Patient Information Forum

Maternity Decisions Induction Survey

Main Findings

This survey was a collaborative project between the Patient Information Forum and Norgine Pharmaceuticals Ltd, which includes funding from Norgine.

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Introduction

The Maternity Decisions Survey was led by PIF and developed by a collaborative group which included women who had recently given birth or were pregnant.

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PIF would like to thank Norgine UK for providing partial funding to support the survey, Lisa Ramsey at NHS England for her advice, Dr Alex Freeman at the Winton Centre for Risk Communication for providing PIF with expert advice on risk communication.

In this report we use the terms 'woman' and 'women', based on the gender identity chosen by people who responded to the survey. More than 99% of respondents selected 'woman'. The findings and recommendations also apply to people who do not identify as women but are pregnant or have given birth.

Contents

A message from the Chair

The results in this report make for a sober read. In the 21st century we fail women at their most vulnerable, when they are trying to make decisions which may affect the long-term wellbeing of their unborn child.

At a time when rates of induction are rising in the UK, women ranked fear of induction as their second biggest birth concern. 50% said they did not have the information needed to make an informed choice. Many were left feeling completely disempowered and unheard.

The women who completed the survey were very clear about the need to have better quality, evidence-based, data-led information to help them have a supportive conversation. This is an issue which can and must be addressed immediately, so that women can participate equally and make informed choices about their care.

Sue Farrington – Chair, PIF

Executive summary

Decision making and maternity care

Women are entitled to clear information on the risks and benefits of different options in order to make informed decisions about the birth of their babies.

This legal principle of shared decision making was set by Montgomery V Lanarkshire[1] (see box). The ruling gives patients a right to be advised of material risks and alternative treatment options.

Rates of induction are rising. One in three pregnancies is induced in Great Britain, according to most recent data. [2,3,4]

Earlier this year PIF members raised concerns about availability of information to support decision-making on induction of labour.

Induction Survey

PIF responded by collaborating on a survey with maternity charities including Tommy's, Bliss and Birthrights. In August 2021, the survey was shared on social media channels including Twitter, Facebook and Instagram. In less than a fortnight, 2,325 women who had given birth in the last three years responded.

The results are sobering and echo the findings of earlier small studies.[5,6] Our findings show there is much to do to put personalised care and shared decision making into practice in maternity care.

For example, fewer than 20% of survey respondents were provided with any risk benefit data to help them make an informed decision about induction of labour.

Better Births

Better Births[7] published by NHSE in 2016 set a vision for maternity services across England to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care.

Montgomery v. Lanarkshire Health Board

Doctors must ensure patients are aware of any "material risks" involved in a proposed treatment, and of reasonable alternatives after the 2015 Montgomery Judgement.

The case was brought by Nadine Montgomery. Her son Sam's traumatic birth resulted in cerebral palsy. Nadine is diabetic and small in stature. Women with diabetes are more likely to have large babies.

Nadine argued she should have been advised on the 9-10% risk of shoulder dystocia when she asked about the risks of vaginal birth, so she could make an informed decision about whether a vaginal or caesarean birth was right for her.

The case marked a major change in the law and is the basis of shared decision making and informed consent.

The Ockendon Review[8] published in December 2020 concluded all women should have ready access to accurate information to enable their informed choice in birth: "Women must be enabled to participate equally in all decision making processes and to make informed choices about their care."

The report also listed this essential action: "Maternity services must ensure that women and their families are listened to with their voices heard."

Women's Voices Unheard

Too many of the women who responded to our survey felt their concerns and wishes were dismissed. A minority felt bullied and coerced into decisions.

In November 2021, NICE published new guidelines on induction of labour[9]. The recommendations may increase the number of women who undergo induction.

Importantly, NICE made a series of recommendations on information which echo many of the concerns and demands for better information made by survey respondents. NICE also made a series of recommendations for further research to provide the evidence women need for decision making.

Guidelines to Change

The challenge now is to make sure these new NICE guidelines and the recommendations of earlier reviews are implemented. All women must receive personalised information to allow them to make informed decisions about how their baby is born.

Too many of the women who responded to our survey felt their concerns and wishes were dismissed. A minority felt bullied and coerced into decisions.

What Women Want

Women described the information they need to support decision making in free text responses to the survey. They want more information on the risks and benefits of induction, their right to choose and make decisions. They want to know more about the process, methods and timelines of induction, to have information earlier and to make more realistic birth plans.

This report provides an executive summary of the survey findings, an identification of women's top 5 information needs from the thematic analysis of free text comments and recommendations for change.

The full survey results, including comments made by women, are also provided. In selecting the comments for inclusion we have tried to include a range of experience.

We recognise 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 both the information experience of pregnant women and the supportive conversations they have with healthcare professionals.

Key Survey Findings

Women and babies

2,325 people responded to the survey. All gave birth in the past three years or were currently pregnant. There were 6,300+ detailed free text comments. 84% of babies were born between 38-42 weeks. 87% were born on hospital labour ward.

Information sources and timing

Information sources were ranked as trustworthy in the following order:
1 NHS, 2 search online, 3 friends and families, 4 health charities, 5 healthcare professionals.

More than 50% of respondents received verbal information only from healthcare professionals. 40% only received information after 38 weeks.

Enough information?

- 50% of women felt they had received enough information on induction
- 40% felt the information provided was not detailed enough.
- 65% did not have enough risk benefit information to make an informed decision.
- 18% were provided with a number or statistics to help them decide.
- 32% felt they had a supportive conversation with a doctor or midwife.
- 25% felt the information they received prepared them for induction.
- 52% felt they had the birth that met their and their baby's needs.

Induction of labour

- 73% of the sample had some form of induction (excluding sweeps). An additional 4% of women reported having a sweep followed by vaginal birth. If sweeps are included as a method of induction this brings the total experiencing some form of induction to 77%.
- 1,756 women responded to the question on method of induction. They had collectively experienced 3,241 induction attempts, demonstrating the 'cascade of intervention methods' mentioned by respondents when initial induction attempts failed.
- Women ranked fear of induction as their second biggest birth concern.
- Fear that something might happen to their baby was their number one concern.
- Women perceived three times as many concerns relating to induction than benefits.

Other findings

- Rates of induction were higher in first time mothers.
- Those with pre-existing health conditions and pregnancy-related conditions had a marginally better information experience than women without health conditions.
- Women also reported a marginally better information experience since the start of the pandemic.

What pregnant women want – top 5 information needs

We asked women how to make information on induction better. Here are the top five 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 for pregnancy beyond 42 weeks and the impact of factors including:

- Babies small and large on growth scans
- Mother's age
- Health conditions
- Pregnancy related conditions

They also wanted data on side effects of induction for mother and baby and success rates of induction.

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

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.

2 Information on choices

Women want to know they have a choice about induction and the right to informed consent. The word 'told' featured as one of the most common words in this section, used in the context 'I was told I was being induced'. More than 70 comments included stronger language including 'coerced', 'harassed' and 'bullied' .

Doctors need to choose their language very carefully. I felt I was being bullied into having an induction.

3 Supportive conversations

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

The first consultant would not give me any evidence-based information. The second consultant I saw gave me the information I needed and the support to make a decision.

4 The process and timeline of induction

Women want information on the timeline of induction, the cascade of intervention and other impacts including use of birthing pool, pain relief, birthing position, food, monitoring and time spent in hospital. They also want to know that sometimes induction doesn't work.

It would have been helpful to know what happens when certain methods of induction fail. I had no idea it would take three attempts to induce my labour over several days. I would have opted for a C-section and probably will if I have another baby.

Induction was not discussed in my midwife appointments. It came as a surprise when a doctor I had never met before, advised it was required.

Far too much emphasis on birth centres /home birth and avoiding effective pain relief. Should give an honest picture of reality and offer all options as true informed choice including induction.

5 Realistic birth plans made sooner

There is a need for better birth planning, with options for methods of induction, realistic 'what if' scenarios and decision trees. Women wanted this information earlier in pregnancy and to hear positive stories of induction.

Birth plans often go sideways. Full plans should be done with a midwife to cover all eventuality and those assisting with birth should respect these plans and follow them.

Case study: A complicated situation for women

I was told my amniotic fluid was low and it could put the baby in danger; cause things like cerebral palsy or even death so the safest thing to do was induce labour.

I had read about induction and about my 'rights' so part of me was aware that I could technically refuse the induction and hope to go into labour naturally. The problem is: I think you have to put trust into your medical providers because the whole ordeal is terrifying and, if you can't trust the decisions they are making then you're putting your fears and desire to have a natural birth ahead of their training and experience.

I thought to myself that, if I say 'no' and something happens to my baby, I'll never forgive myself and even if the birth doesn't happen the way I had wanted it to, the birth is still very likely to result in a healthy baby.

In terms of information I was provided, it was explained to me what induction was, the different forms it can take, the plan they had for me, and the risks. What I wasn't given was information on realistically what would happen if I decided to wait, things like the percentage of births where induction was recommended and refused and what the result was or what the plan would be if I said 'no' and how the baby would be monitored.

Maybe they could have told me how quickly things could get dangerous if I waited, or stats comparing the negative consequences of induction versus the stats of waiting and monitoring the situation.

Recommendations

1 Support for Trusts and Local Maternity Systems to embed and make personalised care and support planning guidance[10] a reality

- Train maternity teams in how to have decision conversations (e.g. implementing House of Care model). The Personalised Care Institute's free e-learning module on personalised maternity care[11] is a good place to start. Birthrights also provide training.
- Enable healthcare professionals with health literate information products to provide pregnant women with comprehensive information covering all birth planning and induction topics.
- Establish a key HCP to act as a personalised care planner throughout a woman's pregnancy. Enable informed decision making by prompting women to ask questions to identify individual health and emotional concerns relating to different methods of induction and what happens if it fails.

2 Improve risk/benefit communication

Women want data on risks and benefits of different options. NICE has identified priorities for research to help build the evidence base. Where there is data available it should be communicated in line with NICE guidelines[12] and best practice principles. This will help people feel confident in making decisions about their baby's birth.

PIF top tips on risk communication

Numbers not words

- Use a statistic such as 1 in 100 people alongside words like rare or common.
- Use expected frequencies, for example, 10 in 100, rather than 10%.
- Give comparisons 'out of' the same number (1 in 100 compared with 2 in 100, not 1 in 100 compared with 1 in 50).

Absolute risk rather than relative risk

Using relative risk can be misleading. The absolute risk of an event increases from 1 in 100 to 2 in 100, but the relative risk of the event doubles.

Illustrating risk

Use visuals to improve users' understanding of risk and statistics. Using a mix of numerical and visual formats to communicate risk is helpful. Visual displays help give an overall pattern. Actual numbers are better for giving detail.

Perceptions of risk

Use positive and negative framing, i.e. '3 out of 100 people experienced this side effect, but 97 out of 100 did not'.

Explain uncertainty

Be honest with women about what we know and don't know.

Making sense of risk and benefits guide for the public – available on the PIF TICK website.

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

The NHS is the most trusted source of information for pregnant women. The NHS website's maternity pages saw a huge increase in traffic throughout the pandemic. The development of a new national decision support tool, iDecide, is underway. The web-based tool will provide women with information so they become familiar with the decisions they might face during the birth of their child. It will be supported by two-page decision aids. These are to be piloted in 2022 and will cover the following areas:

- Augmentation of labour
- Assisted vaginal birth (forceps/ventouse)
- Unplanned caesarean birth.

PIF welcomes the iDecide approach and recommends:

- Its development is accelerated and expanded to include induction of labour
- It is supported by a marketing and implementation plan aimed at pregnant women and healthcare professionals.
- It is provided in accessible and alternative language formats to help counter the health inequalities experienced by women from minority ethnic communities.
- Allows for increasing personalisation of content as it develops.

Healthcare professionals should be trained to use the tool and to have supportive conversations with pregnant women and their partners.

iDecide is a digital framework under development by NHSE in partnerships with other organisations and service user representatives. It is designed to be used by healthcare professionals and women/individuals and their partners during childbirth. It aims to support a woman to make an informed decision about next steps during labour. Development of the tool started in response to the Montgomery judgement.

iDecide stands for:

I Identify urgency.

D Details of the current situation.

E Exchange objective and subjective information (history, organisational context, woman's perspective, healthcare professionals' experience).

C Choices available (evidence-based information will be on the tool – generic at first but in time individualised).

I I (the woman) confirm my understanding and seek any further clarification needed.

D Decision is made (by woman) and recorded on the tool.

E Evaluation takes place a few days/weeks later using a recorded experience measure.

4 Maternity services should signpost women to other trusted sources of information and support. Search online was second only to information on the NHS website as the most popular source of maternity information.

Trusted sources of information are available from a range of maternity charities and medical organisations. Bliss, Tommy's and the Strep B Support Group provide health information. Tommy's concise and clear leaflet (see right) on reduced foetal movement is one of the charity's most popular resources.

Organisations like Diabetes UK provide specific support for women with long term conditions who are pregnant. Birthrights advises women about their legal rights in childbirth.

5 Trusts should work through Maternity Voices Partnerships and respond to women's local information needs
Better information is needed at local level to meet women's needs. The impact of good quality information and support about induction is clear from survey respondents. Women who had received supporting information in good time felt better prepared, less fearful about induction and less out of control. In comments, women argued information should be provided earlier so they understood the processes and could include realistic options in birth plans.

Bliss and Tommy's are both members of the PIF TICK scheme, PIF's trust mark for health information.

Trusted Information Creator

When the public sees the PIF TICK they can be confident the information is evidence-based, written in plain language and produced by trained staff.

The PIF TICK aims to help patients and the public identify trusted information from misinformation and disinformation.

Existing examples of good practice

→ **Epsom and St Helier Maternity Voices Partnership** carried out a survey of 114 women who had been induced at the hospital. The survey looked at the expectations of women in relation to induction of labour, the information given to enable them to make an informed choice and the experience of undergoing induction. The responses have been used to revise the Trust's information on induction.

→ **Isle of Wight Hospital's Trust** leaflet on balloon induction was identified by members of the stakeholder group as an example of good practice. Concise and written in plain language it provided women and their partners with an essential guide to the process and possible risks and benefits.

→ **Brighton and Sussex University Hospitals NHS Trust** has a dedicated web page on induction of labour. It explains when induction might be considered, the different methods of induction, alternatives and signposts to other sources of information including NICE guidelines.

→ **Mid Yorks** provides easy-to-access information on induction on its website. It includes personal accounts of induction from women who have been induced at the hospital: midyorks.nhs.uk/maternity

I was not provided much information, and when I did my own research (using NHS material) none of the material properly explained the implications of induction/the process /the steps (why each step is taken).

Case study: 'Post-dates' clinic improves patient experience

Queen Elizabeth Hospital, King's Lynn, ran a dedicated clinic for post-dates women and birth people. The service was provided at 40 and 41 week appointments. The initial aim was to reduce post-dates inductions of labour by 3-5%. Hour long appointments could include an antenatal check, a membrane sweep, acupressure to three pressure points and an aromatherapy treatment.

Discussions were based around the woman's needs on early labour care, pain relief, birth expectations, the induction process and optimal fetal positioning. Any worries or fears surrounding the labour or induction process were discussed.

An audit was conducted the year before the introduction of the service and the year that the service was introduced. The results showed a significant impact on reducing post-dates induction of labour by 27.6%

Women who would have been eligible to use the service but did not, provided a 'control group'. This allowed an initial comparison of outcomes of women who did and who did not use the service.

For women who used the post-dates service and did go on to have an induction of labour, there was a significant reduction in Caesarean section rates compared to those who did not use the service (14.8% vs. 29.1%). Further service evaluation and research is needed to confirm these findings.

Qualitative feedback demonstrated an improved experience for women giving birth in the area. www.all4maternity.com/complementary-therapies-postdates-service

6 Change NHS Birth plan template to include options for induction of labour
The NHS birth plan template excludes options for induction of labour. Including induction in the template would allow women to consider induction options in their planning. Not doing so was described as 'ableist' by one respondent, given the number of women who are induced and who are unable to go ahead with planned midwifery unit or home births.

7 Produce information in plain language and use jargon busters for medical terms
The need to use plain language and 'words I understand' was raised by respondents specifically in relation to medical terms like 'Bishop's Score'.

PIF recommends writing health information with a reading age of between 9-11 to match the skill level of the population.

It is very important that plain language is used in decision making conversations, given the number of women who received verbal information only. Avoiding medical terms and using consultation techniques like Teach Back can support this.

Statistic from the PIF Health Literacy Matters infographic

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Main Findings

About the respondents

Who responded?

- **97% gave birth in the UK**
  - England 81%
  - Scotland 10%
  - Wales 3%
  - Northern Ireland 3%
  - Outside the UK 3%
- **99.5% identified as women**
  - Man 0.17%
  - Prefer not to say 0.43%
- **94% were White British**
  - Asian 2.6%
  - Mixed 2.1%
  - Black 0.5%
- 5% said English is not their primary language

The 2011 census estimated 86% of the population was White British. Minority ethnic communities were under represented in our respondents.

Age

40+	(7%)
30-39	(64%)
20-29	(28%)
Under 20	(1%)

Representative of age at birth on ONS data

Education

Graduates	(72%)
Level 3	(19%)
Level 2	(6%)
Core skills or no qualifications	(2%)

ONS data suggests 42% of working age adults are graduates

Health

No health conditions	(62%)
Mental health conditions	(14%)
Obese	(14%)
Diabetes and high blood pressure	(3%)

Pre-existing health conditions had very little impact on people's experience of induction information.

Maternal health

No pregnancy-related conditions	(55%)
Gestational diabetes	(11%)
Pre-eclampsia	(7%)
Pregnancy related mental health conditions	(6%)
Strep B positive	(6%)
Hypertension	(5%)

Pandemic babies

2018 | 2019 | 2020 | 2021

30% gave birth **before** the pandemic

66% gave birth **during** the pandemic

4% were **currently** pregnant

65% were first-time mothers

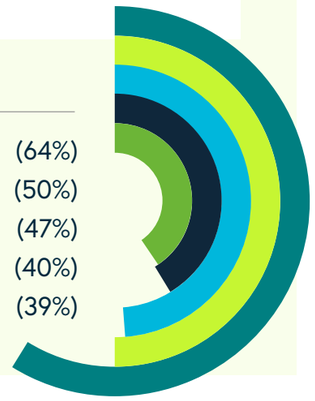
Birth concerns

Concern about giving birth/nature of concern

20% were very or extremely concerned about giving birth.

67% were quite or slightly concerned.

Most common concerns were about the baby's health and fear of induction.



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

There were fewer perceived benefits than concerns.

There were 8,132 responses to concerns compared to 2,458 responses to benefits.

76% of respondents were concerned about a more painful labour.

74% of respondents felt a benefit of induction was that it's safer for the baby.

Concerns

- **More painful labour** 76%
- **More likely to need forceps/ventouse delivery** 61%
- **More likely to have a C-section** 60%
- **Not having the birth I had planned** 60%
- **Long labour** 60%

Benefits

- **Safer for the baby** 74%
- **Felt I would be carefully monitored** 30%
- **Safer for me** 26%

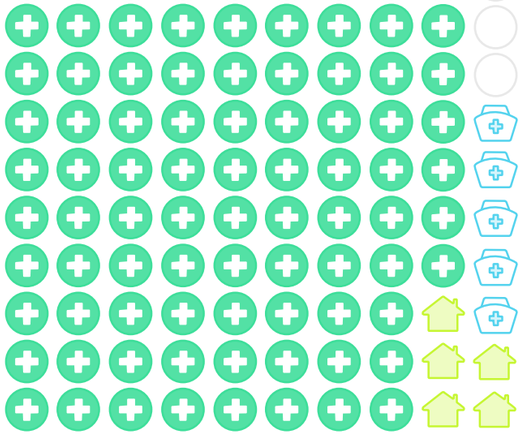
Birth experience

NHS data from 2019/20 suggests 1 in 3 labours are induced.

More than 2 in 3 of our sample had some form of induction. The data reflects ascertainment bias in the survey population.

Gestation and birth place

- 84% of babies were born between 38-42 weeks.



87% born on hospital labour ward

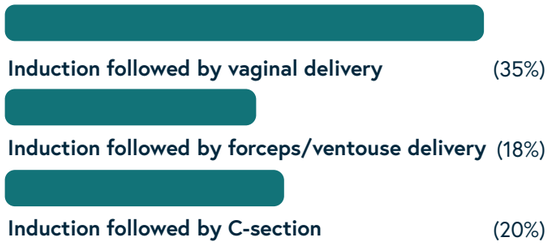
5% born at home

5% at midwife-led hospital or community birth centre

3% other

Types of birth

73% of the sample had some form of induction (excluding sweeps). An additional 4% of women reported having a sweep followed by vaginal birth. If sweeps are included as a method of induction this brings the total experiencing some form of induction to 77%.



Induction followed by vaginal delivery (35%)

Induction followed by forceps/ventouse delivery (18%)

Induction followed by C-section (20%)

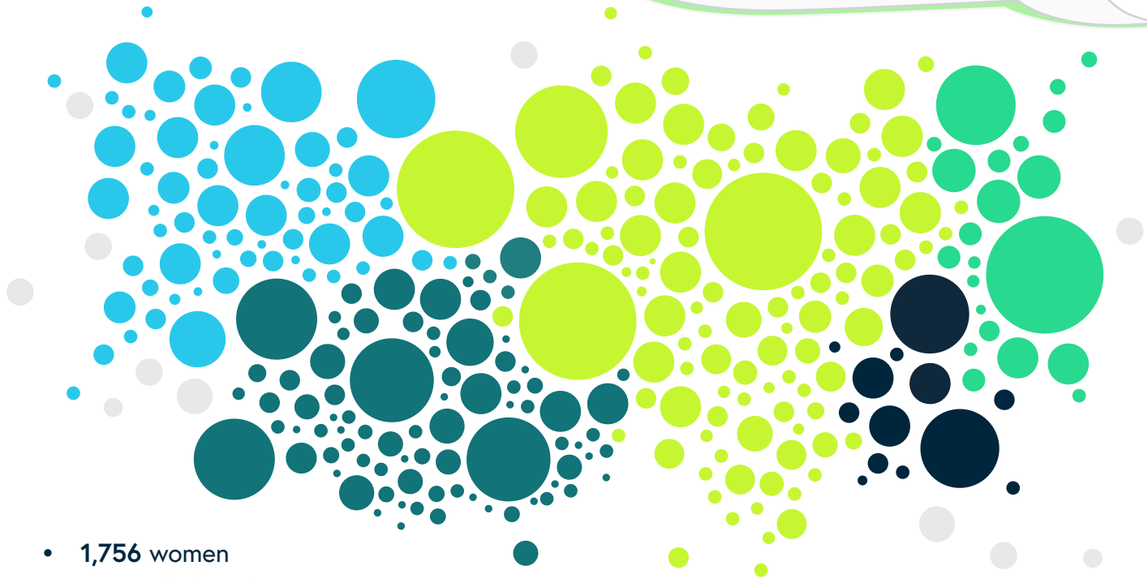
Include more positive birth stories of people who give birth on labour ward (not just home births or water births in midwife led units!).

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.

Method of induction – 'cascade of intervention'

I made informed decisions about my birth. Home birth. Doulas. Educated myself. Learned from my first awful induction what I could and could not tolerate.



- **1,756** women responded to the question
- **3,241** methods of induction selected, demonstrating the 'cascade of intervention' mentioned by respondents
- Respondents were 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%)

Rates of induction in first and subsequent births

- Rates of induction were higher in first births
- 71% of those induced were first-time mums (1,126 answers)
- 29% of those induced were not first-time mums (470 answers)

First time mums were also more likely to experience the cascade of intervention.

It is unclear whether this was for medical reasons or because women were more active in declining intervention. Free text comments alluded to this.

Decision making

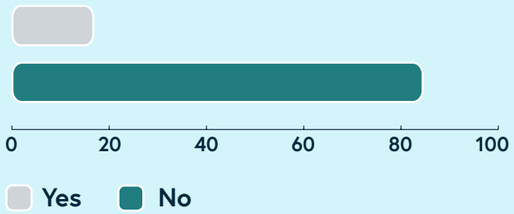
The Ockendon Review[8] published in December 2020 concluded all women should have ready access to accurate information to enable their informed choice in birth. The responses to the questions on information and decision making show this is not a reality for most women.

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.

Many friends/family I've spoken to who were induced can't say anything positive about this experience and it's because they weren't fully informed to begin with.

Consultants should be providing a full list of side effects before woman are consenting. It's such high numbers that now most woman just go along because it's the new normal.

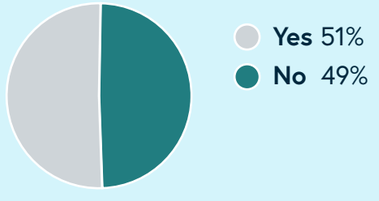
Were you given numbers or statistics to help you decide?



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?

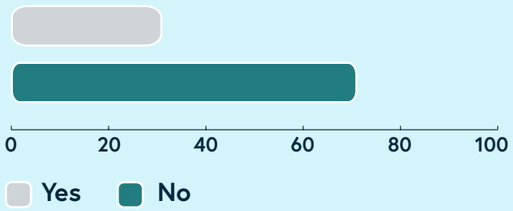
Did you have enough trusted information on birth?



I was told by midwife I had to be induced. At the hospital on the day of induction I asked three different midwives what induction consisted of and all the answers were vague.

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

Did you have supportive conversations with HCPs?



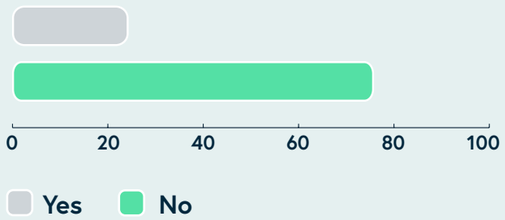
I was coerced on several occasions by medical professionals. I was scrabbling around the internet trying to find trustworthy information sources, which was far from ideal.

Apart from one consultant midwife who gave me excellent, impartial, evidence-based and balanced information.

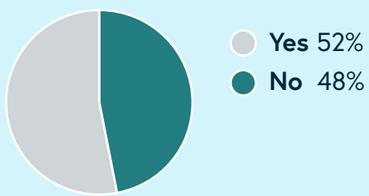
I was prepared in that I understood all of the actual processes, just not timescales or anything.

I was also not told what would happen if it fails (and I didn't think to ask as didn't think it would!)

Looking back did the information prepare you for being induced?



Did the birth meet your/baby's needs?



My baby arrived healthy, despite needing breathing assistance straight after birth, but my labour was extremely quick and extremely painful.

I asked for a birth debrief to go through my experience, as I didn't feel listened to and was upset about not being given adequate information.

Information

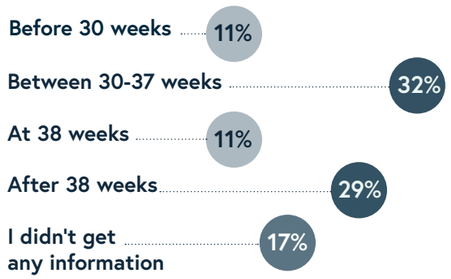
Trusted sources of information

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

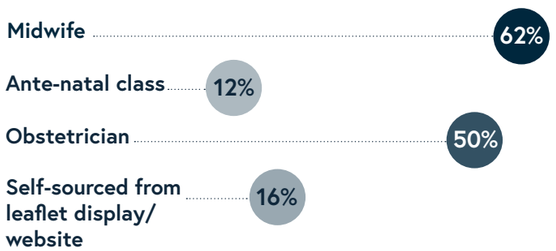
This highlights the need to signpost to trusted sources of information.

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

Comparative data tables

As the pandemic continued people's experience improved on all these questions related to decision making	**Pre-pandemic** 2018 - Feb 2020	**During the pandemic** March 2020 - Dec 2020	**During the pandemic** 2021 - currently pregnant
Did/do you have enough information on the risks and benefits of being induced to make a decision before being induced?	Yes 27%	Yes 31%	Yes 41%
	No 73%	No 68%	No 59%
Were you given a number/statistic (e.g 1 in 100) to help you understand the risks, for example of stillbirth, to help you decide about induction?	Yes 16%	Yes 12%	Yes 20%
	No 84%	No 87%	No 80%
Did you have supportive conversations with the midwife or doctor to help you consider the information and reach a decision?	Yes 26%	Yes 29%	Yes 41%
	No 74%	No 70%	No 59%

Exisiting health conditions (5 most common)	**Diabetes**	**Obesity/ overweight**	**Mental health**	**High blood pressure**	**Immune or auto-immune**	**No health conditions**
Did/do you have enough information on the risks and benefits of being induced to make a decision before being induced?	Yes 43%	Yes 35%	Yes 32%	Yes 37%	Yes 29%	Yes 34%
	No 57%	No 65%	No 68%	No 63%	No 71%	No 66%
Were you given a number/ statistic (e.g 1 in 100) to help you understand the risks, for example of stillbirth, to help you decide about induction?	Yes 20%	Yes 19%	Yes 15%	Yes 6%	Yes 14%	Yes 18%
	No 80%	No 81%	No 85%	No 94%	No 86%	No 82%
Did you have supportive conversations with the midwife or doctor to help you consider the information and reach a decision?	Yes 33%	Yes 30%	Yes 30%	Yes 38%	Yes 27%	Yes 32%
	No 67%	No 70%	No 70%	No 62%	No 73%	No 68%

Pregnancy related health conditions (5 most common)	**Gestational diabetes**	**Mental health related to pregnancy**	**Pre-eclampsia**	**Strep B positive**	**Foetal growth restriction**	**No health conditions**
Did/do you have enough information on the risks and benefits of being induced to make a decision before being induced?	Yes 40%	Yes 33%	Yes 34%	Yes 35%	Yes 41%	Yes 32%
	No 60%	No 67%	No 66%	No 65%	No 59%	No 68%
Were you given a number/ statistic (e.g 1 in 100) to help you understand the risks, for example of stillbirth, to help you decide about induction?	Yes 19%	Yes 16%	Yes 15%	Yes 17%	Yes 18%	Yes 17%
	No 81%	No 84%	No 85%	No 83%	No 82%	No 83%
Did you have supportive conversations with the midwife or doctor to help you consider the information and reach a decision?	Yes 40%	Yes 41%	Yes 31.5%	Yes 36%	Yes 43%	Yes 29%
	No 60%	No 59%	No 68.5%	No 64%	No 57%	No 71%

Qualitative analysis

How can induction information be improved?

1,200 responses were coded by theme to identify key trends in suggestions for improving information about induction of labour. The themes identified mapped closely to issues raised in the quantitative data.

1 Risk benefit data relating to induction was mentioned specifically in almost a third of free text comments (370).
Respondents wanted data relating to risk, benefits, alternatives and the option of doing nothing for a range of issues including:

- Gestation beyond 42 weeks
- Growth scans (small and large babies/foetal positioning)
- Maternal age
- Gestational diabetes
- Strep B positive
- Pre-eclampsia and other pregnancy conditions
- Side effects of interventions on mum and baby
- Success rate.

'HCPs being clear and unbiased about the benefits and risks of ALL choices, reassuring pregnant people that it is THEIR CHOICE, and clear, accurate sharing of statistics and facts, not fear mongering.'

'More factual and statistical information about inductions and the risks, instead of just being automatically booked onto an induction.'

'Details of risk of intervention. I was given no indication that an induction could lead to an assisted birth and no information about an increased chance of having a C-section.'

'Provide some context and stats: "We're recommending this because you're over 35 and so your risk factor is X. We're recommending it because the baby's bone length is short and so your risk factor is Y." Instead it was more like "Your baby's bones are measuring short. We'll be booking you in for induction at 38 weeks."'

'I found it frustrating that I would read about gestational diabetes making me 'high risk' but not the nature of that risk. I didn't have a big baby according to a 36 week scan (or in reality) so I wasn't concerned about going overdue for that reason. It was really hard to find anything that explained why it was a higher risk to go to 41/42 weeks.'

'Had I been told what the success rate of induction at 36 weeks is, I would have been better informed to opt for a C-section immediately instead of putting myself through days of intense stress, 'failure to progress', no sleep, no food or water, etc. The induction process completely exhausted me and made my eventual C-section and recovery so much more difficult than it needed to be.'

Respondents wanted risk to be described in absolute rather than relative terms. This comment was made most often in relation to being 'told' the risk of stillbirth doubled for gestation beyond 42 weeks, rather than the risk increased from 1 in 1000 to 2 in 1000.

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

'I'd appreciate to hear the real % numbers of the risks involved when being overdue. Everyone kept telling me the risk of stillbirth etc was higher but not the actual numbers.'

'I was 40+3 when I attended triage with reduced movements and was told as I was overdue I was 50% more likely to have a still born, however the true statistic that reflects that 50% increase is actually very small, therefore they chose to present the facts to me in a particular light to scare me and make me agree to their interventions.'

2 Respondents wanted it to be made clear they had a right to be given choices, a right to decide and to give informed consent. Coded comments on this issue numbered 361. The word 'told' featured as one of the most common words in this section. In addition 74 comments included stronger language including 'coerced', 'harrassed' and 'bullied' (see word cloud). Respondents also wanted more information on their right to request a C-section either before induction or after failed attempts at induction (51).

'I was just told to be induced rather than having options discussed.'

'At 39 weeks I saw a consultant at the hospital who told me that my baby was big and I would be getting induced the following day. That was all the information I was given before I was induced.'

'More chances to talk things through and get different opinions from midwives and consultants to understand risks vs benefits rather than being told what I should do.'

'Doctors need to choose their language very carefully. I felt I was being bullied into having an induction.'

'The information I was given was very brief and biased. In no way was it put across to me that I had a choice in whether or not I would be induced.'

'I was told I would most likely have instrumental delivery which I didn't want and more likely to have 4th degree tears due to the size of the baby. Despite me pleading with the consultant for a C-section, because I was a first time mum I was talked into an induction.'

'I had no choice in the birth of my babies. I was told that due to a twin pregnancy I must be induced at 37 weeks or have a C-section. I did not want either but got told I had no choice.'

'Offering an induction rather than telling mum she'll be booked in. Honest information about how much more intense and painful an induced labour can be and how restrictive it will be because of monitoring.

Less emotive information about risks to baby almost 'guilting' mums into accepting induction. Not being treated like a naughty child for declining induction.'

'To make an informed decision you need to be aware of all options and all the information. I didn't get a choice in induction. I think this was majorly down to me being a first time mum and 17. I felt humiliated. I felt due to my age they felt they needed to make decisions on my behalf as opposed to having me make them myself.'

Consistency of information within and between trusts and hospital policies was also raised in comments.

3 Supportive personalised conversations on options/choice featured in 226 comments. Induction teams running early information sessions was identified as good practice.
The positive role of independent midwives and doulas and hypno-birthing were mentioned by some respondents, although the affordability of these services was mentioned by one respondent.

'Better communication about the whole process. You're supposed to be able to make all the decisions for you and your baby, but it doesn't feel like that when you're in the hospital. You have to go through their processes and procedures and it can be difficult to challenge/ change things.'

'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.'

'Rather than a quick 5 min discussion and the induction being booked there and then, more resources should be made available and a few days given to research and make the decision. I felt I had no alternative as the doctor told me these were my only options.'

'Give me full ownership of the decision to be induced. Be supportive and non judgemental. Understand that this can have a knock on effect on my parenting journey and there are risks involved with the induction as well not being induced.

Don't tell people, you have a healthy baby and that's all that matters. Explain what is actually happening when you just "put a wee clip on the baby's head to measure oxygen levels".'

'The first consultant would not give me any evidence-based information. The second consultant I saw give me the information I needed and the support to make a decision.'

'At 41 + 5 I turned down induction as I've carried two healthy babies to 42+1 but I had to sit through a talk from consultant about many risks of waiting and many risks of induction. Luckily the head of the birth centre came to advocate for me.

At 42+2 I was induced and in fact the baby was stuck and so it all ended in emergency C-section. What helped was that the head of the birth centre came and supported me on labour ward as I made decisions that she understood weren't the choices I wanted to make.

I think having someone who understands what you want from your birth supporting you makes all the difference.'

Information to support decision making and planning

4 More detailed information on the process and timeline of induction. Information about the process of induction and methods of induction featured in 206 comments.

The timeline of induction and the cascade of intervention (37), that induction can fail (38), emotional consequences and physical impact/recovery were mentioned as important.

21 comments specifically mentioned the limitations induction will bring – use of birthing pool, pain relief, birthing position, food, monitoring, time spent in hospital versus home and the variation in policies between trusts.

'I wasn't concerned about making the decision, but helping me to understand the full process (beyond the initial gel) would have made me more prepared.'

'Help people understand how induction works and that it is more likely to lead to interventions. I didn't know this. It was presented as a 'get out of pregnancy free' card.

I was overdue and just so done with being pregnant that I leapt at the chance to be induced. I probably shouldn't have and really wish I had understood it all more.'

'More of a consultative approach from the medical professionals with clear information about the stages of an induction. For example, pain relief available at what stages; when it is suitable to move to a delivery suite etc.'

'What the alternatives are to induction and what will happen once induced e.g. you will be on a ward for a couple of days while the pessary takes effect.

That once you are in active labour you will need to remain on your back and will have to use a commode if you need to leave pee etc.'

'Staff to actually take the time to verbally explain what will happen and what it entails. And also to explain fully the risk that you may not respond to the drugs and next steps in that scenario.'

'Explaining more about what would happen when you go into hospital to be induced. There was very little information available on what would happen. On NHS websites it said with a pessary I could go home, but they wouldn't allow this with our Trust and I only found out once I was admitted. It would have also helped to know I would be on a labour ward with 6 other women in early labour for the whole time. This is not a great place to be for what ended up being 5 days.

Although the midwives were great I only saw an obstetrician in the last two hours of my birth. Having a formal chat with a specialist doctor early on would have been helpful. More information on the chance of C-section following pessary would also have been helpful (the only time in my whole pregnancy that I ended up on Mumsnet as it was so hard to find out anything on how often the hormonal pessary doesn't work).'

'Give real life actual size photos of the induction methods, e.g. pictures of the "rods" as when the male Dr told me about them it was a terrifying option!'

'There needs to be much more information given both about what actually happens physically in induction, as well as how this can affect both yourself, your partner and your baby. Both physically, mentally and emotionally. I also think the information needs to be given much, much earlier in pregnancy, especially to first-time mums.'

'It would have been helpful to know what happens when certain methods of induction fails. I had no idea it would take 3 attempts to induce my labour over several days. I would have opted for a C-section and probably will if I have another baby to avoid this.'

5 Timing of information on induction was also mentioned (87). Respondents wanted information that would allow them to plan their decision making.

Birth plans, with options for induction, realistic 'what if' scenarios and decision trees of all options were mentioned as important given the high rates of induction.

Real positive stories of induction were mentioned by a small number of women. This could help alleviate the high levels of concern about induction identified in the quantitative data. One respondent described the emphasis on homebirth and midwifery led units as 'ableist' given that most women would deliver on a labour ward.

'Put all of the information from the antenatal classes online to read and understand at your own pace, along with links to more in depth information. It feels like the content of the classes is kept secret until you absolutely have to know it.

If it was all in front of you, it would make conversations with the midwives easier, as you could be more informed.'

'Maybe give information earlier on in pregnancy before mum's have made their mind up on a birth plan that probably won't happen.'

'Birth plans often go sideways. Full plans should be done with a midwife to cover all eventually and those assisting with birth should respect these plans and follow them.'

'Tell me about the birth plan. Tell me about how inductions work.'

'Discuss with me the plan if I don't dilate. Work with me to help me understand what is going on. I am a nurse and my husband a paramedic so I felt that it was more a case of 'oh they will already know' This was our first baby and we definitely did not.'

'Women to be educated on the decision tree that the NHS uses to understand contraindications for recommending intervention so that women can ask for justified risk calculation for them as individuals rather than generalised approach.'

'Induction was not discussed in my midwife appointments. I think it would have been helpful as it came as a surprise when a doctor, I had never met before, advised it was required.'

'Far too much emphasis on birth centres/ home birth and avoiding effective pain relief. Should give an honest picture of reality and offer all options as true informed choice including induction, Cs, hospital birth, not just push all low risk into midwife led care.'

'Giving people more options. Give parents the opportunity to explore the birth options available to them and to discuss these and their pros/cons with a professional.

Create a birth plan with information and have some ownership over the delivery of your baby.'

'Make information less negative about induction experience. I think many mums who decide on induction probably go into the procedure thinking the worst, and unable to relax which may make things harder/more painful. Everything I had read online about induction for my first pregnancy was either very 'medical' or incredibly negative – citing more pain/risk of intervention etc. However after reading hypnobirthing books with real case studies I realised, not always the case – this relaxed me and I had two very good experiences of induction.'

'Midwives should provide information on birth, interventions and pain relief AT ANY STAGE of a pregnancy if a woman and her partner requests it.

It was so frustrating to be told time and time again I was thinking about giving birth 'too early' when as a first time mum, I asked questions about birth plans from 30 weeks.

Given I went into a totally unexpected premature labour at 32 weeks, being refused information on birth only added to my stress, anxiety and uncertainty. In addition, I feel that all women should be made aware (in a sensitive, non frightening way) that neonatal intervention can be a possibility. I was consistently told I was low risk.'

'There are a lot of horror stories about being induced and I think stats and numbers are needed to quantify and put perspective on these and compare to not being induced. Sometimes I felt that if I was induced then I was guaranteed a nightmare birth, but actually it all went really well.'

'Information for pregnant people like me – 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.

Information for medical staff – consider format of birth plan/antenatal notes to encourage/enable midwives on labour ward to review birth plan and medical notes from antenatal care midwives/ obstetricians more thoroughly.'

6 Health literate information in a range of formats. Information on induction to include jargon busters for terms like 'Bishops Score' was mentioned specifically in 115 comments. The need to use plain language 'words I understand' was mentioned in 24 comments.

7 Promoting good practice. Some examples of good practice were provided. When women and people who gave birth were informed about the risks and benefits of induction and involved in decision making they felt more in control and reported feeling more positive about their birth experience, even if it deviated from their original plan.

'Less explanation from doctors, who use difficult vocab and have a stern, straight down the line way of speaking and can be frightening.

Midwives have a MUCH better bedside manner and are more in tune with mothers and their concerns.'

'I felt I received good information, and declined a sweep with my second which I hadn't felt was an option with my first. I was nervous about a second induction but was aware of the risks to babies over 42 weeks so was willing to proceed had it come to it.'

'Because I was informed, it was a discussion. I was able to explore all pathways depending on each type of induction and made an informed decision on how to move forward with my induction. This should not be the exception.'

'Explaining it simpler to pregnant women so they can understand the process more.'

'The information I was given was given well. I felt there was enough to show my baby needed to be born and that's what happened.'

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