Conversations around induction

Maria Booker – Programmes Director

birthrights

Protecting human rights in childbirth

Birthrights

“I do not care what kind of birth you have…a homebirth, scheduled cesarean, epidural hospital birth, or if you birth alone in the woods next to baby deer. I care that you had options, that you were supported in your choices, and that you were respected.”

January Harshe

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Protecting human rights in childbirth

About Birthrights

Advice and resources

We empower women and birthing people to know and understand their rights through advice, legal information and resources

"Thank you so much from the bottom of my heart for the help and advice and support during of one the most vulnerable times in my life."

Advice line user, August 2021

Training and education

We support thousands of healthcare professionals to deliver rights-respecting care through training, speaking engagements and resources

"Thought-provoking doesn't really cover it, left me totally rethinking my practice and my interactions with women."

- Midwife, Chesterfield Royal

Campaigns and research

We influence maternity policy and systems through research, campaigns and legal interventions

'I felt humiliated': parents respond to NHS maternity care racial bias inquiry

Black, Asian and ethnic minority women report being denied pain relief or feeling unheard to panel investigating mortality disparity

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What is happening to induction rates?

2010/11 – 21%

2020/21 – 34%

No issue with this in principle as long as its what women and birthing people want…

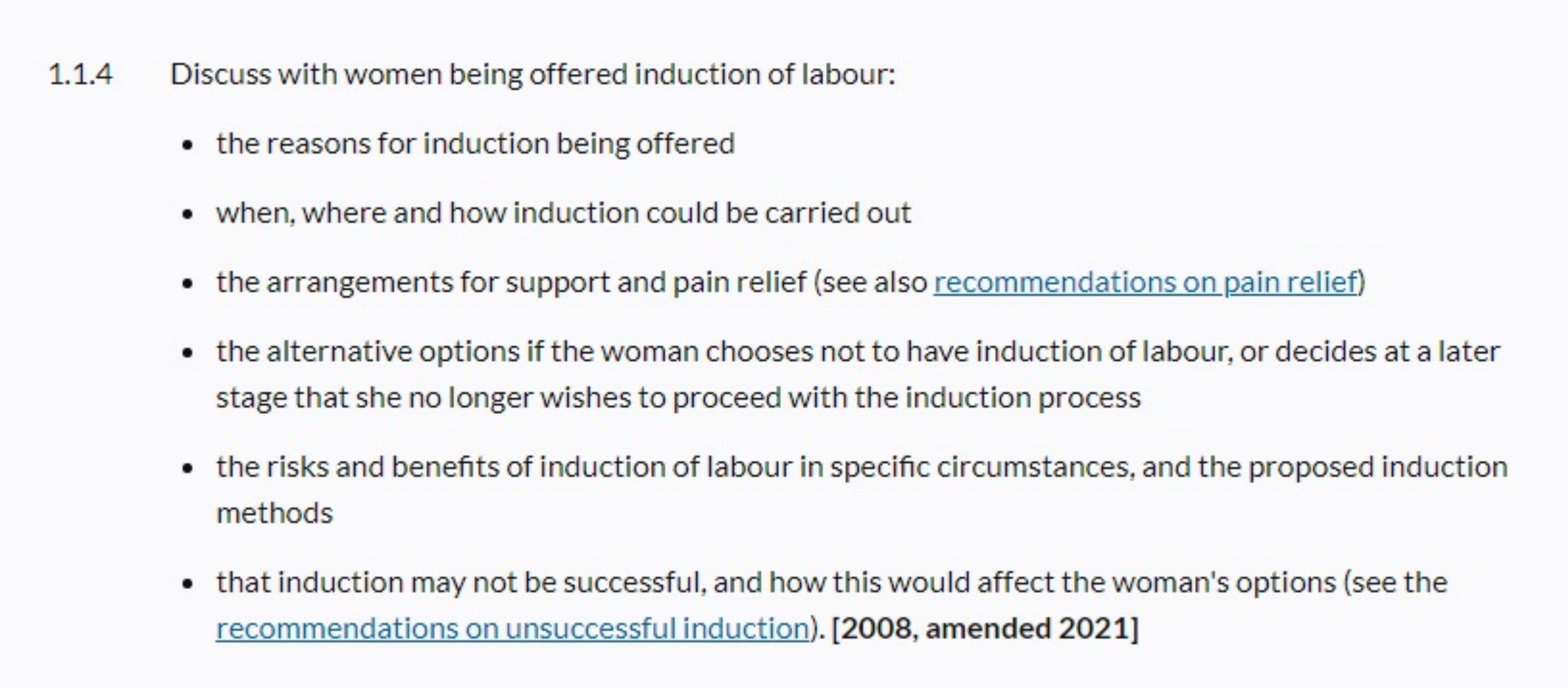
The theory of conversations about induction

Montgomery v Lanarkshire (2015)

- Dialogue – *two way, must include all reasonable alternatives*
- Material Risks – *one to which a reasonable patient would attach significance, or the doctor is, or should be aware that this patient attached significance to it*
- Patient is the decision maker - *healthcare professional's role is to enable them to make an informed choice*

The theory of conversations about induction

NICE guideline NG207 (4th November 2021)



1.1.4 Discuss with women being offered induction of labour:

- the reasons for induction being offered
- when, where and how induction could be carried out
- the arrangements for support and pain relief (see also recommendations on pain relief)
- the alternative options if the woman chooses not to have induction of labour, or decides at a later stage that she no longer wishes to proceed with the induction process
- the risks and benefits of induction of labour in specific circumstances, and the proposed induction methods
- that induction may not be successful, and how this would affect the woman's options (see the recommendations on unsuccessful induction). **[2008, amended 2021]**

The reality of conversations about induction

Survey results back up what we hear on Birthrights advice line…

- Lack of statistical evidence/research to back up recommendation (and inconsistency of advice)
- Not enough information about what induction entails
- Coercion – conversations and process
- Disconnect with capacity in units
- Women who want an induction often not listened to either

Recommendations

Support Trusts and Local Maternity Systems to embed and make personalised care and support planning guidance a reality

Improve risk/benefit communication

Embed women's right to choose through the use of consistent national decision support tools

Maternity services should signpost women to other trusted sources of information and support

Trusts should work through Maternity Voices Partnerships and respond to women's local information needs

IDECIDE

Immediacy (how urgent is the situation?)

Details of the situation (what’s happening?)

Exchange of information (including personalised care and support plan)

Choices (options available and access to information, including BRAIN)

I confirm I understand (opportunity to ask questions)

Decision (and consent)

Evaluation (during the postnatal period)

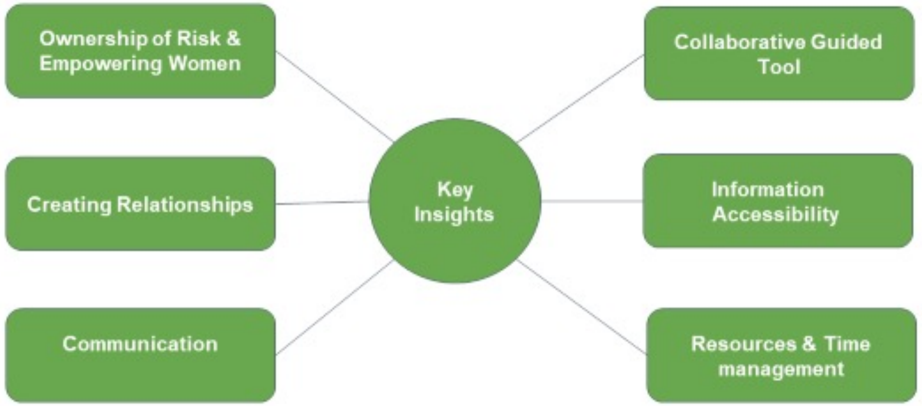
NHS Guy's and St Thomas' NHS Foundation Trust

NHS South Warwickshire NHS Foundation Trust

NHS Birmingham Women's and Children's NHS Foundation Trust

NHS

iDecide feasibility testing with midwives, obstetricians and parents


Key Insights

Ownership of Risk & Empowering Women

Creating Relationships

Communication

Collaborative Guided Tool

Information Accessibility

Resources & Time management

Birthing women and people...
- Need to know that the choice belongs to them and they own the risk
- Need to be asked open-ended questions to make sure they understand

Clinicians...
- Need to understand that women own the risk
- Need to ask open-ended questions and be patient focused
- Need to have conversations with women present in the room

Clinicians...
- Need to create a rapport with the woman to connect
- Need to listen to women when they raise concerns especially if consent is questioned
- Need to use simple and relatable language and appropriate analogies when explaining procedures, risks and benefits
- Need to ensure plans/specialist reviews are created/updated with any concerns, phobias, language, communication needs, etc

Birthing women and people...
- Need to be listened to
- Need to have possible intrapartum intervention conversations antenatally
- Need to be informed of possible interventions early in labour
- Need to be offered a wide window of time to provide feedback postnatally
- Need to be informed of all risks/benefits/alternative options

Clinicians...
- Need to inform women of possible interventions early in labour
- Need to ensure enough time to discuss with women (e.g. BRAIN)
- Need to explain risks/benefits/alternative options

Clinicians...
- Need the digital tool to guide the process of informed decision-making and consent
- Need a tool that is collaborative between them and the woman
    - Need to have a process that help them to connect with the woman
        - Need to receive feedback from women on the decision-making and consent process

Women...
- Need access to a digital tool that shows possible interventions and the risks/benefits/alternatives
- Need information to be accessible; in their language and method of understanding information

Clinicians...
- Need information to be evidence-based and standardised to enable them to provide consistent advice
- Need information to be accessible via the digital tool

Clinicians...
- Need guidance from regulating bodies to be Montgomery compliant, e.g. GMC Consent Guidance
- Need to be able to easily access human factors training
- Need to ensure detailed notes so that they are sufficiently up to date for other clinicians and in the event of an inquiry

BETTER BIRTHS personal + safe

Thank you

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