Induction of Labour Audit Tool

This template is to assist with auditing induction of labour (IOL) indications, outcomes and/or standards of care within your centre. Standards of care refer to those established through regional work on IOL and the Low Risk Birth Initiative set forth by the Provincial Council for Maternal and Child Health (PCMCH). The audit measures can be used in their entirety or can be used separately to target one area of practice. Organizations can use this audit template by printing and completing a form for each chart audited, or by using the parameters to set up their own audit tool. This tool has been adapted from Safer Care Victoria to fit the context of obstetrical care in Ontario.

Key for Audit Measures

Antenatal Care and Decision Making	Indications for IOL	IOL Methods	Outcomes

Audit Tool

Antenatal Care and Informed Decision Making			
Where did the patient receive their antenatal care?		**Did the patient receive information about the risks and benefits of an induction of labour?**	
Hospital		Yes	
Community		No	
If the EDC is documented, how was it calculated?		**If information was provided on the risks, benefits and available methods, when did the patient receive information to assist in making an informed decision?**	
T1 Ultrasound			
Last menstrual period			
Ultrasound in T2 or later		Less than or equal to 38 weeks gestation	
Not specified		Greater than 38 weeks gestation	
Is the agreed upon Estimated Date of Containment (EDC) documented?		**If the patient had a previous C/S, was specific information about the risks of IOL after a previous C/S given?**	
Yes		Yes	
No		No	

Additional Notes:

Indications for IOL			
Was the Indication for induction documented?		**Were there any contraindications?**	
Yes		Yes	
No		No	
Indication(s) documented (tick all that apply)			
Severe Preeclampsia, HELLP Syndrome or Eclampsia at any gestational age		Dichorionic/Diamniotic twins, otherwise uncomplicated, 37-38 weeks	
Preeclampsia, greater than or equal to 34 weeks		EFW 5th to 10th percentile, otherwise uncomplicated greater than or equal to 39 weeks	
Abnormal fetal surveillance		Type 1, Type 2 or GDM on insulin, uncomplicated, 38-39 weeks	
EFW less than the 10th percentile WITH other abnormal FHS parameters		Gestational hypertension or pre-existing hypertension, with or without medication(s) greater than or equal to 39 weeks, with well controlled BP and NO adverse conditions	
EFW less then the 5th percentile, otherwise uncomplicated greater than or equal to 37 weeks		Cholestasis: greater than or equal to 39 weeks with clinical diagnosis OR Bile salts less than 40mmol/L;	
Monochorionic/Diamniotic twins 36-37 weeks		Cholestasis: less than 39 weeks if Bile salts are greater than 40mmol/L (Suggest inpatient)	
Significant maternal medical disease OR fetal complication		Fetal demise, genetic or anatomic indications	
TERM Pre-labour SROM GBS +/-		Postdates, greater than or equal to 41 weeks	
Gestational diabetes (diet managed) greater than or equal to 39 weeks, otherwise uncomplicated		Pre-pregnancy BMI greater than or equal to 40 kg/m2, otherwise uncomplicated, greater than or equal to 39-40 weeks	
AMA (greater than or equal to 40 years), otherwise uncomplicated, greater than or equal to 40 weeks		VTE or additional thrombotic disorders receiving anticoagulation therapy, greater than or equal to 38 weeks	

Additional Notes:

Induction of Labour Methods			
Was a maternal assessment completed and documented?		**Was fetal well-being monitored appropriately and documented prior to commencing the IOL (cervical ripening, ARM or oxytocin administration)?**	
Yes		Yes	
No		No	
Which IOL methods were used? (indicate multiple methods used in the order they occurred e.g. 1, 2, 3 etc.)			
Balloon Catheter		ARM	
Gel		Oxytocin	
Cervidil		Other:	
Misoprostol			
If cervical ripening was performed, was the patient a candidate for Outpatient IOL?		**If the patient was a candidate for outpatient IOL, but remained in hospital, was the rational documented?**	
Yes		Yes	
No		No	

Additional Notes:

Pharmacologic Methods of Cervical Ripening (Cervidil, Gels, Misoprostol)			
Was more than 1 dose of prostaglandin given?		**If the patient received more than 1 dose was the dosing interval appropriate? (Cervidil greater than 12hrs; Gels greater than 6hrs, Misoprostol greater than 4hrs)**	
Yes		Yes	
No		No	
After administration of medications for cervical ripening, was an EFM tracing or NST done until normal classification was obtained?		**If the patient was a candidate for outpatient IOL, did the patient go home?**	
Yes		Yes	
No		No	
Was there at least 6 hours between the last dose of gel; 30 minutes from the removal of Cervidil or 4 hours from the last dose of misoprostol prior to starting oxytocin?		**Was continuous EFM initiated if regular painful uterine contractions were documented as being established?**	
Yes		Yes	
No		No	

Balloon Catheters			
What type of balloon catheter was used?			
Single (e.g. Foley)			
Double (e.g. Cook)			
When was the balloon removed?			
Less than 12hrs		Greater than 25hrs	
12-24hrs		Balloon fell out	
Were volumes instilled into the balloons documented?			
Yes		No	
Was the balloon taped to the patient's leg with tension on it?			
Yes		No	

Additional Notes:

Oxytocin			
Was there continuous EFM 30 minutes prior to staring the oxytocin?			
Yes			
No			
Was there continuous EFM while oxytocin was infusing?			
Yes			
No			
If 'No' was there an order indicating that the EFM could be stopped for up to 30 minutes provided the maternal fetal condition was stable and the oxytocin rate was stable?			
Yes			
No			
When was the oxytocin started?			
Immediately after presenting with SROM		6 hours after last prostin dose administered	
Immediately after AROM		30 minutes after Cervidil removal	
After expectant management of S/AROM		4 hours after last dose of Misoprostol	
Less than 12hrs following ROM		Immediately after removing balloon	
12-24hrs following ROM		While balloon catheter still in-situ	
Greater than24hrs following ROM		At a set time or other	
Was the oxytocin started ☐ with or ☐ without regular contractions.			

Additional Notes:

Outcomes			
Were there any complications documented?		**Type of Birth**	
Yes		Spontaneous Vaginal	
No		Vacuum Assisted Vaginal	
Complications documented include:		Forcep Assisted Vaginal	
Tachysystole without FHR changes		Cesarean Section (C/S)	
Tachysystole with FHR changes		**If a C/S birth: what was the documented primary and secondary indication for C/S?**	
Antepartum bleeding		Abnormal FHR	
Atypical or abnormal FHR monitoring leading to C/S		Failed IOL. Indicate cm of dilation at time of diagnosis:	
Was a scalp pH or lactate done prior to C/S?		Failure to Progress. Indicate cm of dilation at time of diagnosis:	
Yes			
No			
Was meconium present?		Failed operative vaginal birth	
Yes			
No		Other indications:	
Was there a postpartum hemorrhage?		**Was the estimated blood loss documented?**	
Yes		Yes	
No		No	
Were other intrapartum or postpartum complications sufficiently documented? : ☐ **YES** ☐ **NO**			

Additional Notes: