

Induction of labour overview

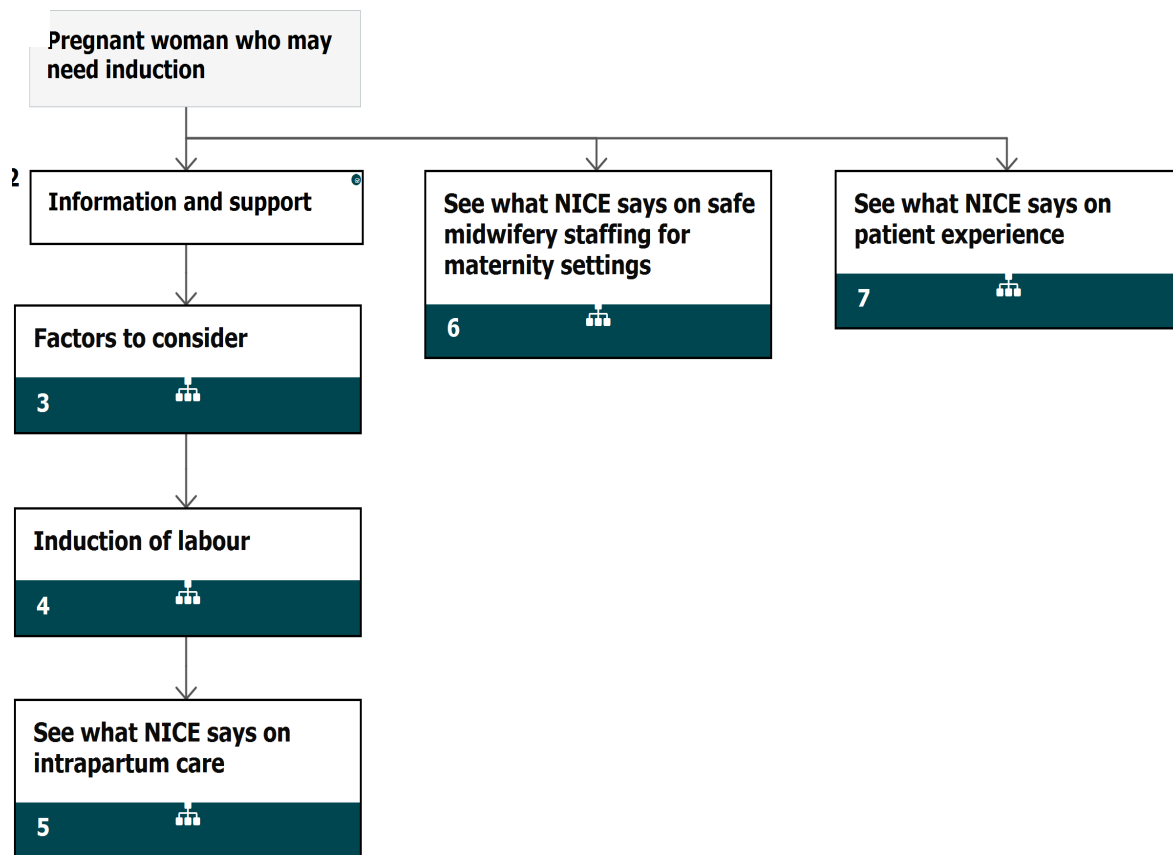
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/induction-of-labour>

NICE Pathway last updated: 05 March 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Pregnant woman who may need induction

No additional information

2 Information and support

Women should be informed that most women will go into labour spontaneously by 42 weeks. At the 38 week antenatal visit, all women should be offered information about the risks associated with pregnancies that last longer than 42 weeks, and their options. The information should cover:

- membrane sweeping:
 - that membrane sweeping makes spontaneous labour more likely, and so reduces the need for formal induction of labour to prevent prolonged pregnancy
 - what a membrane sweep is
 - that discomfort and vaginal bleeding are possible from the procedure
- induction of labour between 41⁺⁰ and 42⁺⁰ weeks
- expectant management.

See what NICE says on [schedule of appointments](#) in terms of antenatal care for uncomplicated pregnancies.

Healthcare professionals should explain the following points to women being offered induction of labour:

- the reasons for induction being offered
- when, where and how induction could be carried out
- the arrangements for support and pain relief (recognising that women are likely to find induced labour more painful than spontaneous labour)
- the alternative options if the woman chooses not to have induction of labour
- the risks and benefits of induction of labour in specific circumstances and the proposed induction methods
- that induction may not be successful and what the woman's options would be.

See also what NICE says on [intrapartum care](#).

Healthcare professionals offering induction of labour should:

- allow the woman time to discuss the information with her partner before coming to a decision
- encourage the woman to look at a variety of sources of information
- invite the woman to ask questions, and encourage her to think about her options
- support the woman in whatever decision she makes.

NICE has produced information for the public explaining its guidance on [inducing labour](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

1. Women's involvement in decisions about induction of labour

3 Factors to consider

[See Induction of labour / Induction of labour: factors to consider](#)

4 Induction of labour

[See Induction of labour / Performing induction of labour](#)

5 See what NICE says on intrapartum care

[See Intrapartum care](#)

6 See what NICE says on safe midwifery staffing for maternity settings

[See Safe midwifery staffing for maternity settings](#)

7 See what NICE says on patient experience

[See Patient experience in adult NHS services](#)

Glossary

Membrane sweeping

membrane sweeping involves the examining finger passing through the cervix to rotate against the wall of the uterus, to separate the chorionic membrane from the decidua – if the cervix will not admit a finger, massaging around the cervix in the vaginal fornices may achieve a similar effect; for the purpose of these recommendations, membrane sweeping is regarded as an adjunct to induction of labour rather than an actual method of induction

Bishop score

the Bishop score is a group of measurements made by doing a vaginal examination, and is based on the station, dilation, effacement (or length), position and consistency of the cervix; a score of eight or more generally indicates that the cervix is ripe, or 'favourable' – when there is a high chance of spontaneous labour, or response to interventions made to induce labour

SPCs

summary of product characteristics

Sources

[Inducing labour](#) (2008) NICE guideline CG70

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.