

Induction of labour: Is there a role for mechanical induction?

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Background and Objective

There are a variety of agents used to induce labour including prostaglandins, amniotomy and mechanical induction. We performed an audit looking at agents used in our practice in order to help guide clinicians when personalising patient's IOL care plans.

Methodology

Prospective audit reviewing the notes of 83 randomly selected women between July 2019 to October 2019 on the IOL pathway. Information was collected using hospital records. The agents used for IOL and mode of delivery were reviewed.

Findings

Fig 1. 1st line induction agents used

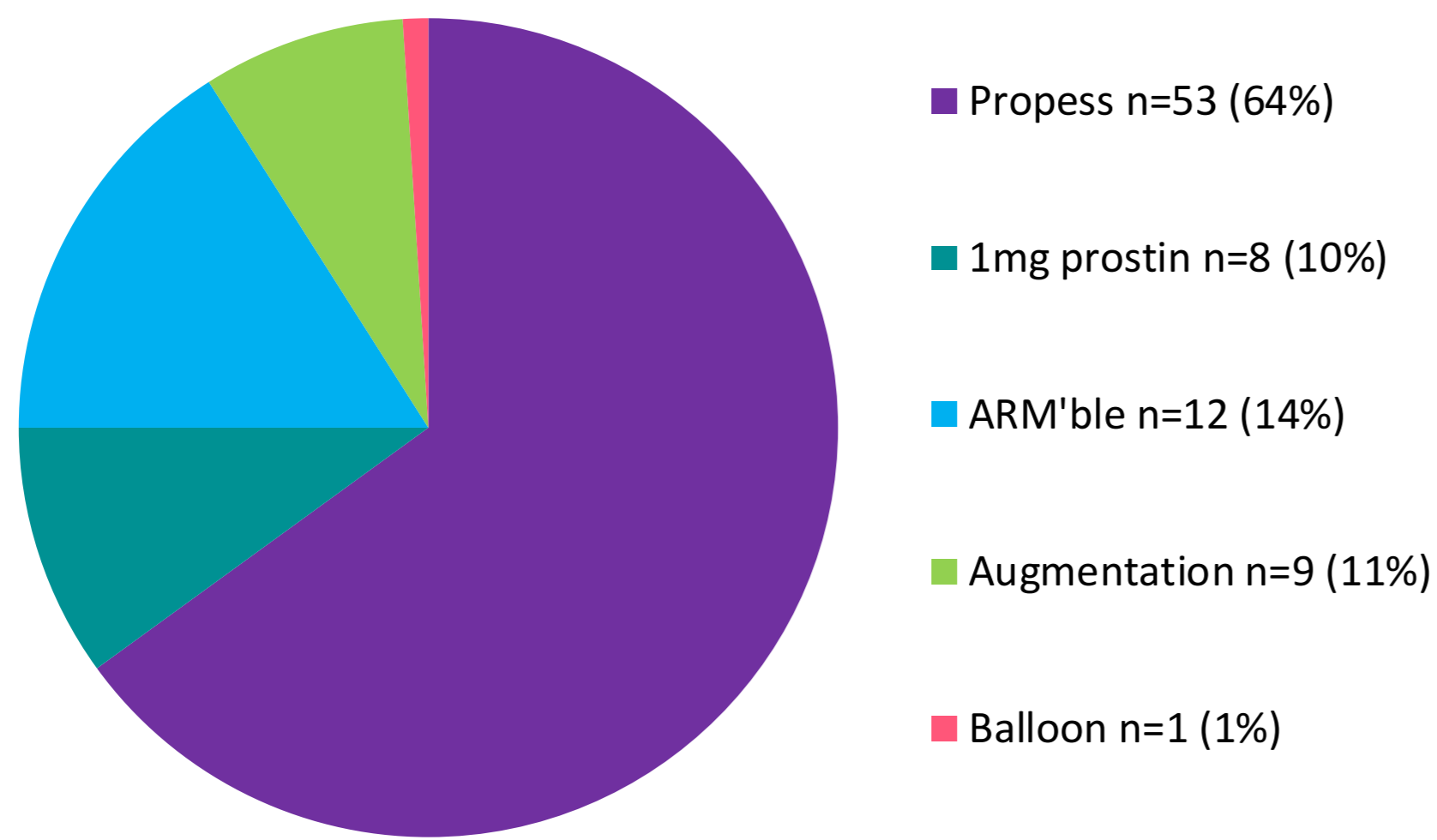


Fig 2. Chart showing final mode of delivery in all IOL patients

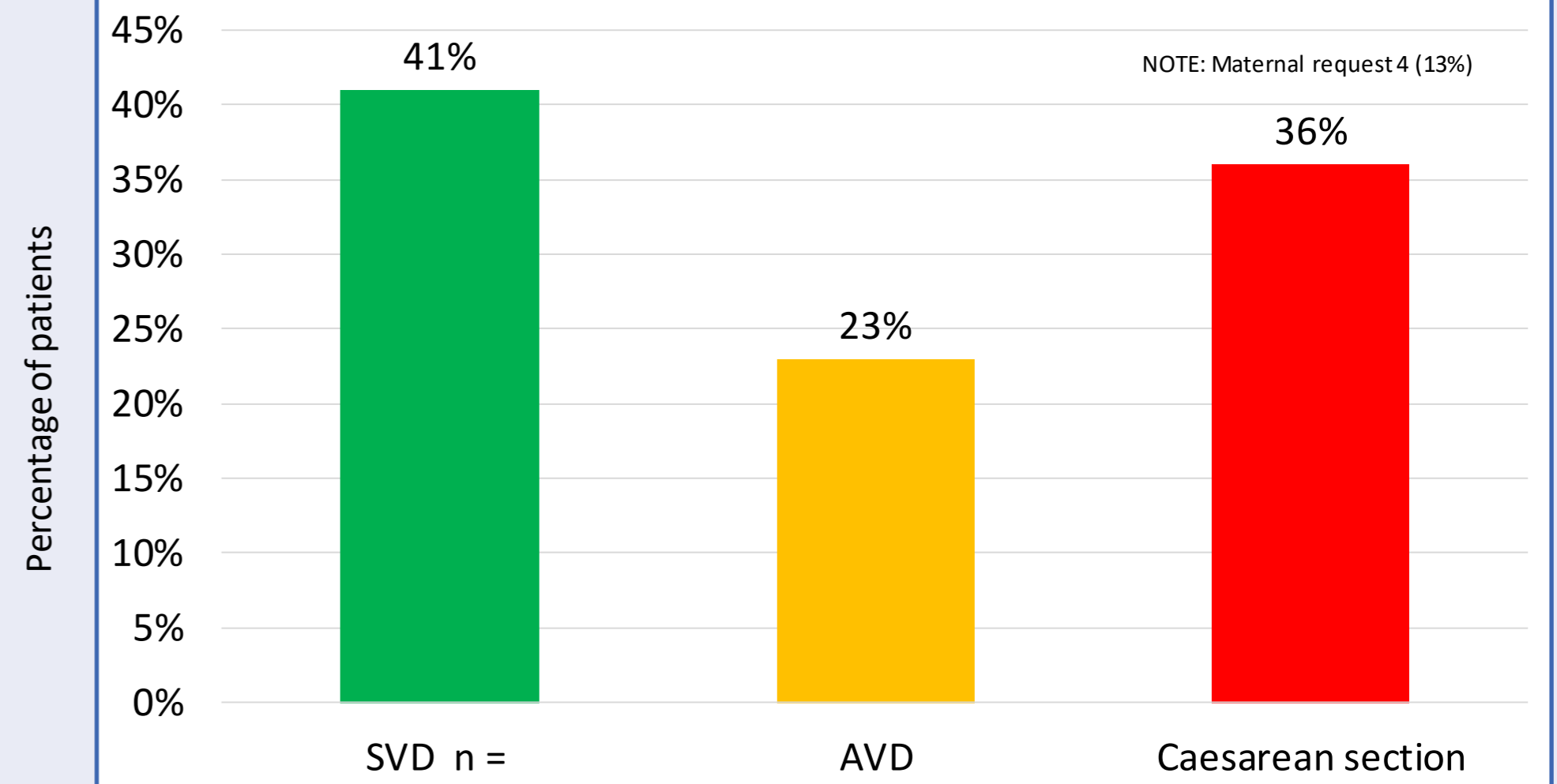
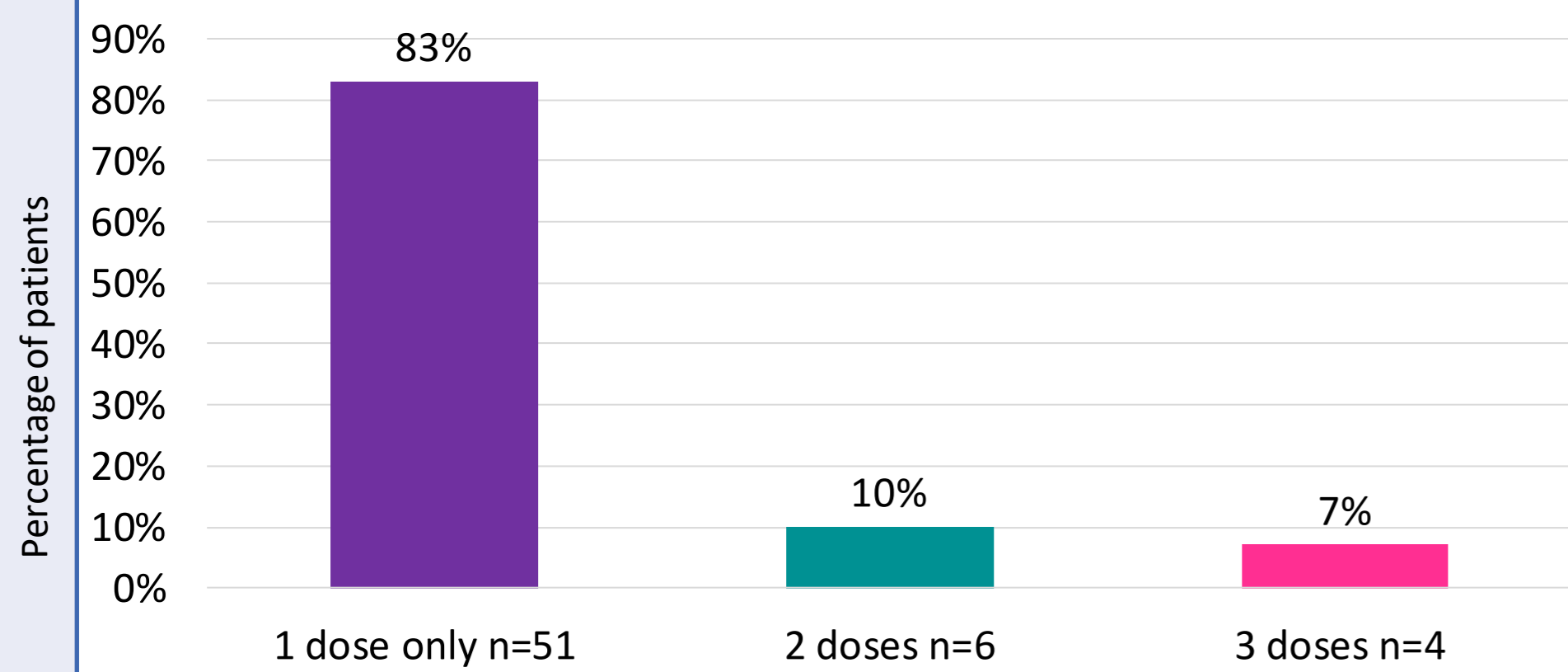


Fig 3. Chart demonstrating percentage of women requiring additional prostaglandin doses



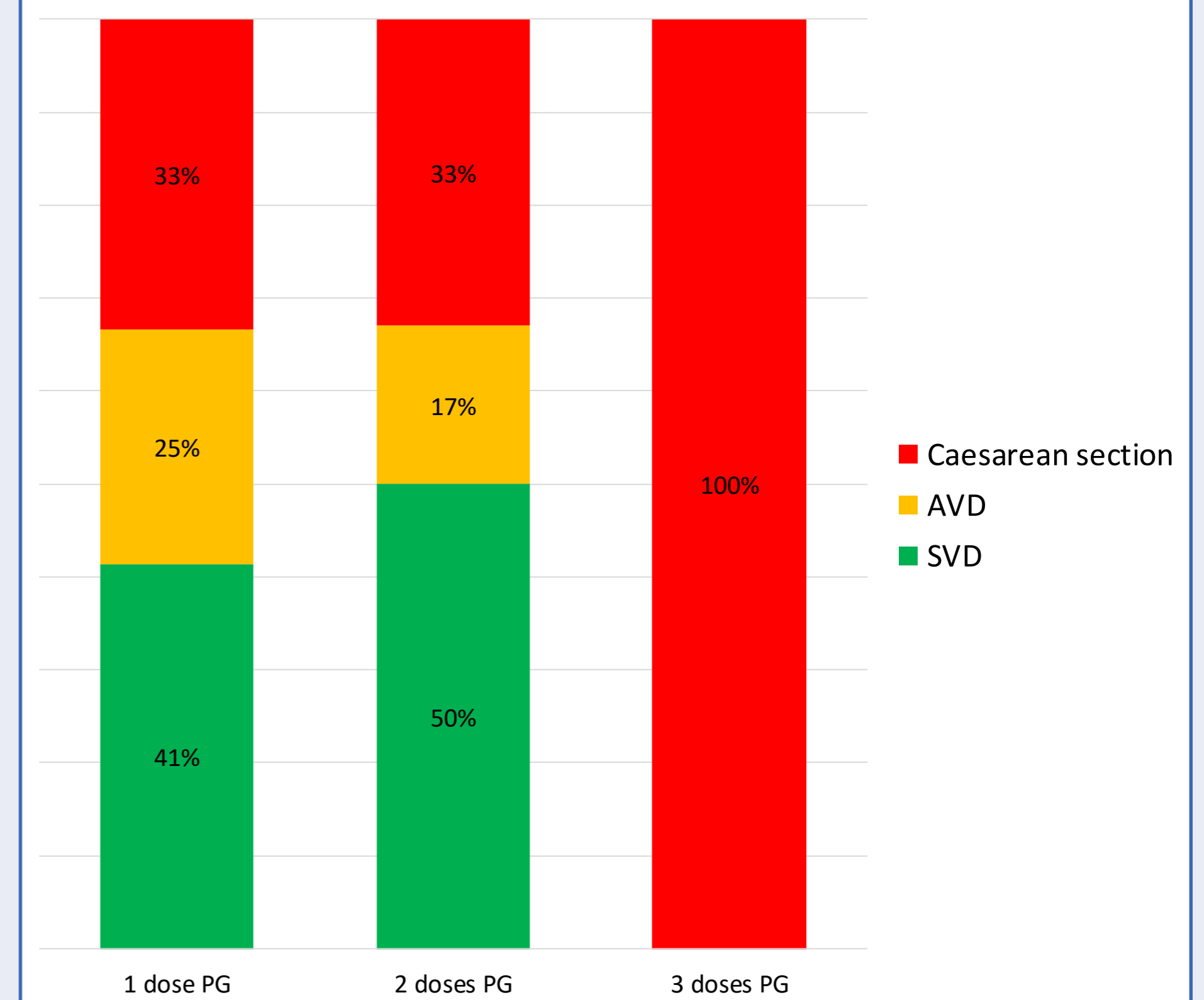
Additional findings:

- 11% had hyperstimulation with Prostaglandin use
- 5% had tachysystole following Prostaglandin use

Summary:

- Propess is the most utilised first line induction of labour agent
- There are recognised side effects of using a prostaglandin for induction
- All patients requiring a 3rd prostaglandin dose had an emergency caesarean section

Fig 4. Relationship between number of doses of Prostaglandin required and mode of delivery



Recommendations

Recommendations:

- Continue to use Propess as a first line induction agent in women with an unfavourable cervix
- Consider using mechanical balloon induction if propess fails as a primary method
- Consider mechanical balloon induction in women with a history of tachysystole or hyperstimulation with prostaglandin use. Can use for an outpatient IOL
- Offer caesarean section to patients requiring a 3rd dose of prostaglandin. This will reduce the morbidity associated with emergency caesarean later in labour and they have a high chance of requiring an emergency caesarean section

Option for postdate IOL pathway using Cook's balloon:

