Safer Care Victoria | Maternity and Newborn Network

IOL audit template

This template is to assist with auditing induction of labour indications, outcomes and/or standards of care. Standards of care refer to those set out in the Maternity eHandbook.

Sections can be used separately or in combination.

Services can use this audit template by printing and completing a form for each patient, or by using the parameters to set up their own audit tool.

For further assistance contact maternityehandbook@dhhs.vic.gov.au

Key for audit measures Indications Outcomes Standard of care

Indication			
Was the indication for IOL documented?		Were there any contraindications?	
Yes		Yes	
No		No	
What IOL indication was documented?			
Suspected macrosomia		Decreased fetal movements	
Gestational diabetes		Oligohydramnios	
Pre-labour ROM – GBS positive		Polyhydramnios	
Pre-labour ROM		Prolonged pregnancy >41 weeks	
Abnormal CTG		Hypertensive disorder	
Abnormal US		Cholestasis	
Maternal request		History of precipitate labour	
Breech		Fetal growth restriction	
Previous caesarean		Other	
Multiple pregnancy			

Complications		Outcomes	
Were there any complications documented?		Type of birth?	
Hyperstimulation		Unassisted vaginal birth	
Postpartum haemorrhage		Vacuum extraction	
Other (specify)		Forceps	
No complications		Emergency caesarean section	
If hyperstimulation occurred, was it managed as per the RANZCOG Guideline?		If the woman had a caesarean, what was the indication?	
		Abnormal CTG	
Yes		Failed induction	
No		Failure to progress	
What was the woman's parity after this birth?		Unsuccessful instrumental birth	

Antenatal care and informed consent			
Where did the woman have her antenatal care?		Did the woman receive information about the risks and benefits associated with a prolonged pregnancy and options for IOL or continuation of the pregnancy?	
Community		Yes	
Hospital		No	
Did the woman receive information about the risks, benefits and methods of IOL?		If yes, when did she receive this information?	
Yes		≤38 weeks	
No		>38 weeks	
Is the agreed EDD documented?		If the woman has had a previous caesarean section, was she given information about specific risks of induction of labour after a previous caesarean?	
Yes		Yes	
No		No	
If yes, how was it calculated?			
Early ultrasound (<14 weeks)		Later ultrasound (>14 weeks)	
Last normal menstrual period (LNMP)		Not specified	

Induction methods			
Were maternal observations completed prior to starting IOL, as per local or Victorian guideline?		Was a CTG performed with 6 hours prior to IOL?	
Yes		Yes	
No		No	
Which methods of IOL were used?			
Artificial rupture of membranes (ARM)		Balloon catheter	
Prostaglandin (E2) vaginal gel (Prostin)		Oxytocin infusion	
Dinoprostone vaginal pessary (Cervidil)		Membrane sweeping	
Misoprostol		Other	

Prostin / Cervidil			
Did the woman receive more than 1 dose of Prostin?		If the woman received >1 dose of Prostin, was the interval between doses at least 6 hours?	
Yes		Yes	
No		No	
Was there documentation of a continuous CTG until normal trace observed after Prostin/Cervidil insertion?		Did the woman go home or to a medihotel after Prostin/Cervidil insertion?	
Yes		Yes	
No		No	

Prostin / Cervidil (cont.)			
Was there documented review of the CTG at 10-minute intervals in that hour?		50 minutes after Prostin/Cervidil insertion, were observations completed as per local or Victorian guideline?	
Yes		Yes	
No		No	
Was there evidence of a continuous CTG once uterine contractions were established?		Was there at least 6 hours from insertion of Prostin or 30 minutes from removal of Cervidil before commencement of an oxytocin infusion?	
Yes		Yes	
No		No	

Balloon catheter			
What type of balloon catheter was used?		If a double balloon catheter was used, what volume was in each balloon?	
Single balloon catheter (e.g. Foley)		Cervical balloon	ml
Double balloon catheter (e.g. Cook)		Vaginal balloon	ml
If a single balloon catheter was used, what volume was in the balloon?	ml	When was the balloon removed?	
Was the catheter tube taped with tension to the woman's thigh?		<12 hrs after insertion	
		12–24 hrs after insertion	
Yes		>24 hrs after insertion	
No		Balloon fell out spontaneously	

Oxytocin			
Was there continuous CTG monitoring from the commencement of the oxytocin infusion?			
Yes			
No			
When was the oxytocin infusion commenced?			
Immediately after ARM		30 minutes after removal of Cervidil	
Immediately after presentation with SROM		Immediately after removal of balloon catheter	
After expectant management of SROM		While balloon catheter was still in situ	
6 hours after last Prostin dose		At a set time (i.e. beginning of an early shift)	

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