



**Patient
Information
Forum**

Maternity decisions: Being Induced
Headline results and recommendations
#BeingInduced

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Background

- Led by the Patient Information Forum
 - Co-created with patient advocates, charities and PIF members
 - Norgine provided some financial support for survey development
 - Survey shared on social media and charity partners in August
 - Shared on a variety of direct channels including Twitter, LinkedIn, Facebook and Instagram
 - More than 2,000 responses in less than a fortnight
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About the respondents

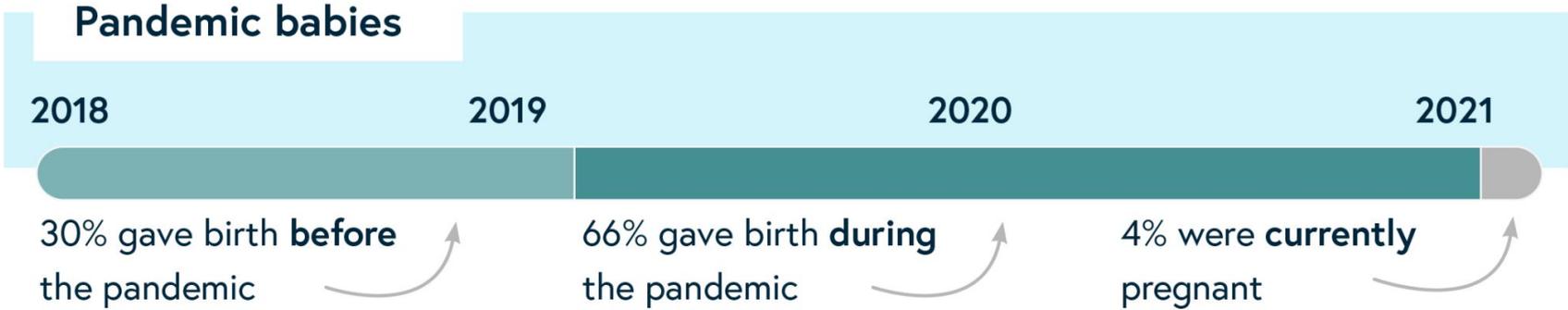


The response was excellent

2,325 people responded to the survey. 6,300+ detailed free text comments.

- 97% respondents gave birth in UK
 - 99.5% identified as women
 - 94% White British – last census estimates 86% White British so not representative
 - 5% said English is not their primary language
 - Largest age group represented 30-39 (64%)
 - 72% were graduates – ONS data suggests 42% of working age adults are graduates
 - 62% had no health conditions
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Before and during the pandemic



Birth experience



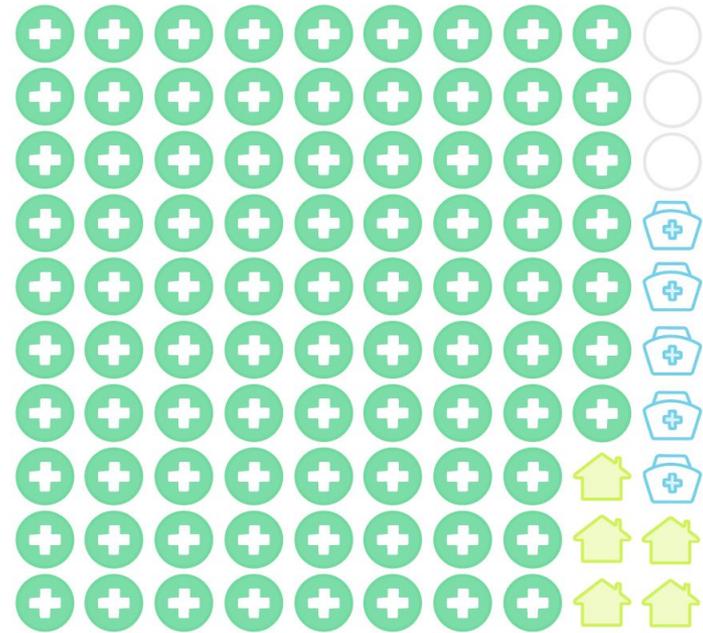
Gestation and birth place

84% of babies born between 38-42 weeks

Include more positive birth stories of people who give birth on labour ward (not just home births or water births in midwife led units!).

While I understand the aims for this, it feels quite disempowering/able-ist.

Also don't talk in terms of 'ending up' on the labour ward. For many of us that is the best place to be, and I had a really positive birth there.



-  **87%** born on hospital labour ward
-  **5%** born at home
-  **5%** at midwife-led hospital or community birth centre
-  **3%** other

What type of birth did you have?

73% of the sample had some form of induction (excluding sweeps)

If sweeps are included, this rises to 77%



NHS data suggests 1 in 3 labours are induced*

Reflects ascertainment bias in the survey population

*<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-maternity-statistics/2017-18>

There is a potential bias in the survey and women with a poor experience may be more likely to respond.

We have amplified the voices of women who had a more positive experience so those insights can be used to:

- Improve the information experience of pregnant women
- Improve supportive conversations with healthcare professionals

Examples of good practice are also included in the report.



Method of induction – ‘cascade of intervention’



1,756 women responded to the question

3,241 methods of induction selected, demonstrating the ‘**cascade of intervention**’ mentioned by respondents

Respondents not always aware **induction methods may fail** and of the likely cascade

● Hormone pessary/gel	(73%)
● Hormone drip	(55%)
● Artificial rupture of membranes	(45%)
● Balloon induction	(8%)
● Pill or tablet	(4%)

Word cloud



Birth concerns

Timing, format and providers



Concern about giving birth/nature of concern

20% were concerned or very concerned about giving birth.

Biggest concern was for baby and fear of induction followed by being out of control. Pain and mother's health were lower.

Concerns

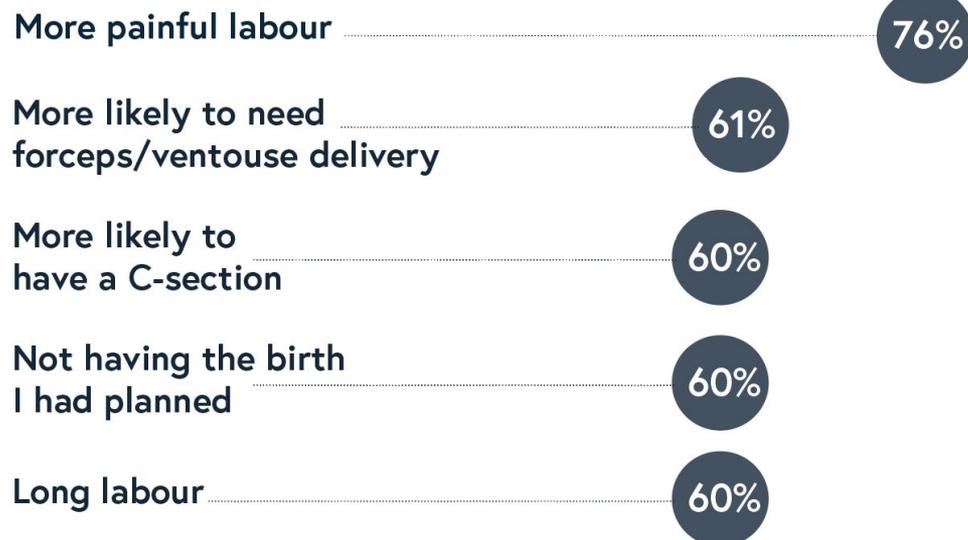
■ Baby's health	(64%)
■ Fear of induction	(50%)
■ Being out of control	(47%)
■ Pain	(40%)
■ Mother's health	(39%)



Concerns about induction of labour v benefits

Women perceived more than **three times** as many concerns (8,132 responses) relating to induction than benefits (2,458 responses).

Concerns



Benefits



Information and decision making



Trusted sources of information

The NHS, followed by independent search online were the most frequently used information sources.

This highlights the need to signpost to trusted sources of information.



Enough trusted information on birth?

44% yes pre pandemic
54% yes in pandemic



● Yes 51%
● No 49%

Had I gone against advise and anything happened to her I would never forgive myself.

If I had been bullied into being induced we would have lost our son, when the surgeon saw our baby when he was performing the c section he said, "well that was a good call".

It was awful and I didn't really understand what was happening. I would never, ever do it again.

Information provision timing and provider

Most women received information late in pregnancy, at or after 38 weeks.



Healthcare professionals were the most frequent source of information.



Information format/clarity

Respondents lacked the information required for decision making.



of respondents only received information verbally



of respondents didn't have enough detailed information

The doctor failed to discuss the options available to me and their relative risks and benefits. Induction was pushed and I was asked 'why would you want to put your baby in danger'. I was told that post PROM my womb was like a rotting bag of salad.

Did you have enough risk benefit information?

65% did not have enough risk benefit information to make an informed decision

From the web and the midwives (NHS and private) it was user friendly, from the obstetrician it was bullish and over medicalised.

I received no info from hospital leaving me very unprepared for what I was actually signing up for.

The wording did not show what choices I had and what I could decline, the information was biased and did not allow an informed choice.

They try persuade you by using language that makes you feel your baby would be in danger, very coercive.

Were you given numbers or statistics to help you decide?

18% were provided with a number or statistics to help them decide

I think often consultants don't share the real risks with induction because they want to scare woman into these to ensure they can keep better risk averse statistics and don't care if the birthing experience is positive or negative for the woman.

I wanted clear pros, cons, risks etc. and it wasn't available easily from healthcare professionals. I had to make own list from info, I googled in a hurry. Staff were unhappy to have me ask questions. One sarcastically asked if I needed a pie chart.

I feel like we should be given risks in relative terms. When I declined induction initially I was told there was a higher risk of stillbirth however the Dr was unable to point me to where these statistics came from, or even offer me the risk in number form. I feel like this is sometimes used scaremongering.

I went over 42 weeks and the doctor told me that chance of stillbirth was 1 in 100 (I have no other risks), but that is wrong; it's about 1 to 2 in 1000. They did not believe me when I corrected them.

Medical staff only like to discuss relative increases of risk for stillbirth, they never mention that the absolute risk is still extremely low.

Did you have supportive conversations with HCPs?

32% felt they had a supportive conversation with a doctor or midwife

I was coerced on several occasions by medical professionals. I was scrabbling around the Internet trying to find trustworthy information sources, which was far from ideal. Apart from one Consultant Midwife who gave me excellent, impartial, evidenced based and balanced information.

After consenting to an out of guidelines home birth I had the loveliest midwife who gently informed me of the risks of homebirth and monitoring without making me feel like I was trying to kill my baby.

Did the information prepare you for being induced?

25% felt the information they received prepared them for induction

Nothing can really prepare you for induction. I was on a drip for 20 hours and exhausted from 14 hours previously of trying to battle against induction with no proper information.

I hyper stimulated from pessary and wasn't told a possible side effect. I wasn't prepared for the pain.

I didn't understand how things would be escalated, and the implications on my body/ability to birth. I had no awareness of how many inductions end in cesarean.

I was prepared in that I understood all of the actual processes, just not timescales or anything. I was also not told what would happen if it fails (and I didn't think to ask as didn't think it would!)

How can induction information be improved?

We asked women how to make information on induction better.

Here are the top 5 suggestions from an analysis of 1,200 comments.

1 Numbers, numbers, numbers

Women want statistics on risks, benefits and alternatives to induction and what would happen if they waited for birth to start naturally including:

- Health conditions
- Pregnancy beyond 42 weeks
- Mother's age
- Babies small and large on growth scans
- Side effects of induction for mum and baby
- Success rates of induction

They also want data on:

Less scary language around risks. The risk of stillbirth at late term could be framed as 'x in 1000' instead of 'doubling of the risk since 40 weeks'.

2 A right to know they have a choice and to give informed consent

The word 'told' was one of the most common words in comments, used in the context 'I was told I was being induced'. 74 comments included stronger language:

- hounded
- told
- railroaded
- fobbed off
- threatened
- forced
- liar
- harrassed
- compelled
- coerced
- manipulated
- twist the truth
- scaremonger
- bullied
- pushy

3 Supportive conversations

Birth plans do not always go to plan. When that happens women want supportive conversations to understand their options.

With my second baby there was an induction team who were amazing and gave me lots of information. With my first birth this wasn't available and I felt completely uninformed and unprepared.

4 Process and timeline of induction

Information on the timeline of induction, the cascade of intervention and the impact on use of:

- birthing pool
- time spent in hospital
- birthing position
- pain relief
- food
- monitoring

5 Realistic birth plans and earlier information

Women want to make realistic birth plans earlier in their pregnancy which include options for induction. They also want to hear positive stories of induction.

- birth plans
- realistic 'what if' scenarios
- with options for methods of induction
- decision trees

Recommendations



Women need more thorough information on induction earlier in the information journey so they are prepared to make decisions about induction if required.

We have made 7 recommendations to support this core objective.

1. Support trusts and local maternity systems to embed and make personalised care and support planning guidance a reality.
 2. Improve risk/benefit communication in line with NICE guidelines.
 3. Embed women's right to choose via consistent national decision support tools.
 4. Maternity services should signpost women to other trusted sources of information and support.
 5. Trusts should work through Maternity Voices Partnerships and respond to women's local information needs.
 6. Change NHS Birth plan template to include options for induction of labour.
 7. Produce information in plain language and use jargon busters for medical terms.
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