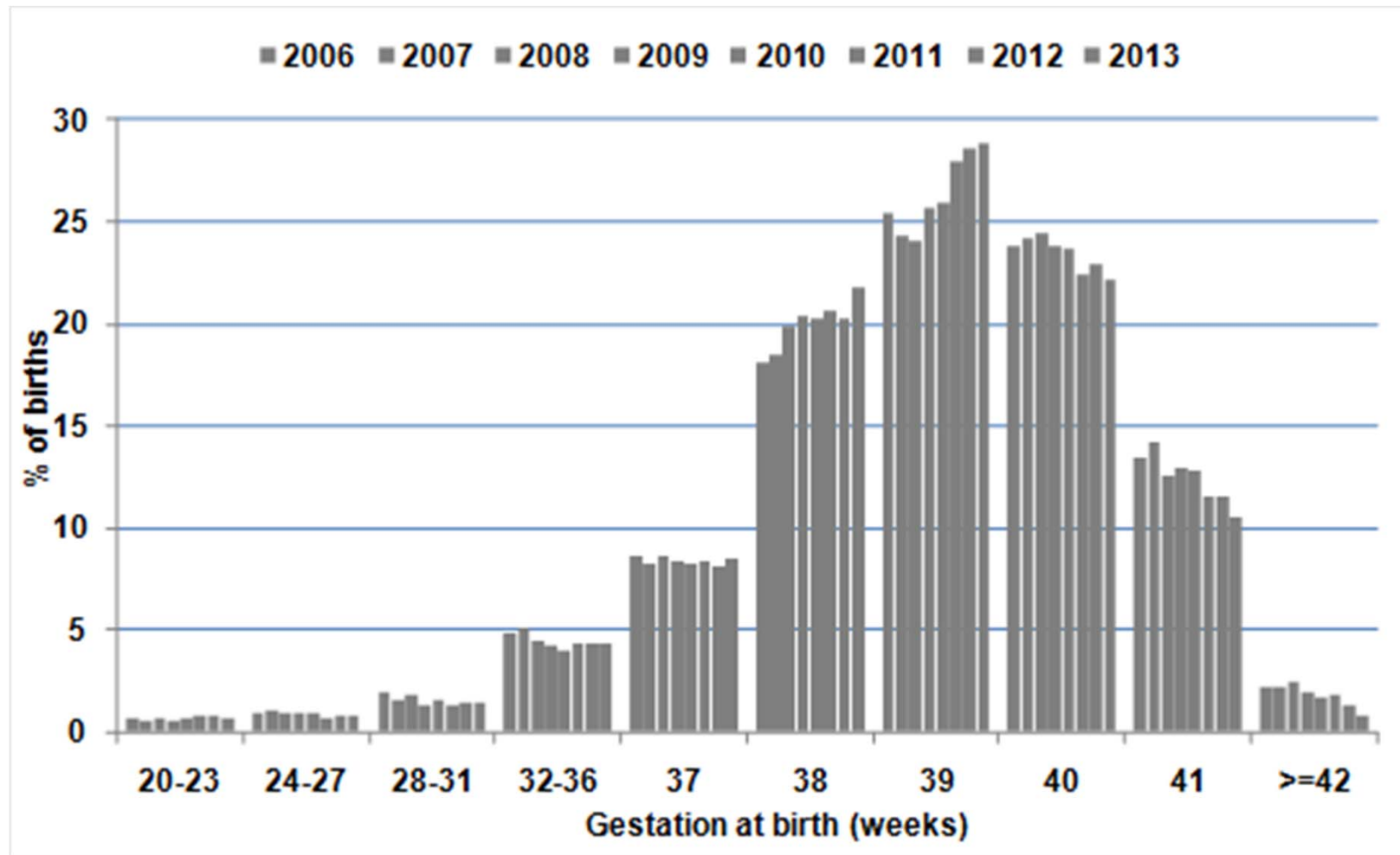


**OECD figures for perinatal mortality  
(ratio of deaths of children within one week of birth (early neonatal deaths)  
plus fetal deaths of minimum gestation period 28 weeks  
or minimum weight of 1000g per 1000 births) MOH2013**

- A Cochrane review of non-clinical interventions to reduce unnecessary caesarean sections (Khunpradit et al. 2011) concludes that:
- **Interventions targeting pregnant women:** There is limited evidence of the effectiveness of interventions that target pregnant women with the aim of reducing caesarean rates (for example birth preparation classes and antenatal group therapy).
- **Interventions targeting professionals:** The introduction of clinical practice guidelines requiring mandatory second opinions or that are supported by local opinion leaders and peer reviewed by individual departments may lead to reduction in caesarean rates. However, evidence is weak and the costs and benefits of introducing these interventions should be considered.

Figure 44: Distribution of gestation at birth NWH 2006-2013



# IOL

	NZ	Aus	Can	Ire	Neth	UK	USA
<b>Induced labour (total)</b> Proportion of labours physically or chemically induced.	19.8%	25.3%	19.1%	-	10%	21.3%	23.2%

MOH2013

	Birthing Mothers	
	n=7223	
	n	%
Spontaneous onset of labour	3270	45.3
Iatrogenic onset of birth	3953	54.7
CS Elective	1227	17.0
Emergency CS before onset of labour	288	4.0
Induction of labour	2438	33.8

# IOL

	NZ	Aus	Can	Ire	Neth	UK	USA
<b>Induced labour (total)</b> Proportion of labours physically or chemically induced.	19.8%	25.3%	19.1%	-	10%	21.3%	23.2%
NWH	33.8				MOH2013		

# Figure 47 : Induction of labour rates NWH 1992-2013

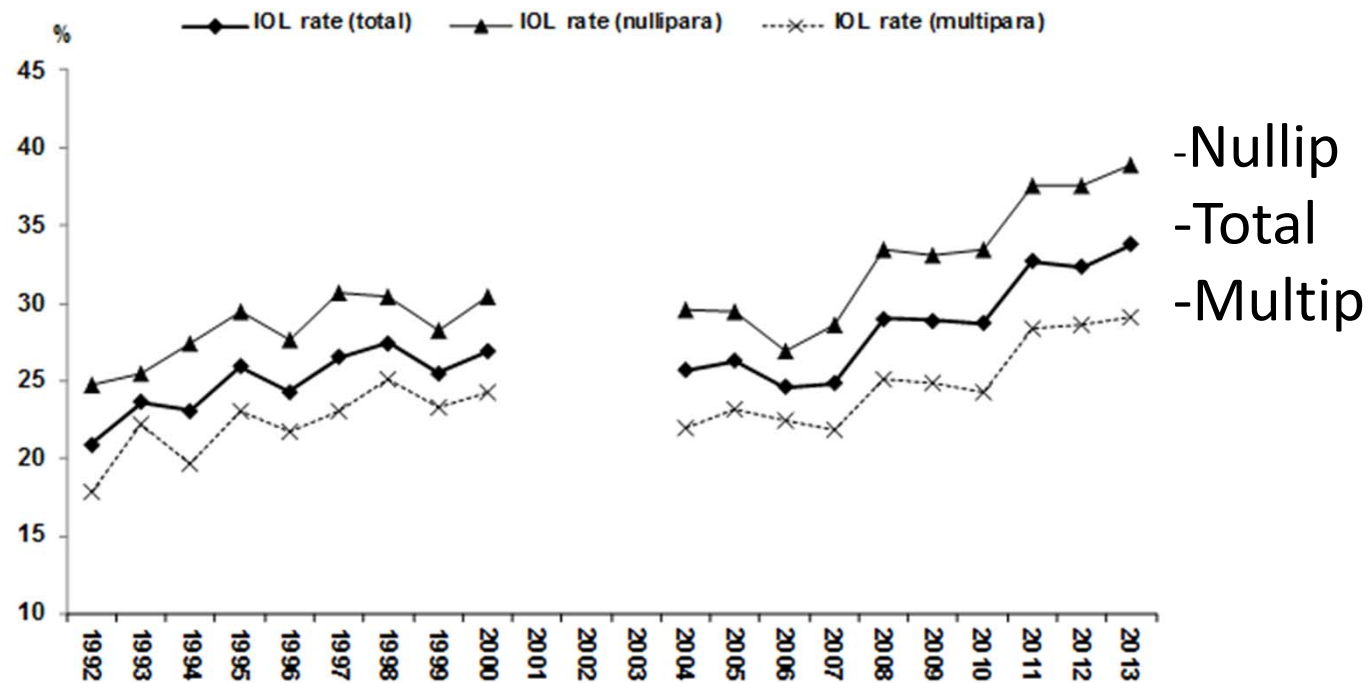
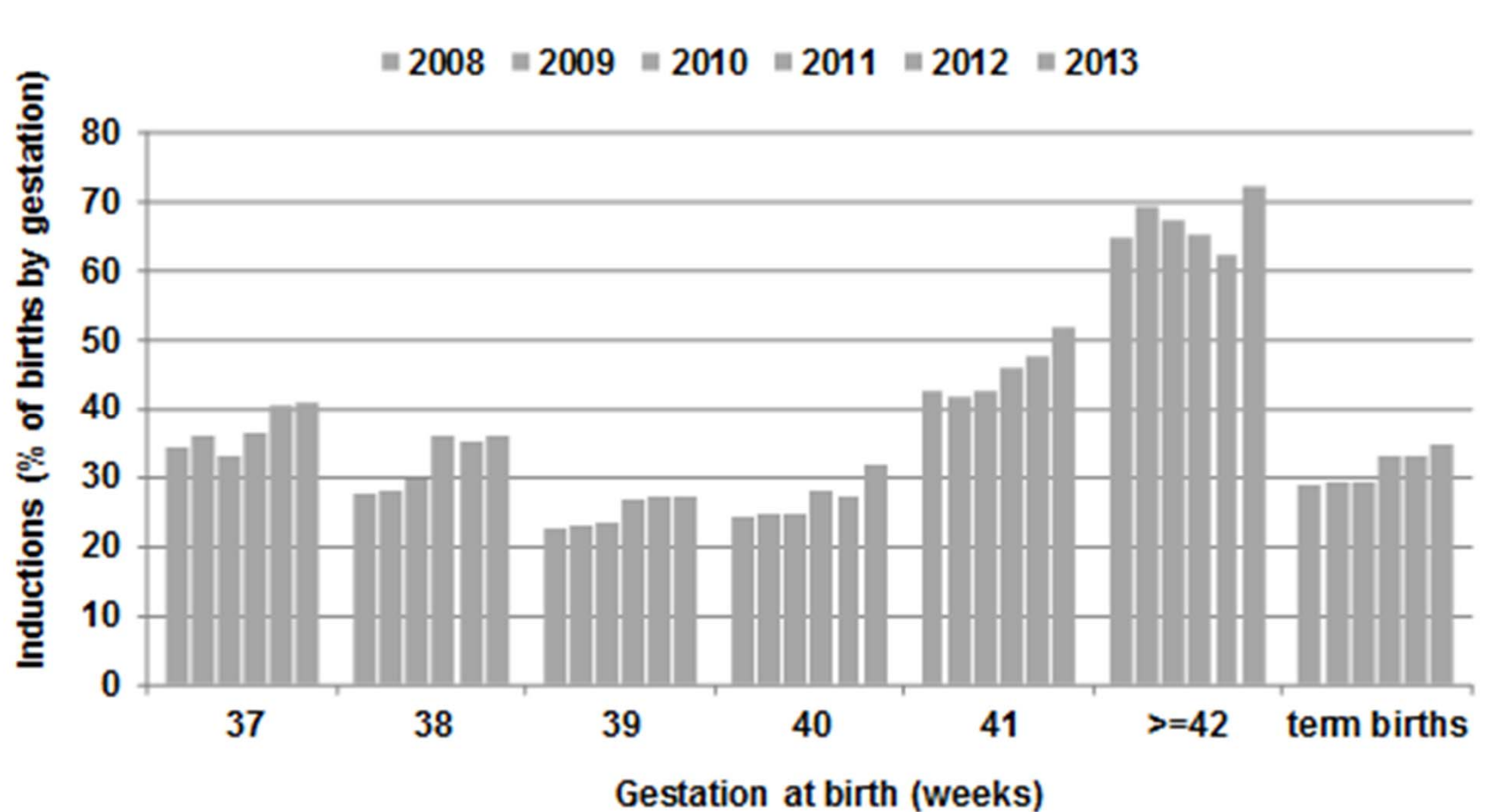
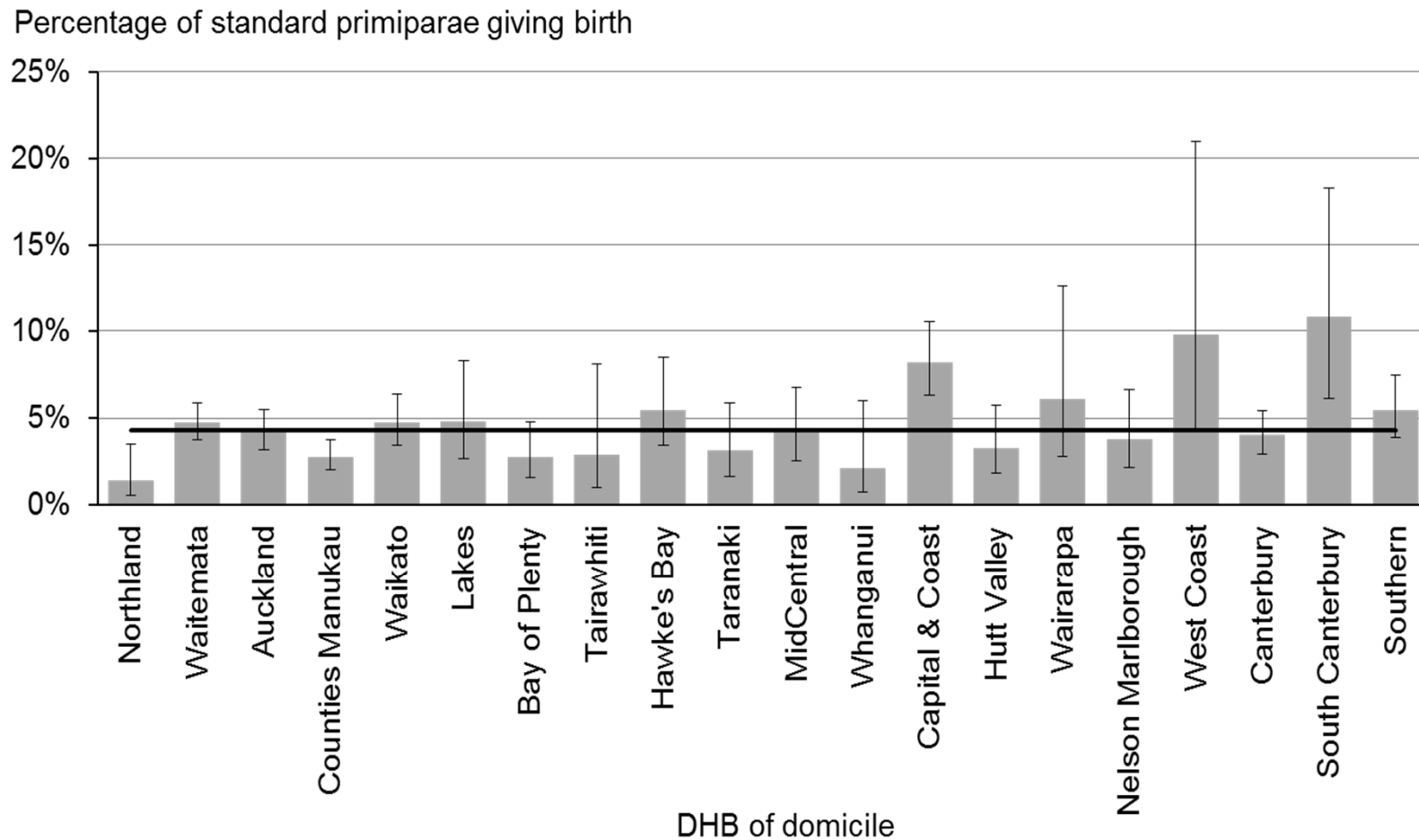


Figure 48: Induction of labour as a proportion of births by gestation NWH 2008-2013

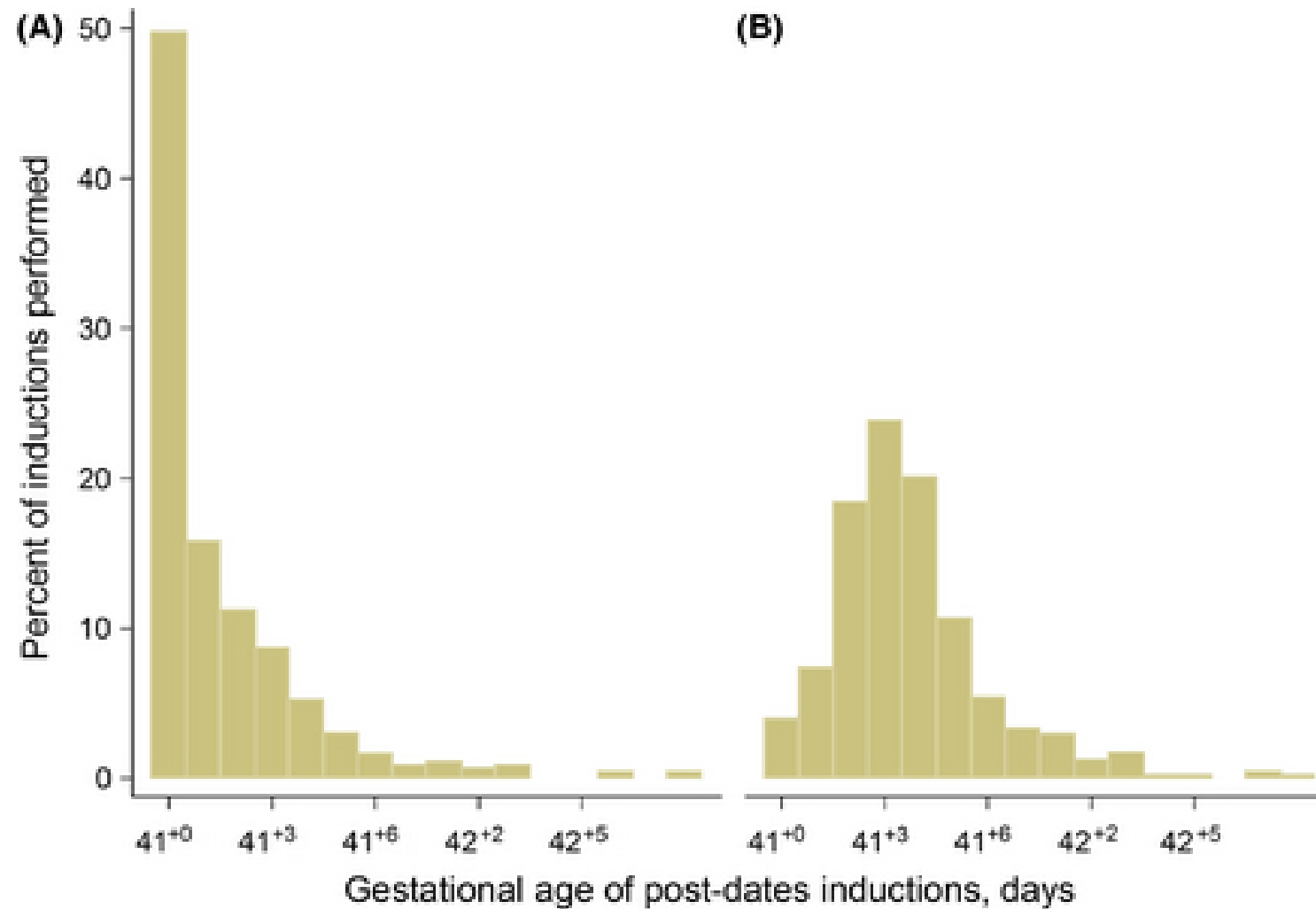




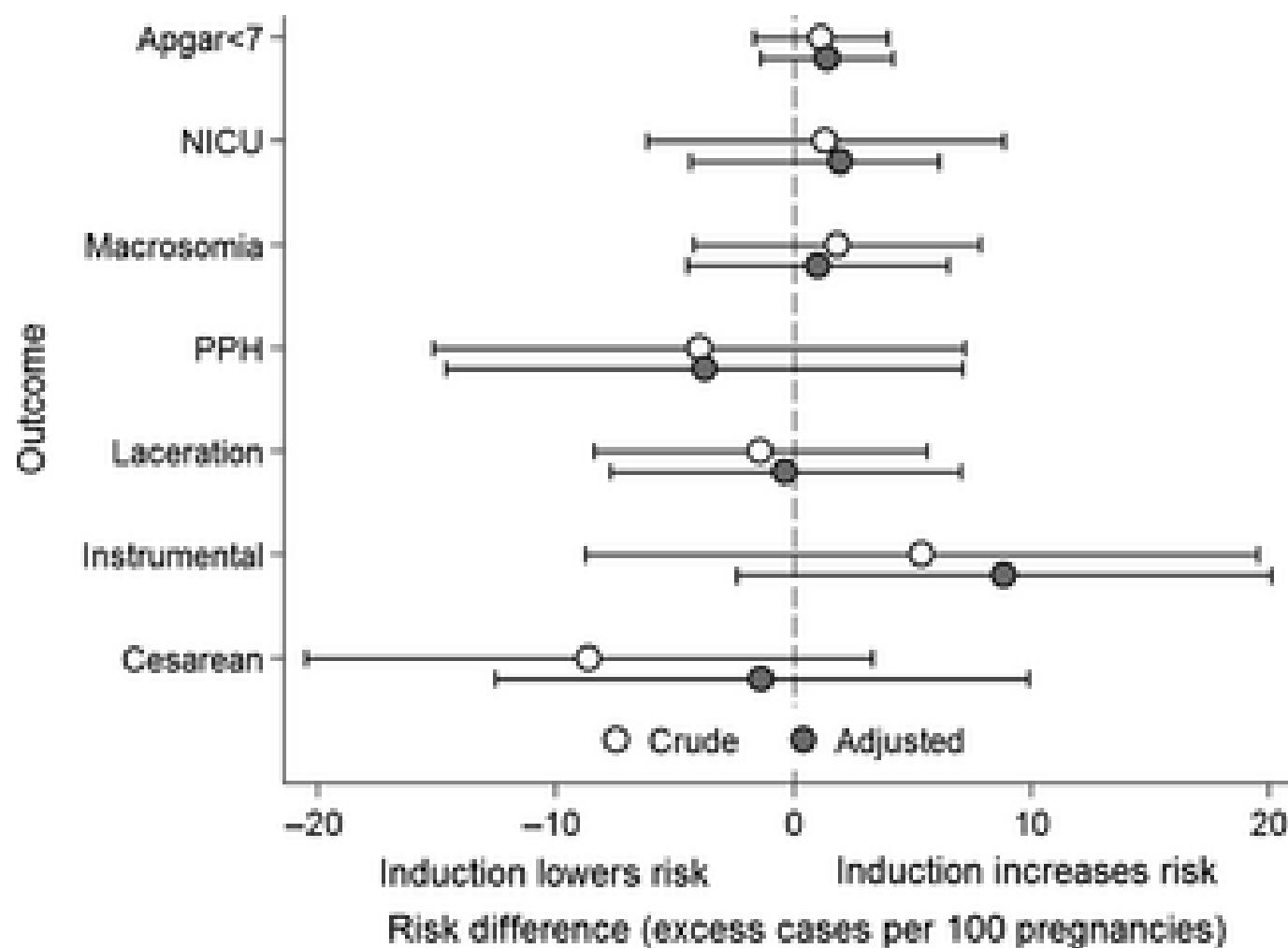
# IOL in std primiparae



Using inter-institutional practice variation to understand the risks and benefits of routine labour induction at 41+0 weeks



# Using inter-institutional practice variation to understand the risks and benefits of routine labour induction at 41+0 weeks



- cohort of 14 627 women at or beyond 41<sup>+0</sup> weeks,
- lowest rate of routine induction (14.3%) would result in 2088 women being induced
- highest rate of routine induction (46.0%) would result in 6728 inductions
- a total of 4636 more inductions.

- cohort of 14 627 women at or beyond 41<sup>+0</sup> weeks,
- lowest rate of routine induction (14.3%) would result in 2088 women being induced
- highest rate of routine induction (46.0%) would result in 6728 inductions
- a total of 4636 more inductions.

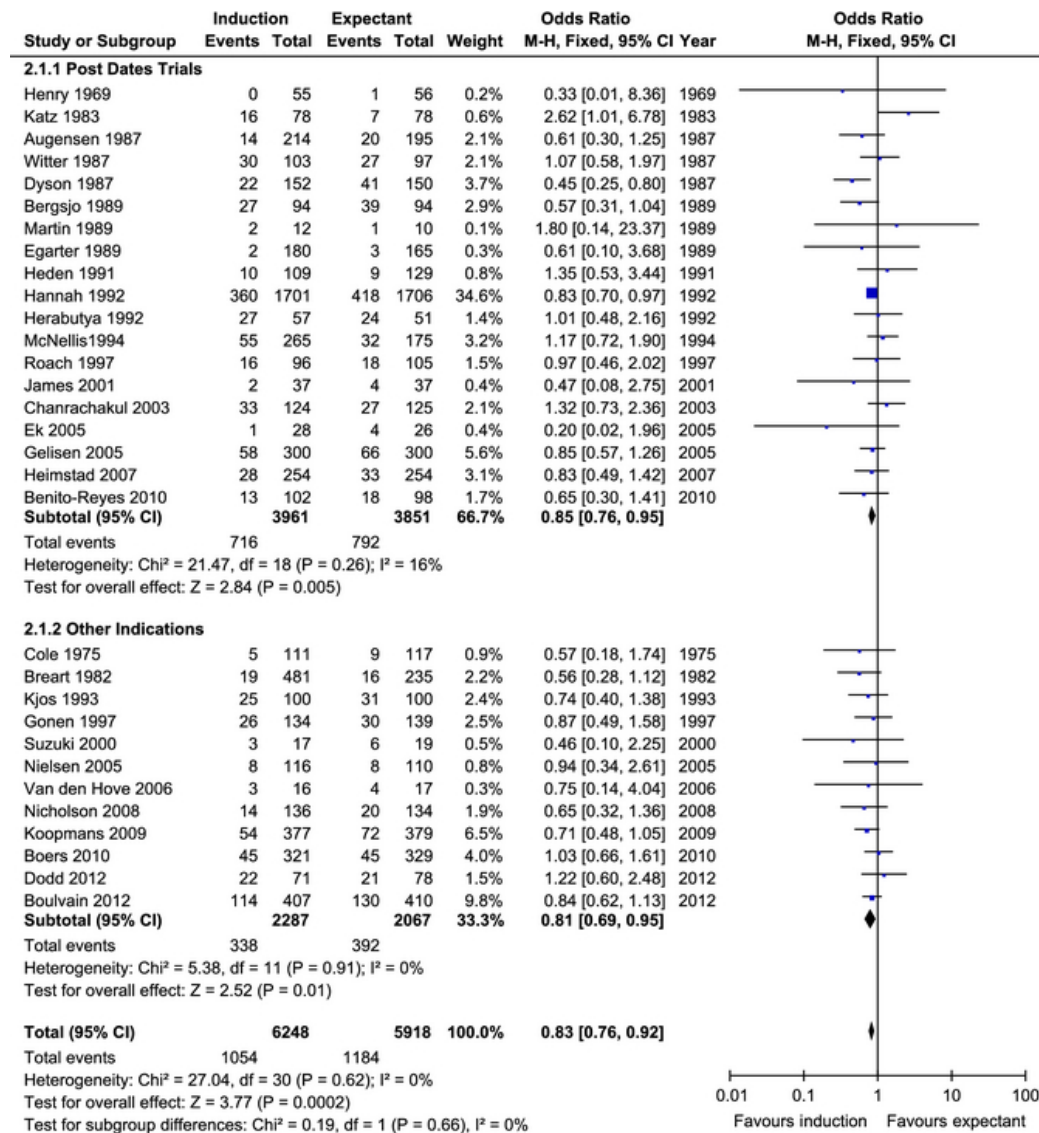
*What is the impact of that ?*

*But then . . .*

BJOG: An International  
Journal of Obstetrics &  
Gynaecology  
volume 121, Issue 6,  
pages 674–685, May 2014

- Induction of labour in women with intact membranes reduces the risk of caesarean section.

# Does induction of labour increase the risk of caesarean section? A systematic review and meta-analysis of trials in women with intact membranes

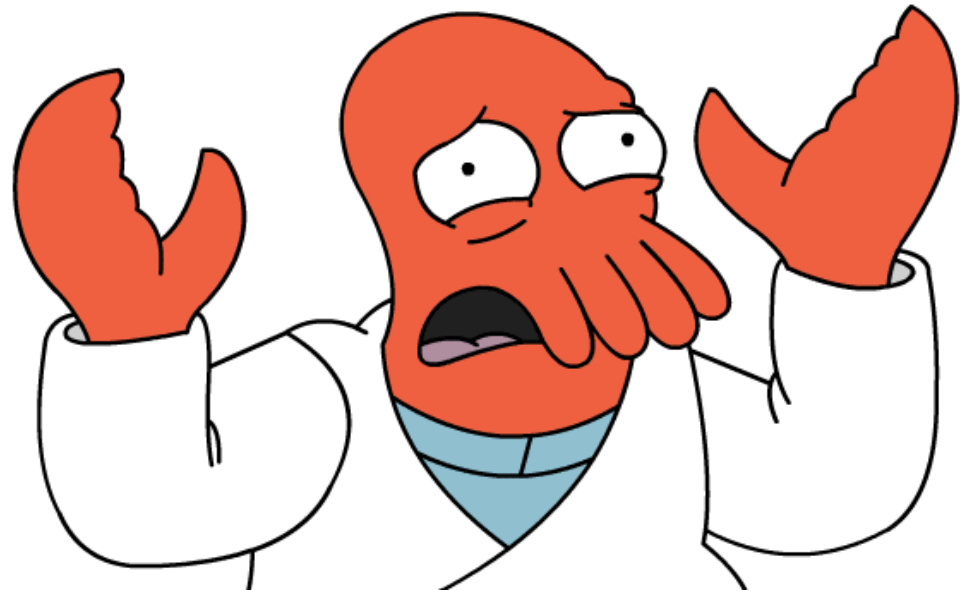


- ?increased the anxiety of doctors, and led to a greater number of caesarean sections.





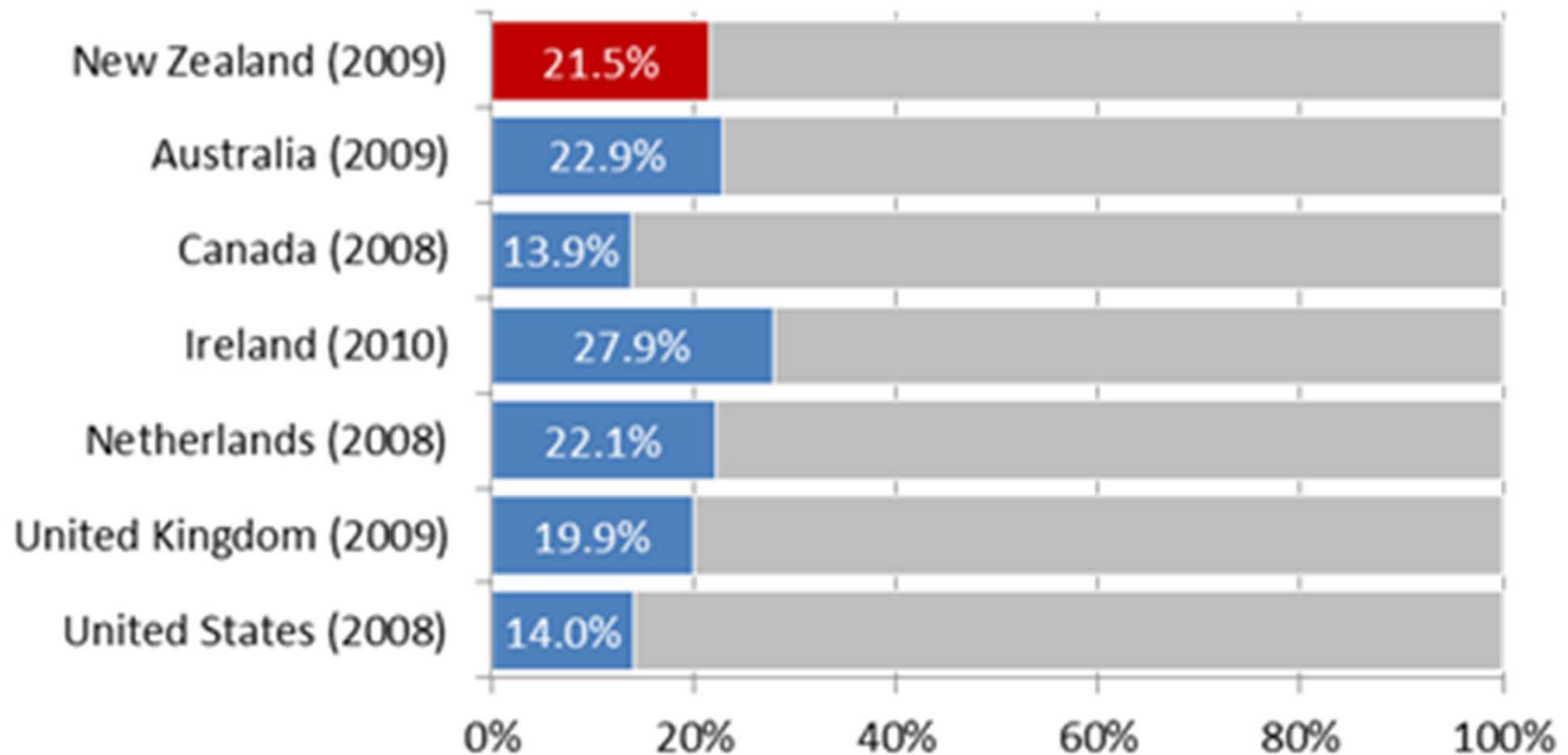
- Such concern about poor outcomes may affect delivery decisions for expectantly managed women with PIH, SGA, oligohydramnios, and multiple pregnancy.



- It may be that the results of our review reflect doctors' discomfort with delayed delivery in high-risk women that, once they are in labour, manifests as more frequent caesarean sections: an example of research confirming the biases of the health care community.[\[68\]](#)

# Age of mothers MOH 2013

Proportion >+ 35yo



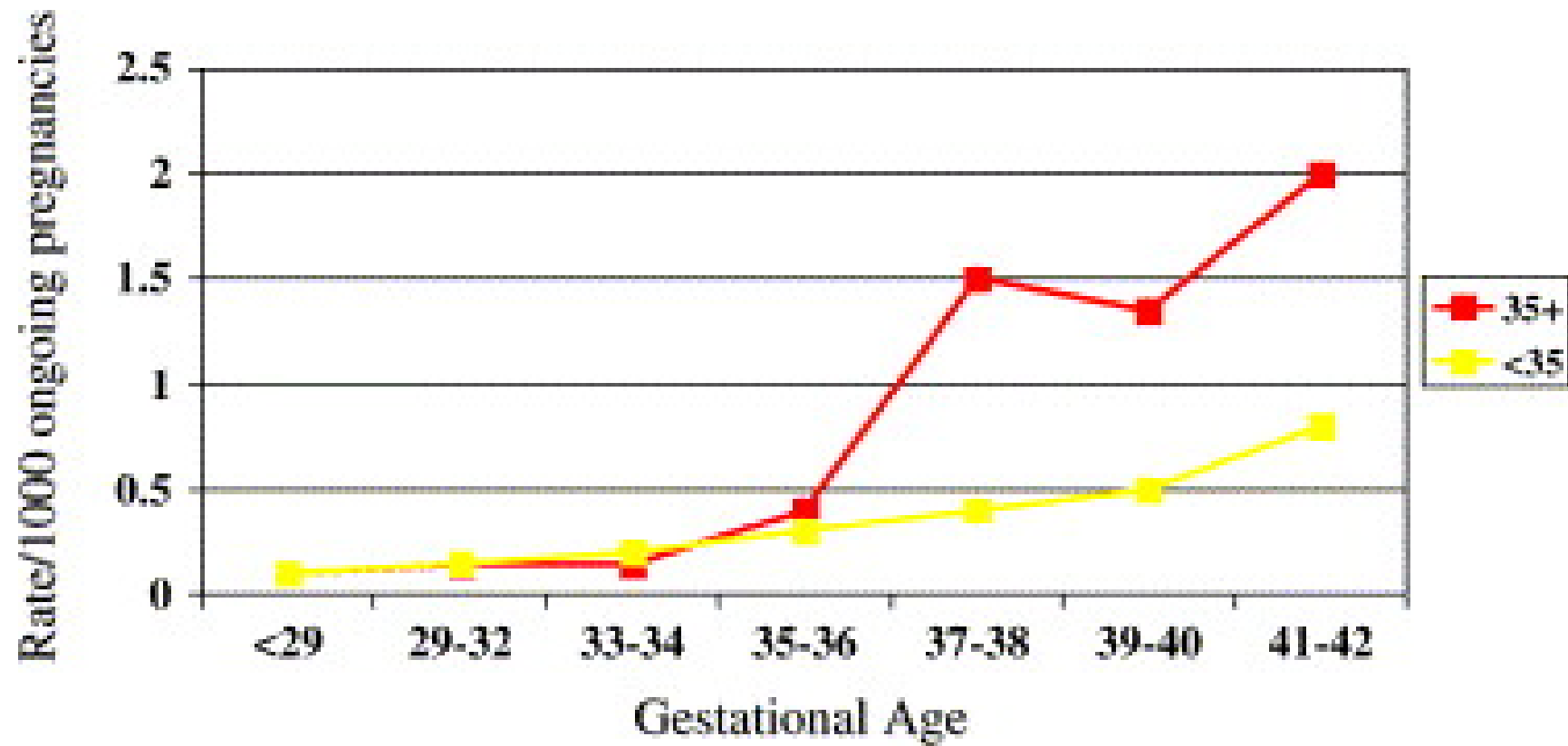
# Old mums

- experience complications during pregnancy and labour
- more likely to require medical intervention
- congenital abnormalities,
- born prematurely,
- fetal growth restriction,
- perinatal mortality and/or serious neonatal morbidity.
- multiple births,
- increases the likelihood of complications
- intervention in labour.

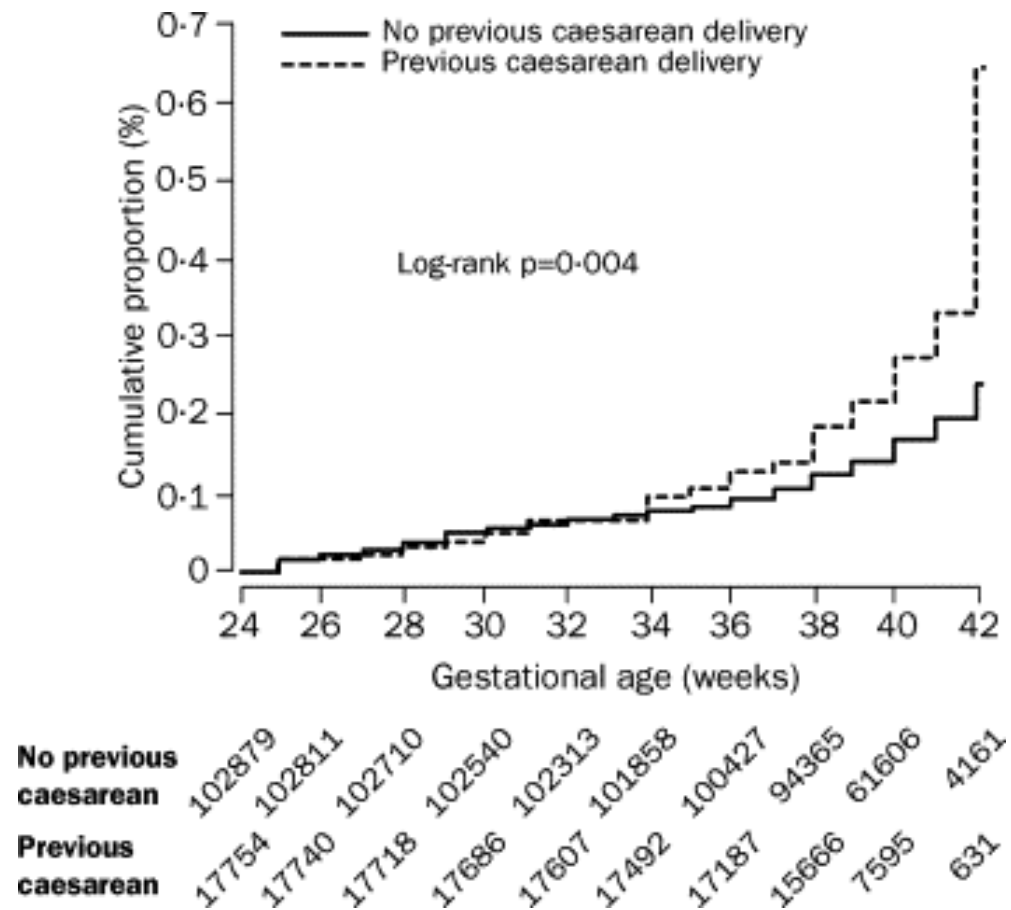
+ Less smoking , health seeking behaviours

(Joseph et al. 2005).

# Preg loss



Lancet Volume 362, Issue 9398, 29 November 2003, Pages 1779–1784



# Balance clinician anxiety

- health outcomes of moderate/late preterm and early term babies are worse than those of full term babies



- The greatest contribution to overall disease burden at age 3 and 5 years is in children born late/moderate preterm or early term (37-38 weeks)

The authors have undertaken a careful and thorough meta-analysis, and have shown consistent results in favour of labour induction; however, they are justifiably cautious about the policy implications of their findings, on the basis that the **results may arise from non-treatment effects**.

They propose more better-designed studies. ***Very importantly, they note the need for future research to include cost-effectiveness analyses, and an assessment of women's views and experiences.***

S Downe

Research in Childbirth and Health Group,  
University of Central Lancashire, Preston, UK




# Maternity systems ability to influence outcomes?

Low	High
Degree of influence for maternity services	
Prevention of: <ul style="list-style-type: none"><li>• Obesity</li><li>• Substance misuse</li><li>• Economic disadvantage</li><li>• Younger/older motherhood</li><li>• Mental health problems</li></ul>	Quality of service Service that identifies and responds to risk factors Access to service Appropriate and timely referral Communication between service providers Investigation and response to adverse outcomes Culturally appropriate care Availability of services Choice in care

**Designed services that promote the best possible outcomes for vulnerable populations and those with risk factors**

# Your influence ?

Low	High
 Degree of influence for maternity services	
<p>Prevention of:</p> <ul style="list-style-type: none"><li>• Obesity</li><li>• Substance misuse</li><li>• Economic disadvantage</li><li>• Younger/older motherhood</li><li>• Mental health problems</li></ul>	<p>Quality of service</p> <p>Service that identifies and responds to risk factors</p> <p>Access to service</p> <p>Appropriate and timely referral</p> <p>Communication between service providers</p> <p>Investigation and response to adverse outcomes</p> <p>Culturally appropriate care</p> <p>Availability of services</p> <p>Choice in care</p>



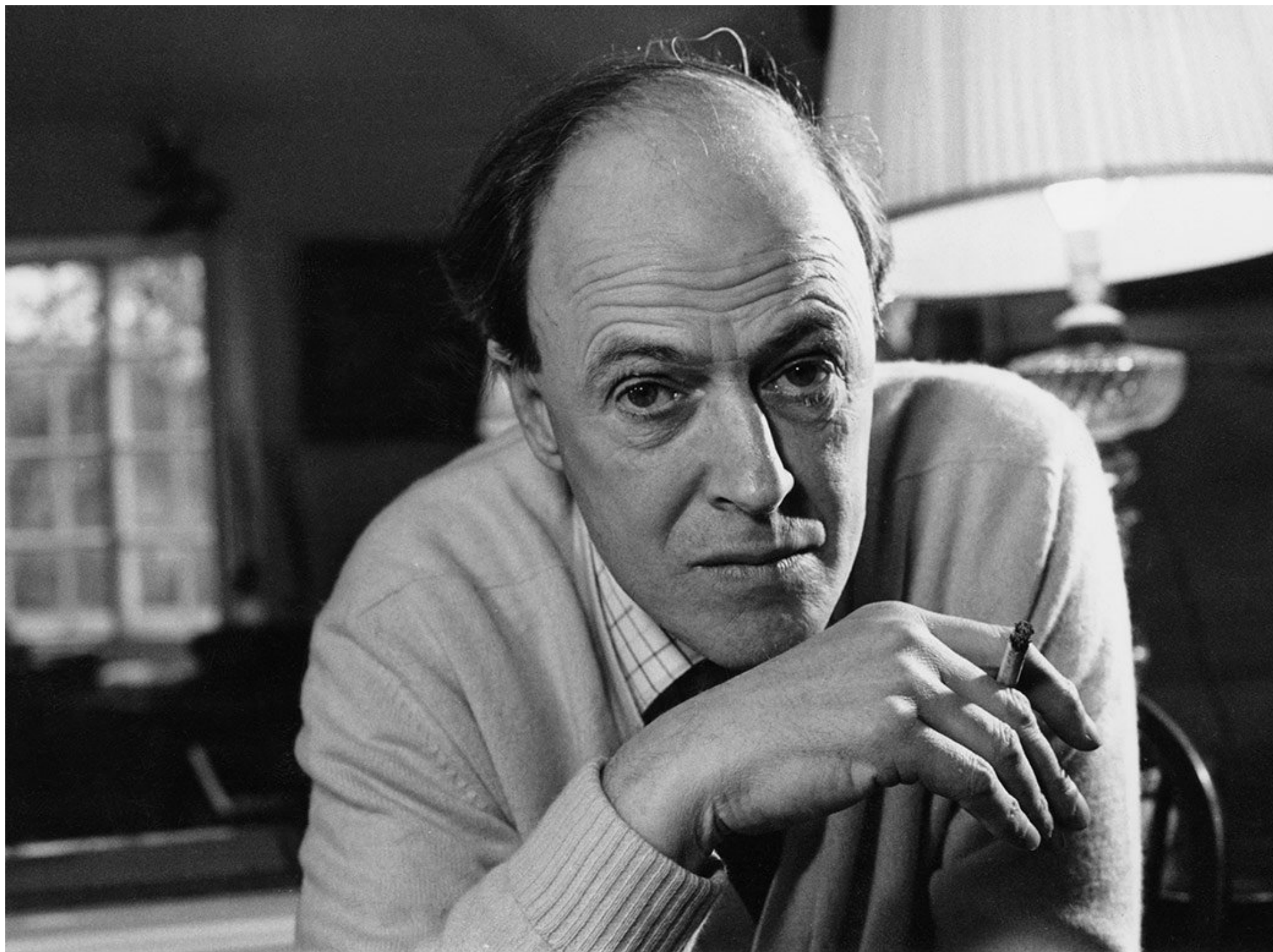


Four factors override all others in whether women evaluate  
their childbirth experiences positively

Hodnett (2002)

- Personal expectations;
- The amount of support from caregivers;
- The quality of the caregiver-patient relationship; and
- Women's involvement in decision making.







**Matilda**



**Miss Honey**



**Miss Trunchbull**



- Personal expectations
- The amount of support from caregivers
- The quality of the caregiver-patient relationship
- Women's involvement in decision making
- Some aspects of care can be assessed only by asking women.

