NMPA
National Maternity & Perinatal Audit

Induction of Labour Snapshot Audit

Lay Summary

Based on births in NHS maternity services in England, Scotland and Wales during 2023

What is the National Maternity and Perinatal Audit?

The National Maternity and Perinatal Audit (NMPA) is a large-scale project established to provide data and information to those working in and using maternity services.

We do this to evaluate and improve NHS maternity services, as well as to support women, birthing people and their families to use the data within their decision-making.

For more information about the NMPA, please visit www.maternityaudit.org.uk

What is the Induction of Labour Snapshot Audit Report?

Induction of labour is the process of artificially starting labour by the softening and opening of the cervix and/or breaking the amniotic membranes (waters).

The report uses information about the women and birthing people who gave birth in NHS maternity services in 2023 across England, Scotland and Wales. Providing results on the characteristics of those who had an induction of labour, and the factors that may have affected their mode of birth and outcomes for their babies.

The report focuses on singleton births where labour is expected to result in the birth of a live baby.

How to use this report

This report presents a lay summary of the snapshot audit. The information it contains may help during conversations with your midwife or obstetrician about your choices and decision-making for induction of labour.

The following supporting documents can be found on our website:
» The Induction of Labour Snapshot Audit Report
» A glossary explaining the terminology and abbreviations used in our reports
» Further information about the process of induction of labour can be found at *NHS Inducing Labour*

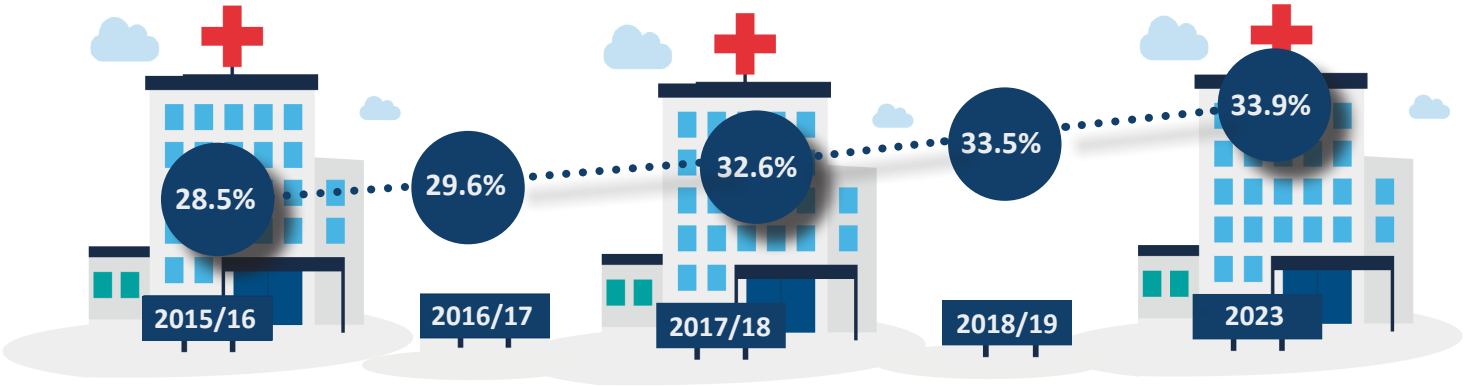
The decision to have an induction of labour may be difficult for some women and birthing people. Research shows having an induction might mean the chance of having an unplanned caesarean birth is lower than waiting for labour to start naturally. Research also shows that having an induction does not increase the chance of giving birth with the use of instruments (forceps or ventouse suction cup).

The induction process may be more painful than spontaneous labour (but does not change the pain relief options available), may take longer and may require more vaginal examinations. For these reasons, some women and birthing people who have an induction describe feelings of disappointment and dissatisfaction with their experience.

Midwives and obstetricians caring for women and birthing people must ensure they provide clear unbiased information about each woman or birthing person's options that is based on their personal circumstances to support informed decision-making.

What do the results show?

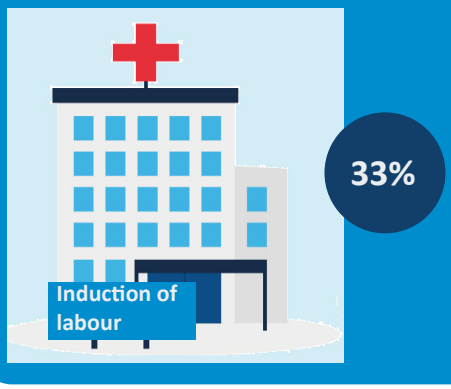
NMPA annual clinical reports show an increase in rates of induction of labour



Rates of induction of labour are rising across many high-income countries and NMPA reports show rates have been rising across Great Britain. In 2023, one third of women and birthing people experienced an induction of labour, and of those, just under one third went on to give birth by caesarean.

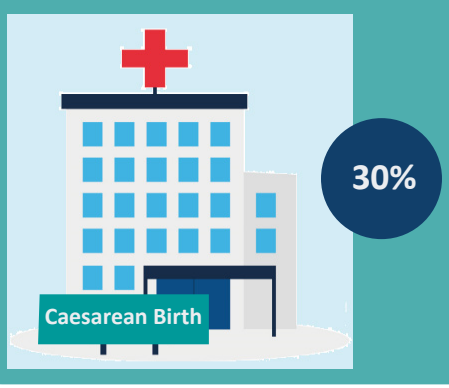
One in three women and birthing people had an induction of labour

Induction of labour rates varied between 16% and 46% in different hospitals



Of those who were induced, one in three gave birth by caesarean

Caesarean birth following induction varied between 18% and 45% in different hospitals



Call to action

We would like to see hospitals use their local data and the national data available about induction of labour when talking to women and birthing people about their choices for labour and birth.

These conversations should be based on their individual circumstances, including information about their chance of giving birth by caesarean and the possible effects induction may have on their baby.

The rate of women and birthing people having an induction of labour was different in different hospitals. There are many different reason for this, which include the needs of the local population and how each hospital uses national clinical guidelines when developing their own hospital policies.

Women and birthing people should speak to their midwife or obstetrician about the rate in their local hospital and what this means for them.

Mode of birth following induction

There is a chance of having a caesarean with all pregnancies, however when choosing to have an induction of labour, most women and birthing people do so with the aim of having an uncomplicated vaginal birth.

Once the induction process has started, a caesarean birth may occur for a number of reasons, including at the mother's request, or where there are concerns for the health of mother or baby. In 2023, of the women and birthing people who had an induction, just under one third (30%) gave birth by caesarean.

The rate of caesarean birth following induction was different in different hospitals. In some, around 20% of women and birthing people who were induced went on to give birth by caesarean, whereas in other hospitals the rate was almost 40%. We can't explain this difference by looking at the data alone. Possible explanations include different hospital policies and practice, health complications during labour such as infection or slow labour progress, maternal choice, or characteristics of the individual women and birthing people having an induction of labour.

Call to action

We would like to see more information about the options for induction and mode of birth made available earlier in pregnancy to assist with informed decision-making.

5-minute Apgar score

The effect of the induction process on the baby is an important consideration for most women and birthing people. All babies are assessed soon after birth (typically at 1 and 5 minutes of age) using a scoring tool called the *Apgar Score*. This tool examines how well the baby is breathing, their heart rate and their movements to assess how well they are adapting to being born. A score of less than 7 (from a maximum score of 10) at 5 minutes suggests they may be needing extra support.

Babies who are born preterm (before 37 completed weeks of gestation) may have a lower Apgar score because of their immaturity.

In 2023, 16 in 1000 (1.6%) of the babies born after their mothers were induced were given an Apgar score of less than 7 at 5 minutes. This rate is slightly higher than the rate for the whole population.

When induction is unsuccessful

Not all inductions are successful in starting regular contractions and dilating the cervix beyond 4cm (also known as 'established labour'). This affects a small number of inductions and when this happens, women and birthing people are often given the option to give birth by caesarean. Currently, there is no standard clinical definition of what counts as an unsuccessful induction. This means recording the situation and reporting rates are difficult.

If a woman or birthing person decides to give birth by caesarean once labour has been effectively induced, then this would not be recorded as an unsuccessful induction.

> *"I find it concerning that different trusts/boards have a different way of measuring unsuccessful induction. My current trust has a different view to the one where I previously had an induction. That could potentially influence the care that I receive in this pregnancy. Having and using agreed terminology is really important."*
>
> Annalise Dexter (Induction of Labour Snapshot Audit Lived Experience Advisory Group Member)

Induction of labour data

There are other important pieces of information that are not well recorded in the national maternity datasets. These include the reason for induction, the method used and how long the process lasts.

Call to action

We would like to see more information available at a national level, and at individual hospital level, of the reasons why women and birthing people are induced, which method/s are used and how long the induction process lasts.

This should also include how often, and the reasons why, an induction may have been unsuccessful.

Effect of maternal characteristics on mode of birth

A mother's characteristics may have had an effect on their chance of giving birth by caesarean following an induction, or the chance of their baby having had an Apgar score of less than 7 at 5 minutes.

These include which country of Great Britain they gave birth in (England, Scotland or Wales), their age, how deprived the area is where they lived, and their ethnic group. The gestation at which their baby was born, whether they were giving birth for the first time or had given birth before, and if so, how many previous pregnancies they had had may also have had an effect.

Mode of birth

Compared to women and birthing people who were aged between 25–35 years, those aged 40 years or more had a higher chance of giving birth by caesarean following induction; those aged less than 20 years had a much lower chance.

The women and birthing people who had previously given birth vaginally had a higher chance of giving birth vaginally again following induction compared with those who were giving birth for the first time. Those who had previously given birth by caesarean following induction had a higher chance of giving birth by caesarean again. The chance of giving birth by caesarean was higher for women and birthing people from Black and Asian ethnic groups compared with those from white ethnic groups.

5-minute Apgar score

Babies born in Scotland were more likely to have an Apgar score of less than 7 at 5 minutes compared to those born in England or Wales.

Compared to the babies born to mothers from white ethnic groups, the babies born to mothers from Black ethnic groups had a higher chance of having an Apgar score of less than 7 at 5 minutes; whereas those born to mothers from Asian ethnic groups had a lower chance.

We don't fully understand the reasons for these differences. Women and birthing people should speak to their midwife or obstetrician about how their individual circumstances may affect their choices and decisions for induction, labour and birth.

"When I was induced, I didn't have easy access to the kind of clear information presented in [the Induction of Labour Snapshot Audit]. If I had, I would have felt more empowered to ask questions and make a more informed decision about my care.
Instead, I consented without fully understanding my options and after experiencing complications, I've often wondered if I made the right choice for both myself and my child."

Lauren Powell (Induction of Labour Snapshot Audit Lived Experience Advisory Group Member)

Acknowledgements

This report was prepared by **Amar Karia,** Clinical Fellow (Obstetrics), **Kirstin Webster,** Clinical Fellow (Neonatology), **Annalise Dexter** (lived experience adviser) and **Lauren Powell** (lived experience adviser), and the **NMPA Project Team**.

Want to find out more?

For further information and resources please visit the NMPA website, where you can also subscribe to the email newsletter for regular audit updates: www.maternityaudit.org.uk

Alternatively you can contact us at: nmpa@rcog.org.uk

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