 38+6 weeks).



Results

Of 732 early term inductions between 37-38+6 weeks gestation, 121 (16.5%) were for non medically indicated reasons by SA PPG definition, 35 (4.8%) by Atlas definition. 78% were multiparous.

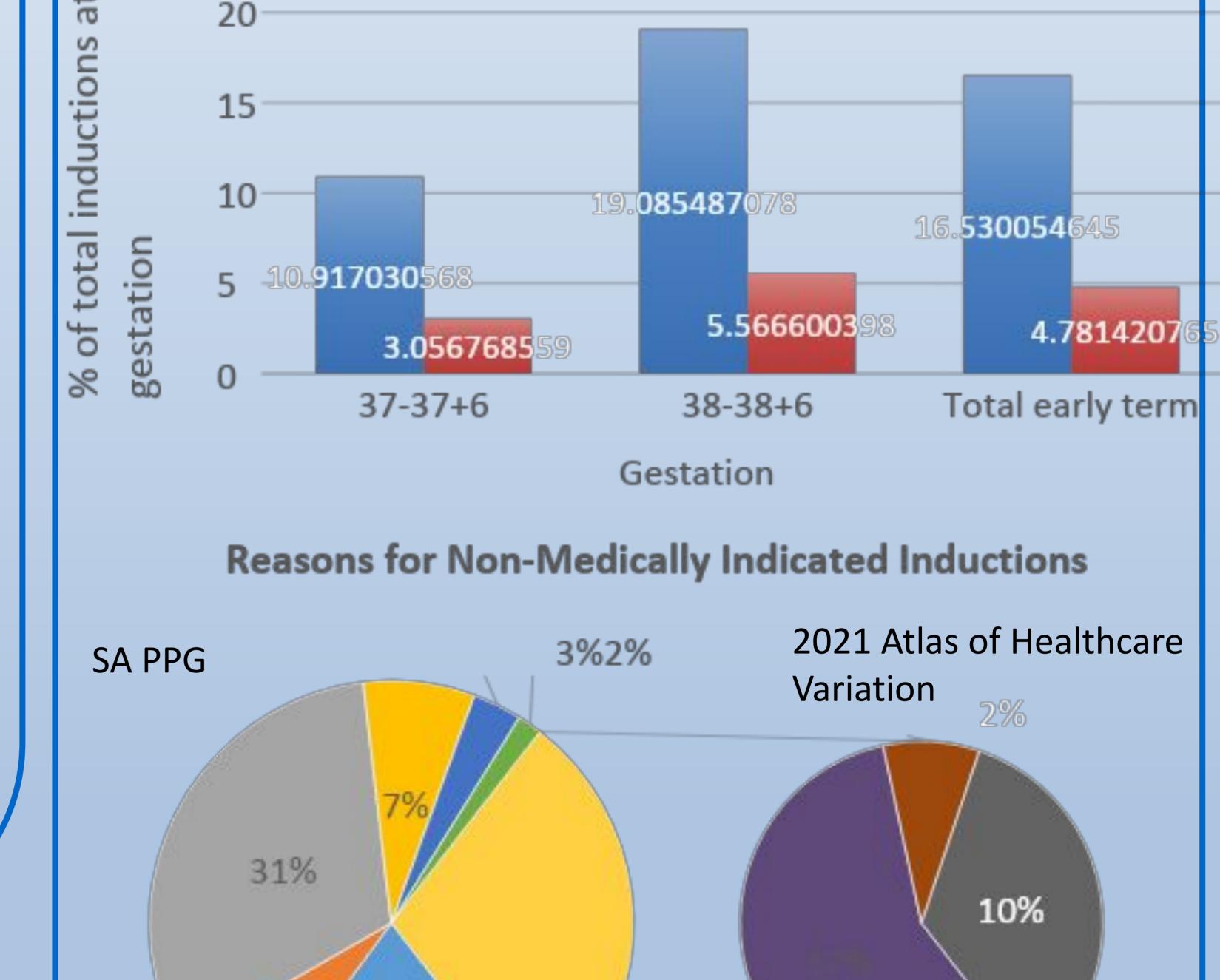
Non-medically indicated inductions by GA

 SA PPG defined •Atlas defined 25 -

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Transformation: Making Waves

The Atlas of Healthcare Variation from the Australian Commission on Safety and Quality in Healthcare recommends that pregnancies continue until at least 39+0 unless there is a medical or obstetric reason justifying earlier intervention. In the most recent Atlas, South Australia's rate for induction of labour without a medical or obstetric indication less than 39+0 was 1.3%, based on 2017 data¹. However, there are acknowledged limitations in the collection and reporting of this data. Additional detailed data regarding indications for early term induction of labour is required



Social

Maternal request

normal growth

Low PAPPA or 'SGA' with

Geographical

Objectives

To determine the rates, reasons and early outcomes of non-medically indicated inductions at 'early term' gestations at South Australia's largest obstetric tertiary

hospital

Methodology

A retrospective audit analysing all inductions from March 2021 - March2022. In the 2021 Atlas of Healthcare Variation induction 'without obstetric or medical indication' includes the following reasons: administrative or geographical; and maternal choice. The South Australian Perinatal Practice Guidelines were also used to benchmark whether induction was medically or obstetrically indicated.



GDM – unmedicated GDM – medicated <38 weeks

21%

- Macrosomia
- Maternal characteristics (raised BMI, IVF, AMA)
- Previous birth complications (shoulder dystocia, OASI, quick labour, previous PET)

Maternal outcome	inductions	Non medically indicated early term inductions (%)
NVB	491 (67%)	86 (71%)
Instrumental	110(15%)	18 (15%)
Emergency LSCS	131(18%)	17 (14%)
PPH >500ml	166(23%)	28 (21%)
>1000ml	47(6.4%)	10 (8.3%)
Neonatal outcome	All early term	Non medically
	inductions	indicated early term
	(%)	inductions (%)
Nursery admission	147 (20.2%)	17 (14.2%)
1 min Apgar <7	71(9.7%)	11 (9.1%)
5 min Apgar <7	11 (1.5%)	3(2.5%)

Discussion & Conclusion

Our institution had a high rate of non-medically indicated early term inductions, especially in multiparous women, More education for both patients and obstetricians is needed regarding the risks of induction < 39 weeks. A lack of high quality evidence and consensus on the validity and timing of induction for gestational diabetes and macrosomia is also a contributing factor.

<u>References</u>

1. <u>Australian Commission on Safety and Quality in</u> Healthcare. 4th Atlas of Healthcare Variation 2021.

<u>Disclosure</u>

None to disclose