## SCOPE DEFINITION

**Guideline Title:** *Induction of labour (IOL)*

| **Scope framework** | |
|---|---|
| **Population** | *Which group of people will the guideline be applicable to?*<br><br>• Pregnant women |
| **Purpose** | *How will the guideline support evidence-based decision-making on the topic?*<br><br>Identify relevant evidence related to IOL:<br>• Indications<br>• Decision making<br>• Risks and benefits<br>• Assessment for and management |
| **Outcome** | *What will be achieved if the guideline is followed?*<br><br>Support evidence informed:<br>• Recommendations and indications for IOL<br>• Decision making and IOL<br>• Assessment of suitability for IOL<br>• Management during IOL |
| **Exclusions** | *What is not included/addressed within the guideline?*<br><br>• Care considered standard or usual as specified in the Queensland Clinical Guideline *Standard care*<br>• Recommendations specified in other guidelines (e.g. IOL for IUFD, early pregnancy loss or termination of pregnancy, following PPROM and PROM and routine antenatal, intrapartum and postpartum care)<br>• Augmentation of labour<br>• Management of potential complications of IOL including uterine rupture, cord prolapse, and postpartum haemorrhage<br>• Other methods of IOL including acupuncture, hypnosis, homeopathy, castor oil, enemas, sexual intercourse, breast stimulation, nitrates |

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**Clinical questions**

| Question | | Likely Content/Headings/Document Flow |
|---|---|---|
| **Introduction** | | • Clinical standards<br>• Environment for IOL |
| **1.** | What are the clinical indications for IOL? | • Indications<br>• Cautions<br>• Contraindications |
| **2.** | What are the communication and decision making considerations for IOL? | • Timing of birth<br>• Risks and benefits of IOL<br>• Communication and decision making<br>• IOL declined or postponed |
| **3.** | What clinical care is recommended for pregnant women when IOL is planned? | • Pre IOL assessment<br>• Care settings and timing (outpatient/inpatient; morning/evening)<br>• Care requirements<br>• Membrane sweeping |
| **4.** | What methods of IOL are recommended? | • Balloon (transcervical) catheter<br>• Dinoprostone<br>• Oxytocin<br>• Artificial rupture of membranes (ARM) |
| **5.** | For each method of IOL, what are the considerations? | • Mode of action<br>• Indications<br>• Risk/benefit<br>• Monitoring |

**Potential areas for audit focus (to be refined during development)**

*Audit items will relate to the desired outcomes and the clinical questions*

- Proportion of women who gave birth beyond 42+0 weeks gestation
- Proportion of women who had an IOL at less than 39 completed weeks gestation without medical or obstetric indication (low proportion expected)
- Proportion of women who declined IOL, who received at least twice weekly assessment of fetal wellbeing from 42+0 weeks gestation (CTG and USS)
- Proportion of women who have a documented indication for the IOL in their health record
- Proportion of women who have a documented modified Bishop score (MBS) in their health record before IOL commences
- Proportion of women who had a CTG prior to commencement of IOL
- Proportion of women with intact membranes and unfavourable cervix (MBS six or less), where an ARM was attempted/performed as the primary method of IOL (low proportion expected)
- Proportion of women who had ARM as primary method of IOL, and commenced oxytocin within four hours