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WOMEN WHO DECLINE INDUCTION OF LABOUR

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Apr 2005
2	Reviewed	Apr 2006
3	Reviewed & Updated to NICE Guidance 2008	Sep 2009
4	Review & minor format alterations	Nov 2013
5	Review, update human rights, risk comparison	Nov 2016

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Head of Midwifery PTHB
Womens and Childrens Service Manager PTHB
Midwives PTHB

Circulated to the following for Consultation

Role/ Designation	Date
Midwives	Oct 2013
Powys Supervisor of Midwives	Oct 2013
Women's and Children's Directorate leads	Oct 2013
Quality and Safety	Nov 2013
Midwives review	Aug 2016
Women & Childrens Directorate	Oct 2016

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1 Introduction

Human rights law gives pregnant women the right to receive maternity care; to make their own choices about their care; and to be given standards of care that respect their dignity as human beings. The right to make choices includes the right to refuse medical care and women cannot be compelled to accept care unless they lack mental capacity (Birthrights 2016).

Midwives are required to provide women with up-to-date information in order for them to make an informed choice (NMC 2013). Some women may choose to decline the offer of induction of labour and remain within a midwife led care setting. This guideline is written to aid midwives in providing an individualised care plan, follow-up care and advice to such women.

2. Objective

The standard definition of a normal full term pregnancy is up to 42 weeks. The majority of women will labour spontaneously before this date. NICE recommendations state that all women whose labour does not start spontaneously should be offered routine induction of labour between 41 and 42 weeks (NICE, 2008). This guideline is intended to guide midwives in this process.

3. Definitions

- **PTHB** – Powys Teaching Health Board
- **IOL** – Induction of Labour

4. Role / Responsibilities

4.1 Head of Department

The Head of the Department must:

- Ensure all staff read and understand this procedure
- Arrange regular review to monitor compliance with this procedure

4.2 Midwives

The Midwife has responsibility for: Midwives are responsible for ensuring that services are accessible to women in the local community. Women and their families are informed of the services available to them and that women who decline routine induction of labour are followed up and given appropriate midwifery care.

All midwives must provide care that is safe and effective for women and their families (NMC 2013). Information provision and care planning are a core midwifery skill. No additional training is required. Care plans and documentation is reviewed on a one to one basis with a senior midwife as required and audited on an annual basis.

5. Process

5.1 Process:

All women who decline induction of labour are followed up to ensure appropriate midwifery care is received.

If a woman declined induction of labour after 42 weeks or when medically indicated:

- Midwives should review the handheld records, contact the DGH and offer the woman an obstetric clinic appointment (if she has not already been seen regarding induction).
- Midwives should contact the woman and arrange to discuss the decision and discuss with the woman an appropriate care plan.
- A plan of care should be clearly documented in the handheld records including a review of any other risk factors – i.e. BMI, IUGR.
- The woman should be advised of the evidence and the risks associated with both prolonging her pregnancy and the induction of labour and these should be clearly documented in the handheld records (see appendix 1)
- Women who have made an informed choice to decline induction of labour should continue to receive expert midwifery care
- Women should be offered follow-up care in accordance with her back up DGH's policy for women who decline induction
- Midwives should keep accurate records of contacts made and appointments offered. Copies of letters should be included in a woman's notes.
- Women who decline induction of labour after 42 weeks should be advised to birth their babies in a District General Hospital.

Midwives should discuss the plan of care with a senior midwife and formulate a clinical alert

6. Monitoring Compliance / Audit

All employees following this guidance will hold a current midwifery qualification and be on the midwifery part of the NMC Register.

Providing evidence based information and care is an integral part of a midwife's role. No additional training or resources will be need to implement this guideline. Close links should be maintained with the local DGH to ensure information given to women about local procedures is correct.

The number of women who decline induction of labour will be audited through midwifery clinical audits on an annual basis.

7. Review and Change Control

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

8. References / Bibliography

Birthrights (2016) Consenting to treatment

<http://www.birthrights.org.uk/library/factsheets/Consenting-to-Treatment.pdf> accessed 19/07/16

Birthrights (2016) unassisted birth: the legal position

<http://www.birthrights.org.uk/library/factsheets/Unassisted-Birth.pdf> accessed 19/07/16

NICE (2008) Guideline for induction of labour. NICE: London

Nursing and Midwifery Council (2013). Midwives rules. NMC London

If you need to add more rows you can highlight, copy and paste (or insert above below as required). The lines are removed from the final, approved document prior to upload.

Should you require any assistance please contact the [Corporate Governance Officer – Policies & Procedures](#). (ext.) 2933.

1. Appendices

Appendix 1

(Normal pregnancy no other factors) Small but statistically significant increase

pregnancy over 42 weeks	induction of labour
Stillbirth (2 per 1000)	Stillbirth (1 per 1000)
Meconium aspiration	Hyperstimulation of the uterus
Placenta not working effectively leading to growth restriction	Failure to go into labour
Caesarean section	Fetal distress
Large baby leading to shoulder dystocia	Post partum hemorrhage
Prolonged labour	Prolonged labour
	Instrumental delivery
	Increased levels of pain
	If oxytocin required – rupture of uterus, post partum hemorrhage
	Shoulder Dystocia