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## Background

Induction of labour (IOL) is the process of artificially stimulating the uterus to start labour, offered for maternal or fetal indications, and is generally conducted when the risks of continuing pregnancy outweigh the benefits (NICE, 2021). Rates of IOL have significantly increased over the last decade to 34% in England in 2020-2021 (NHS Digital, 2021). In December 2021 rates in Royal Cornwall (RCHT) were 38%. Methods of IOL include pharmacological and mechanical. The primary method within RCHT is pharmacological using vaginal prostaglandins. Mechanical methods are sometimes used (cervical catheters), sited by obstetricians, however this not common practice. Changes to NICE guidelines in 2021 mean that IOL rates are likely to increase, and mechanical IOL will be used more commonly within RCHT. This will increase the workflow within maternity services, and it is necessary to make changes to practice so midwives can conduct mechanical, in addition to pharmacological IOL.

## Review of the evidence

A systematic search of CINAHL and Medline databases was completed using the terms 'induction of labour', 'mechanical', 'experience' and 'training'. Boolean logic was used to refine the search.  Abstracts and titles were screened for relevance. This yielded a systematic review by the Cochrane collaboration (de Vaan et al, 2019) of methods of IOL up to 2019, addressing 113 trials.  The authors found the evidence concluded that mechanical IOL is probably as effective as IOL with vaginal prostaglandins, however mechanical IOL with a balloon catheter had a favourable safety profile with reduced uterine hyperstimulation, serious neonatal morbidity or neonatal death and reduced neonatal admission. The review found little or no difference in caesarean section rate. There is a move towards mechanical IOL with one study (Harkness et al 2021) finding that 64/92 NHS Trusts surveyed offer mechanical IOL.

## Project plan

This project will use the JBI Evidence Implementation Model (Porritt et al, 2020) to develop a competency document for the further training required for midwives to carry out mechanical IOL. Stakeholders are identified, who including midwives, obstetricians and women, through Maternity Voices Partnership. Contact has been made with another NHS Trust with comparable demographics that has completed a similar project, to share learning and benchmark outcomes. Current Trust guidelines and the latest patient information leaflet will be reviewed and updated through the Maternity Forum, alongside the development and formal approval of the training competency document for mechanical IOL, the central focus of this project.

## References

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