Standard Operating Procedure: Escalation Process for Pregnant Women & People Experiencing Delays for Induction of Labour

University Hospitals of Leicester NHS Trust

Trust ref: C75/2023

Contents

1. Introduction and overarching policy/guideline

Induction of Labour (IOL) is common during pregnancies, with approximately 25% of pregnant women and birthing people requiring this as an option during pregnancy (RCOG). The IOL rate at University Hospitals of Leicester is approximately 30%. Given the indications for IOL, there are possible implications if this pathway is delayed. Due to the variation in capacity, it is important to have a strategy when delays in commencing or continuing the IOL pathway occur, commonly identified, but not always when the service reaches OPEL 3 status.

This document is to aid senior decision making, oversight and to identify support required for pregnant women and birthing people who experience a delay in the commencement or continuation of the IOL process and should be used in conjunction with the overarching document; Induction and Augmentation of Labour UHL Obstetric Guideline

Associated guidelines:

Pre Labour Rupture of the Membranes UHL Obstetric Guideline
Latent Phase of Labour UHL Obstetric Guideline
Escalation Transfer of Activity and Closure UHL Obstetric Guideline

Stakeholders

- Consultant obstetricians (labour ward lead/Head of Service)
- Ward managers
- IOL pathway co-ordinator
- Senior midwives (clinical and managerial for Delivery Suite and Antenatal Services)
- Operational managers
- Integrated Care Boards/Local Maternity and Neonatal System
- Perinatal Safety Improvement Team

2. Abbreviations

IOL – Induction of Labour
OPEL – Operational Pressures Escalation Levels
ARM – Artificial Rupture of Membranes
CTG – Cardio-tocography
MDAU – Maternity Day Assessment Unit
ICB – Integrated Care Board

3. Triggers (in line with national SitRep reporting technical guidance)

Awaiting commencement of IOL:
Delay of >24 hours from 9am on the day booked for IOL

Awaiting care (ARM+/Oxytocin):
Delay of >24 hours in performing ARM/Oxytocin since decision made

Prolonged rupture of membranes:
Delay in commencing IOL >24 hours following confirmed rupture of membranes

These will be auditable standards to monitor outcomes. These triggers are subject to change when reviewed regionally.

4. Procedure

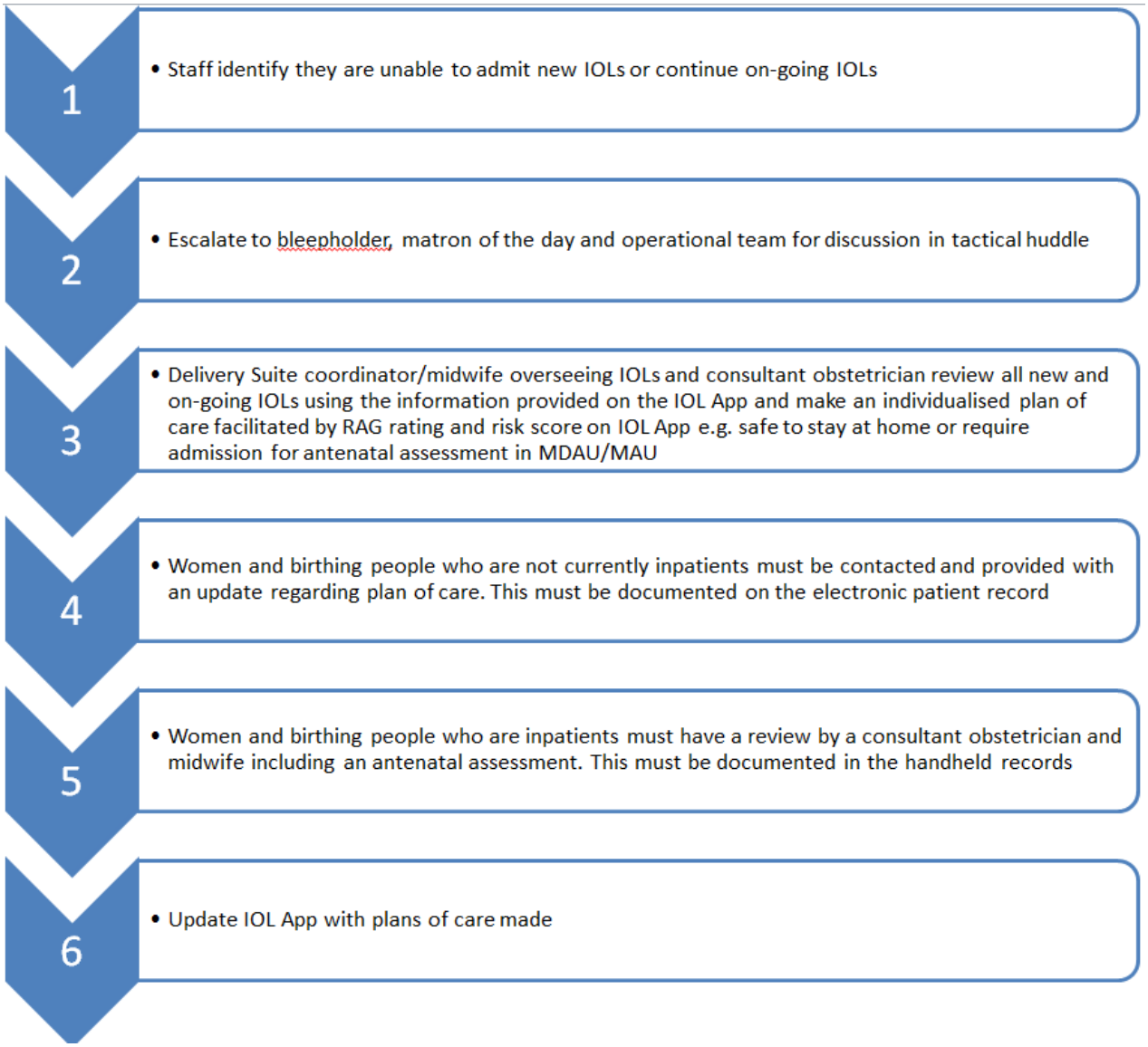
- Staffing and capacity concerns should be escalated to the bleep holder by the delivery suite coordinator and through use of Birth Rate Plus tool
- The bleep holder will escalate staffing and capacity concerns impacting IOL's at the tactical huddle at 08.30am and through use of the SITREP tool (tactical huddle to be attended by women's senior leadership team, consultant on-call, bleep holder, matron of the day and IOL pathway coordinator)
- The bleep holder and consultant can escalate the requirement of a 'Pop-up' Maternity Day Assessment Unit to safety net any on-going care needs for the women and birthing people who are experiencing delays (e.g. observations, CTG)
- Delivery suite coordinator/midwife overseeing IOLs and consultant will review all new and on-going IOLs to risk assess and prioritise urgency to attend delivery suite or MDAU or identify those who are safe to stay at home. Plans of care should be documented on the electronic record (E3) and IOL App
- Women and birthing people who needed to attend the hospital for assessment will be contacted by the IOL pathway coordinator/delivery suite coordinator following liaison with antenatal services staff (women and birthing people who report concerns e.g. reduced fetal movements must be advised to attend Maternity Assessment Unit)
- An ad hoc huddle can be arranged where necessary to seek mutual aid and transfer IOL activity to the regional network through the ICB

Once admitted to MDAU, women and birthing people should have:

- History taken and any concerns addressed
- A full set of maternal observations
- Abdominal palpation and CTG monitoring
- Be offered a membrane sweep if appropriate

All telephone contacts and assessments must be documented in the electronic record and maternity handheld notes (if available). The IOL App must be updated accordingly with oversight from the IOL pathway coordinator.

Women whose IOL is delayed at any part of their induction of labour journey, must be provided with an apology, full explanation of events, plan of care and be given the opportunity to ask questions.



The IOL App provides alerts to clinical, operational and management teams regarding delays >24 hours and informs prioritisation and oversight of workload. The data from the IOL App is monitored monthly via the IOL App dashboard. Delays will be monitored against local Key Performance Indicators and targets through use of an SPC chart.

5. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Number of women who do not commence their IOL on the day they are scheduled	IOL App	Lead Midwife, Quality Improvement	Monthly	Perinatal Insights Dashboard Group and IOL Working Group
Average length of time between decision for ARM and performing ARM	IOL App	Lead Midwife, Quality Improvement	Monthly	Perinatal Insights Dashboard Group and IOL Working Group

6. Education & Training

None required

7. Supporting References

Induction and Augmentation of Labour UHL Obstetric Guideline 131/2005
Pre Labour Rupture of the Membranes UHL Obstetric Guideline C25/2022
Latent Phase of Labour UHL Obstetric Guideline C7/2023
Escalation Transfer of Activity and Closure UHL Obstetric Guideline C29/2011

8. Key Words

Delay, Induction of Labour, escalation, huddle, OPEL

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
SOP Lead Lara Harrison – Quality Improvement Lead Midwife Natasha Archer – Consultant Obstetrician/Deputy Clinical Director			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
May 2025	**1**		**New**
June 2024	**2**	**L Harrison**	**Updated IOL statistics** **Replaced Pregnancy Day Assessment Unit with Maternity Day Assessment Unit throughout** Awaiting commencement of IOL: Delay of >24 hours changed from 8 to 9am on the day booked for IOL **1:1 removed from - Awaiting 1:1 care for (ARM+/Oxytocin):** **1:1 removed from** Delay of >24 hours in performing ARM/Oxytocin since decision made. Removed reference to IOL calendar and replaced with APP and APP function summarised. Removed the requirement to complete a datix when delays in IOL occur

Appendix 1 – Maternity Day Assessment Unit

Traditionally, Maternity Day Assessment Units (MDAU) specialises in pregnancies that require closer monitoring, reassurance and care. At present these women are seen in our Maternity Assessment Unit.
However, with the implementation of Birmingham Symptom Specific Obstetric Triage System (BSOTS) there will be a need to separate the pathways for women who require MAU services and the women that require MDAU services.
Women who have delays in their induction process would usually be asked to attend MAU but this can be disruptive and creates risk around women who require the MAU services. As such a 'pop up' MDAU has been created as an interim solution to mitigate risks to both women. This 'pop up' MDAU can be dissembled as required.