Improving Women's Preparedness for Induction of Labour.
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Background:
Recent audits and patient feedback at NHS Tayside suggested many women felt that they are not fully informed of the induction of labour (IOL) process. These findings are contrary to the aims set out in the 2030 nursing vision which are to ensure mutually beneficial partnerships between patients, their families and those delivering health.

Women’s feedback about IOL before the project:

Therefore, this project aimed to improve the experiences of women undergoing a IOL, with particular focus on their preparedness for the IOL process. This improvement project aims to achieve both the 2030 Vision and NHS Tayside’s vision: “Everyone has the best care experience possible”

Moreover this project fits directly with our organisation’s values. In particular;
• By putting the patients first.
• Taking the time to have good, open communications and be accountable for our actions and behaviours
• Do the best that we can by working as a team to provide excellent treatment and care.

Method:
Initial steps involved the recruitment of interested parties from midwifery and medical workforces. This team then explored IOL using tools such as cause and effect charts, force field analysis and process mapping.

The driver diagram below was created by the team and highlights potential change ideas to be tested.

Process Change:
The First change that was tested was the introduction of a new “IOL Discussion Form”. This was chosen as the first change test due to its simplicity and relatively low cost.

Multiple PDSA cycles were carried out to ensure the form was working well, with feedback collected from both staff and women.

The measures collected are as below:

Outcome Measure:
• Survey a sample of women (>5) to ask if they felt prepared for the IOL process?

Process Measure:
• Number of fully completed IOL Discussion Forms?

Balance:
• Measurement of clinics that ran late due to extra information sharing?

Results:
The Outcome measure run chart below shows results throughout the improvement journey thus far.

The results highlight that an improvement has been made with women’s reported preparedness for IOL. However, the process measure has shown that the completion of the IOL Discussion Form is still unreliable - with wide variation of just 30-100% of forms being completed fully

Conclusions:
This project has been successful in highlighting the need for change within our IOL processes and the way in which we share information with our women and families at NHS Tayside. We met the initial aim set out for this project but still have much work to do in order to make the IOL Discussion Form reliable.

To date there has been no reported negative effects – such as over running appointments or late clinics – associated with the introduction of this IOL Discussion Form.

Additionally qualitative data has also been collected from women – with many reporting a correlation between the fully completed IOL forms and the feeling of preparedness.

Ongoing work continues in the promotion of the Care Opinion website in order to capture this qualitative data more effectively.

Next Steps:
The change team plan to continue working closely with the ANC in order to gain greater understanding of the issues surrounding the reliability of this form, and to test other change ideas.

References:

Kotter J P (2003). Leading Change. Ingram Publisher Services


