

Outcomes of a Labor Induction Toolkit

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Introduction

Labor induction (IOL) accounts for 25% of deliveries in the US. IOL is associated with increased costs, hospital stay, and decreased satisfaction with birth experience. Despite the growing use of IOL little attention has been focused on ways to optimize the procedure.

Aims

1. Assess the impact of a Labor Induction Toolkit on unit quality indicators: elective IOL, NTSV cesarean rate after IOL, length of stay, and patient satisfaction scores.

2. Determine if the intervention can improve patient and provider experience of shared decision-making survey scores.

3. Determine the feasibility of implementing a labor induction toolkit-based quality improvement intervention.

Conclusion: A labor induction toolkit demonstrated feasibility, provider acceptability, improved provider orientation toward shared decision-making, but had no impact on patient perceived engagement in SDM. No change in elective IOL, length of stay, or NTSV cesarean rate was shown.

Results

AIMS		Pre-test	Post-test
1.	<ul style="list-style-type: none">Elective IOLNTSV C-section rate post IOLLength of StayPress Ganey scores	26% 18% 73 hours 57%	29% 22% 69 hours 83%
2.	Provider PPOS scores, mean Patient MADM scores, mean	75 39.35	82 39.14
3.	Feasibility	7/15 participants completed surveys	9/15 participants completed surveys 88% endorse value

Methods

Design: Pre/post-test interventional design

Setting: Hospital labor unit in an academic medical center

Sample: Interprofessional team of OB providers (n=15) Induced Patients 3 pre/post intervention.

Intervention: A labor induction toolkit was implemented over 12 weeks.

Instruments: Patient-Provider communication was assessed with: The Mothers Autonomy in Decision Making Scale (MADM) and the Patient-Practitioner Orientation Scale (PPOS).

Discussion

SDM has been recommended to improve IOL, but there is a gap in the literature on how to enhance provider SDM skills in this context. Our findings while limited by small sample size and short duration, add to the literature on strategies to optimize the IOL procedure.



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