INTERIM Standard Operating Procedure:
Escalation Process for Women 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 29%. 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. It has been written after discussion between obstetricians, senior midwifery leaders and clinical teams: ward managers and the IOL pathway co-ordinator.

Overarching guideline: Induction and Augmentation of Labour UHL Obstetric Guideline

Associated guidelines:
Pre Labour Rupture of the Membraines 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
- Quality Improvement team

2. Abbreviations

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

3. Triggers

Awaiting commencement of IOL:

Delay of >24 hours from 8am on the day booked for IOL

Awaiting 1:1 care (ARM+/Oxytocin):
Delays of receiving 1:1 care for >24 hours since decision made

Prolonged rupture of membranes:
Delay of 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 IOLs 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 and IOL pathway coordinator
- The bleep holder and consultant can escalate the requirement of a 'Pop-up' Pregnancy 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 PDAU or identify those who are safe to stay at home. Plans of care should be documented on the electronic record (E3) and IOL calendar
- 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

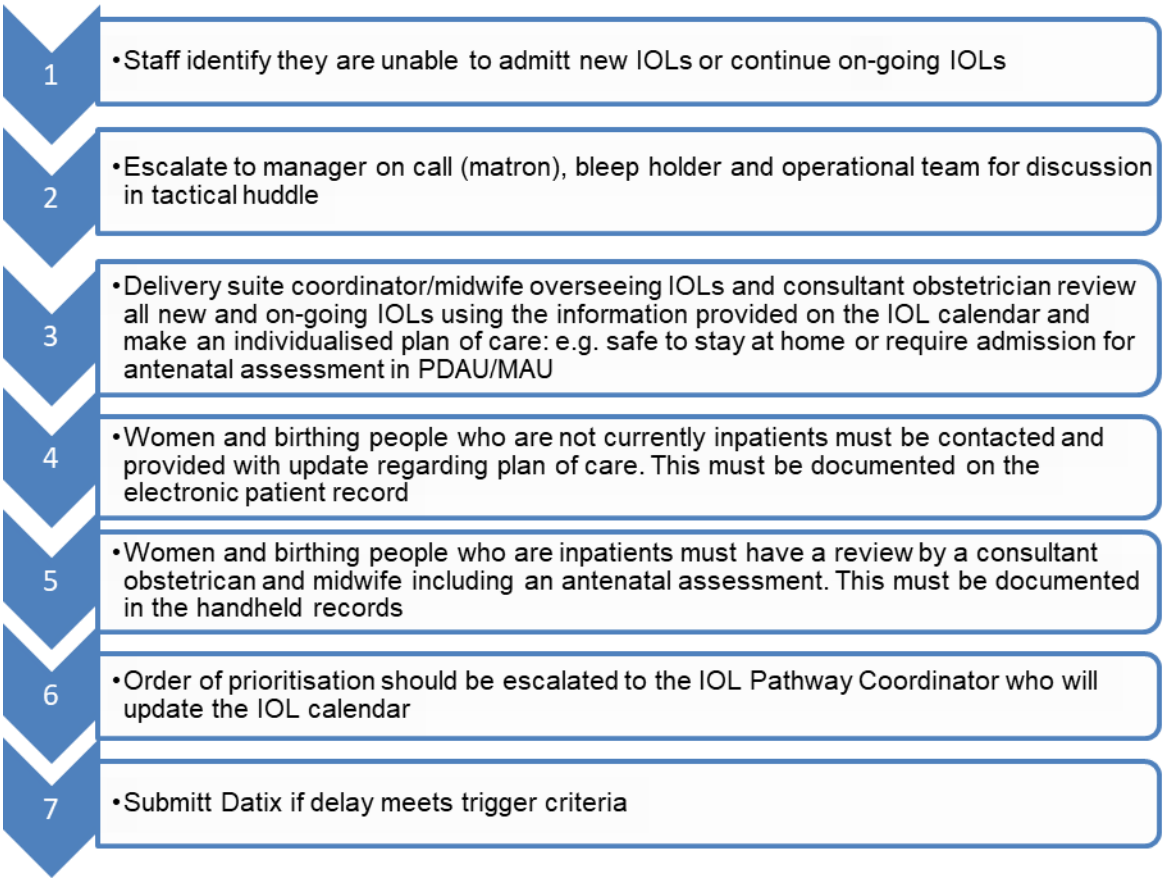
Once admitted to PDAU, women and birthing people should have:

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

All telephone contacts and assessments must be documented in the electronic record and maternity handheld notes (if available).

A Datix should be submitted for any delays in IOL as defined on page 2 by any member of staff. The matron is accountable for ensuring these are completed.

The IOL calendar should be updated accordingly with oversight from the IOL pathway coordinator.



5. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Number of delays during IOL	Datix	Inpatient Matrons	Monthly	To IOL working group
Escalation of use of 'Pop up' PDAU	Audit	Antenatal Services Matron	Quarterly	To IOL working group

6. Education & Training

None required

7. Supporting References

None

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: New SOP			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
November 2023	**1**	**Maternity guidelines group Maternity governance Women's Quality & Safety Board**	

Appendix 1 – Pregnancy Day Assessment Unit

Traditionally, Pregnancy Day Assessment Units (PDAU) 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 DAU 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' PDAU has been created as an interim solution to mitigate risks to both women. This 'pop up' PDAU can be dissembled as required.