

# Postdates induction of labour

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## Background and Objective

There has been extensive literature over the years reviewing the outcomes of postdate inductions of labour (IOL); this has helped guide our management of this group of women. However counselling for IOL can be challenging as there are several questions surrounding postdates IOL.

### At what gestation should we be offering a postdates induction of labour?

- The Lancet Stillbirth series published in 2016<sup>1</sup> highlighted pregnancies continuing beyond 42 weeks account for **14% of stillbirths**
- The most recent study of note is the SWEPIST<sup>2</sup> trial published in November 2019. This aimed to compare the maternal and fetal outcomes of low risk pregnancies in Sweden. Women were allocated to either induction at 41+0 weeks versus expectant management until 42 weeks. The study was terminated early following the finding of **6 stillbirths** in the expectant management cohort
- The WHO<sup>3</sup> recommends offering post dates induction of labour at **41+0 weeks**

### Is there an increase in caesarean section rate with earlier inductions?

- The 35/39 trial<sup>4</sup> published March 2016 compared mode of delivery in women over the age of 35 randomised to either IOL patients at 39+0 – 39+6 versus 41 – 42 week. There was **no significant effect on the rate of caesarean section**
- The ARRIVE trial<sup>5</sup> published in August 2018 compared IOL at 39+0 – 39+4 versus 40+5 – 42+2 weeks. This study found a **significantly lower frequency of caesarean delivery in the early induction group**

### Objective:

To review women on the IOL pathway booked at Chelsea and Westminster Hospital, with the aim of identifying trends and notable outcomes so that current guidelines could be changed appropriately and so that our women could have accurate information when being counselled

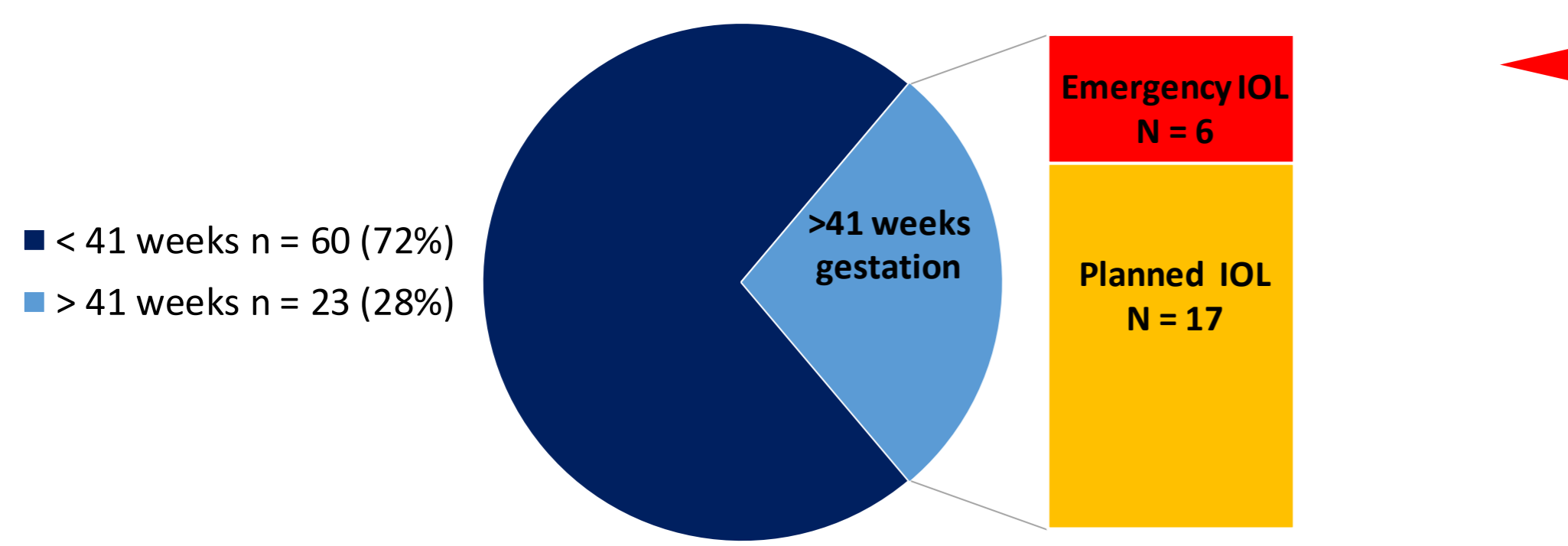
## Methodology

### Methodology:

- Prospective review of 83 randomly selected IOL women between July 2019 - October 2019. The care of these women was audited against trust IOL guidelines. Information was collected using hospital records. The indication for IOL and mode of delivery was reviewed.
- Retrospective review of 34 consecutive women booked for outpatient IOL between March 2019 – April 2019. The onset of labour and mode of delivery was reviewed.

## Our findings

Chart showing number of post dates (>41 weeks) IOL and proportion of these patients that are Emergency IOLs

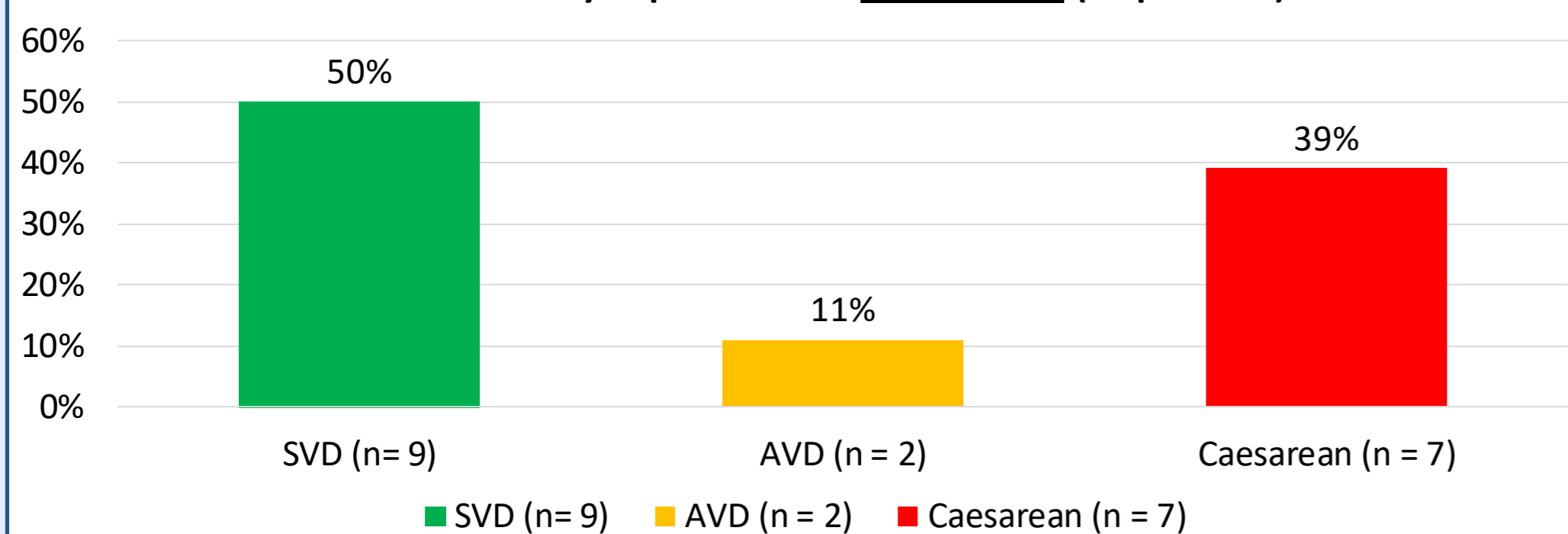


26% of IOL at > 41 weeks are Emergency IOLs

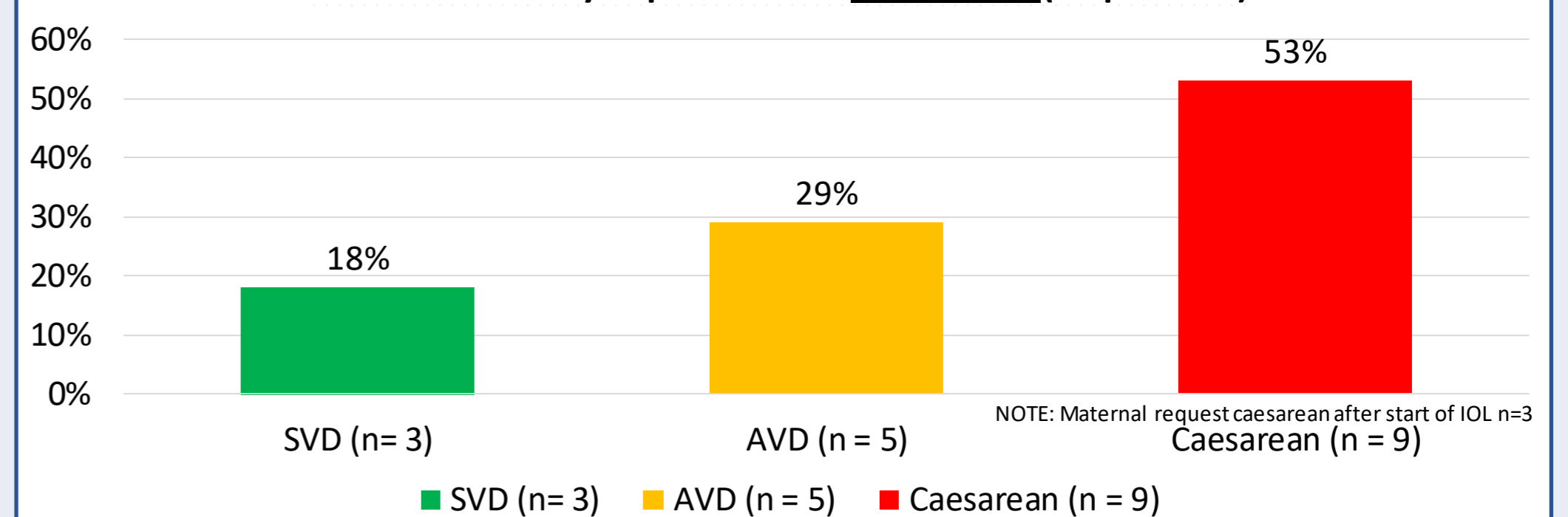
### Indication for Emergency induction:

- Significant meconium
- Reduced fetal movements
- Prolonged rupture of membranes
  - Oligohydramnios
  - Static growth

Mode of delivery in planned IOL 39+0 – 40+6 (18 patients)



Mode of delivery in planned IOL > 41 weeks (17 patients)



### Additional findings:

- 50% of patients awaiting a planned outpatient IOL went into spontaneous labour – 23% of these patients had an emergency caesarean section

## Summary of Findings

- 26% of IOL at more than 41 weeks gestation are emergency IOLs
- A larger proportion of planned IOL at >41 weeks have a Emergency caesarean section compared with planned IOL prior to 41 weeks
- Patients who spontaneously labour have a lower caesarean section rate (23%) compared to patients who wait for a planned post dates induction (50%)

## Recommendations

- Given the above literature we should aim for postdates induction of labour at 41 weeks
- The above findings suggest that IOL at a later gestation may correlate to an increased caesarean section risk and therefore this supports an earlier induction
- The above results can be used to counsel our women for an IOL using local statistics
- Offering elective IOL at 41+0 weeks may also reduce the emergency IOL rate for later gestations; allowing people to be counselled appropriately by managing expectations, whilst also reducing birth trauma. This could relieve the pressures associated with inpatient emergency IOL.

## References

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