

Induction of Labour Summary of care form

Specialty: Antenatal Forum
Date Approved: 27 March 2025
Approved by: Antenatal Forum
Date for Review: March 2028

Appendix 2b: Out Patient Induction of Labour: Summary of Care

Out Patient Induction of Labour: Summary of Care

Patient's Details	Date of Admission																								
Addressograph	Time of Admission																								
	Patient's Phone Number																								
Inclusion Criteria	Prior to Propose																								
<ul style="list-style-type: none"> • Para 3 or less with no history of precipitate labour 	Parity																								
<ul style="list-style-type: none"> • Maternal Request (social reasons after 39+0) OR Meets NICE (2014) criteria for Midwifery Led Care. Therefore, healthy woman with an uncomplicated pregnancy requiring induction for prevention of prolonged pregnancy (between 41+0 and 41+5 days), OR If Obstetric Led Care, where there is clear documentation that outpatient induction might be suitable, i.e. for LGA or Raised BMI. 	Gestation																								
<ul style="list-style-type: none"> • Has transport available and lives within 30 minutes of the maternity unit. 	Are all the Inclusion Criteria Met?																								
<ul style="list-style-type: none"> • The woman consents to outpatient induction of labour. 	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
<ul style="list-style-type: none"> • They have access to a telephone 	If no, inpatient induction +/-Registrar review.																								
<ul style="list-style-type: none"> • Woman has no communication issues (language barrier or disability) 	Bishop's Score																								
<ul style="list-style-type: none"> • Bishop's Score is less than 7 on vaginal examination. 	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:25%;">Score</th> <th style="width:12.5%;">0</th> <th style="width:12.5%;">1</th> <th style="width:12.5%;">2</th> </tr> </thead> <tbody> <tr> <td>Cervical Dilatation</td> <td><1</td> <td>1-2</td> <td>3-4</td> </tr> <tr> <td>Length of Cervix</td> <td>>2</td> <td>1-2</td> <td><1</td> </tr> <tr> <td>Station</td> <td>-3</td> <td>-2</td> <td>-1</td> </tr> <tr> <td>Consistency</td> <td>Firm</td> <td>Medium</td> <td>Soft</td> </tr> <tr> <td>Position</td> <td>Posterior</td> <td>Central</td> <td>anterior</td> </tr> </tbody> </table>	Score	0	1	2	Cervical Dilatation	<1	1-2	3-4	Length of Cervix	>2	1-2	<1	Station	-3	-2	-1	Consistency	Firm	Medium	Soft	Position	Posterior	Central	anterior
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<ul style="list-style-type: none"> • Reassuring pre-prostaglandin fetal heart rate monitoring CTG. 	Total Bishop's Score _____																								
<ul style="list-style-type: none"> • Uncomplicated previous obstetric history. 	Advice leaflet in notes and discussed with woman detailing date and time to return if not in labour																								
Safeguarding files checked?	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Date of Discharge	Print Name																								
Time of Discharge	Signature																								

- The midwife caring for the outpatient inductions must telephone the woman either on the evening of her IOL (where propess is administered before 18:00hrs) or on the morning of the following day (where propess is administered after 18:00hrs). Providing there are no concerns, the woman should not be disturbed between 10pm and 8am.
- The midwife must advise women that there is a low threshold for them to return to the hospital if they experience:
 - vaginal bleeding,
 - contractions are occurring more than 4 in every 10 or lasting more than 2 minutes, or
 - abdominal pain other than contracting is reported.
 The woman should be asked to remove the Propess and bring it to the hospital. If the Propess falls out, the woman should be advised to keep it and bring it into hospital with her.
- The woman must be invited to attend for assessment in the event of them making a second telephone contact, (this does not include the routine Midwife wellbeing telephone assessment).
- Where a woman is admitted in active labour and, on assessment, all findings are in the parameters of normal (including an admission CTG for at least 20 minutes). They can be offered the option to labour and birth in the Bay Birth Centre with intermittent auscultation under Midwifery Led Care.

Summary of Visits or Contact

Date and Time	Planned routine telephone assessments	Advice/Plan of care	Sign/Print Name

Date and Time	Reason for Contact	Advice/Plan of Care	Area woman attending	Sign/Print Name

Outcome

Prostin Required? Yes No Date and Time

ARM Required? Yes No Date and Time

Syntocinon Required? Yes No Date and Time

Date, Time and place of Birth

Mode of Birth

Ensure form is complete (tick when complete) Signature

This proforma must be completed and kept in the Outpatient Induction of Labour folder. When the woman has birthed, this should be placed in her maternity notes and a copy kept for auditing purposes.

Maternity Services

Title of Guideline:	Induction of Labour Summary of care form
Name(s) of Author:	Antenatal Forum
Chair of Group or Committee approving submission:	Antenatal Forum
Brief outline giving reasons for document being submitted for ratification	
Details of persons included in consultation process:	Antenatal Forum
Name of Pharmacist (mandatory if drugs involved):	
Issue / Version No:	1
Please list any policies/guidelines this document will supersede:	
Date approved by Group:	27 March 2025
Next Review / Guideline Expiry:	March 2028
Please indicate key words you wish to be linked to document	Induction, IOL, propess, prostin, hyperstimulation, monitoring, catheter
File Name: Used to locate where file is stores on hard drive	