

Twinning Up North

Choosing elective induction of labour - an informed choice or a wild guess?

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Background

Interventions during childbirth can be crucial in order to prevent neonatal and maternal morbidity and mortality. On the other hand, the use of medical interventions without a medical indication may cause avoidable harm, given the risk of adverse effects related to interventions.

Induction of labour is a common intervention in obstetrics. Indications for induction of labour are post-term pregnancy or pregnancy complications such as hypertensive disorders like preeclampsia or premature rupture of membranes. Induction of labour seems to be associated with a higher prevalence of caesarean section, especially by nulliparae. Also there is a higher risk on hyperstimulation, epidural analgesia and vaginal instrumental birth. Like other interventions, the rate of induction have been rising the past years. In Iceland 22,5% of the women received an induction in 2010 and in 2016 this number rose to 30,4%. An upwards trend is also seen in The Netherlands with 20,9% of induction in 2010 and 22,6% in the year 2016.

From the vision of woman-centered care, the woman is owner of her birth. Therefore information is needed about the reasons why women ask for a specific intervention, like an induction of labour. In this project the motives of women that ask for an elective induction of labour will be qualitatively investigated in order to provide information for healthcare professionals. Besides, the outcomes will give information on knowledge gaps of women wherefore practical implications will be developed.

Project in The Netherlands

Aim and research questions:

Understand the motivation for elective induction of labour. Find out which information women had about elective induction of labour; what did they know about the possible benefits and side effects and where did they gather their information? What was the process while making the decision to opt for an elective induction? Were partners, family members or friends influencing the process?

With this information we want to try to reduce the rate of elective inductions. We want to achieve this by supplying information for women and prenatal caregivers that will help them to make an informed choice.

Methods:

We interviewed 6 Dutch women between 6 augustus 2019 and 17 february 2020 who requested an elective induction. In this qualitative study we used a sem-istructured topic list. Interviews were carried out in 'face-to-face' conversations at a safe setting chosen by the participant. We obtained written consent from all the participants in our study.

Results:

Motivation the request for elective induction of labour could be divided in two themes: fear for complications and surmenage. Women in our study described fear for different kinds of complications: stillbirth, severe neonatal morbidity (i.e. asphyxia, sepsis), maternal mortality, hemorrhage postpartum or too much pain.

Information was retrieved from consultations with the obstetrician or midwife. Women in our study talked about leaflets they received from their health care professional and information they read on the internet. However, this information was difficult for women to process and to remember because of use of medical termination. Some women in our study told us that they deliberately did not look for information on the internet, because of conflicting information or because too much information made women troubled. Knowledge about side effects was limited to risk of hyperstimulation and a longer birth. One woman talked about the risks of an induction before 39 weeks for the health of the baby. Women hoped for a natural start of birth, but up to a certain limit. The main benefit named by the women in our study was to know the date labour starts. This created a feeling of safety to be in the hospital and not to deliver postterm. One woman was also longing for her body to return to prepregnant state.

Decision to be induced was made by the woman on her own. She talked about her wish to be induced with her partner, but the final decision was made by the woman herself.

Conclusion:

It appeared that women did have limited information about the benefits and side effects of an elective induction. Women tend to want information that is easy to process and is reliable. Therefore, we will provide an information handout for prenatal care givers, that can be given to the pregnant woman.