

# Midwifery care for Induction of Labour

## Implementation and Audit Toolkit



THE ROYAL  
COLLEGE OF  
**MIDWIVES**

RCM  
Midwifery  
Blue Top  
Guidance  
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# RCM Evidence-based guidance for Induction of Labour: Implementing the guidance

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# Introduction

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To support the implementation of the RCM guidance for Induction of Labour (IoL), we have developed a practical implementation guide. This was informed by the National Institute for Health and Care Excellence (NICE) guidance 'Practical steps to improving the quality of care and services using NICE guidance'<sup>1</sup>. The RCM guidance for Induction of Labour is based on review level evidence and designed to support the work of midwives in the provision of high quality care. It should be viewed as complementing other high quality sources of evidence-based information produced by organisations such as the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network and local guidance.

1. National Institute for Health and Care Excellence (NICE). Practical steps to improving the quality of care and services using NICE guidance [online; accessed July 2019] <https://intopractice.nice.org.uk/practical-steps-improving-quality-of-care-services-using-nice-guidance/index.html#group-supporting-resources-POMGgHUdBE>

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*Clinical Guidance provides "an opportunity for practitioners to improve shared clinical decision-making, increase team working, expand their evidence-based knowledge, and reduce variation in practice. They can also enable professionals to keep up to date and to assess their own clinical performance against the recommendations for best practice" (Scottish Intercollegiate Guidelines Network 2015, page 47).*

This implementation guide offers a flexible approach to help you implement the guidance in your practice setting. You might start by comparing what is recommended with the way you currently work, or the way your care is given and open discussion with your colleagues. Local champions who are highly respected and have a good understanding of local policy can help to raise awareness of the guidance<sup>2</sup>. If you are part of a team responsible for putting guidance into practice or improving quality, and you want to start making changes, you need to understand how the service works at the moment so you can measure the effect of any changes you make<sup>1</sup>. This might be through having discussions, holding workshops, conducting surveys, clinical audit and reviewing existing policies. We provide links to useful resources in the following sections.

You can use the information you gather and map the results against the RCM guidance Recommendations and Good Practice Points. You may want to implement a change to practice so you need to decide what actions could be taken to meet the guidance recommendations. Work with midwifery and other colleagues to form a long-term plan that can be broken down into a series of steps<sup>1</sup>. Ways to measure the effect of the changes should be clear and specific so you can collect the same information before and after each change<sup>1</sup>. You also need to decide how to present and share this information.

The following pages provide information specific for each of the guidance topics. This includes:

- Optional quality statements which you can tailor to your own care setting
- Action points
- Learning and implementation resources for midwives, maternity services and women and families

In the final section you will find examples of implementation tools and audit resources. These tools are based on the NICE baseline assessment tools and implementation resources. An 'ASK 5' tally chart<sup>3</sup>, adapted from the West of England Academic Health Science Network patient safety toolkit, provides a simple tool to help you raise awareness of the guidance in your care setting. Slide sets are available, which provide an introduction to the development of the RCM Induction of Labour guidance, and can be used flexibly as appropriate to your setting.

2. Scottish Intercollegiate Guidelines Network (SIGN). SIGN 50: a guideline developer's handbook. Edinburgh: SIGN; 2015. (SIGN publication no. 50). [November 2015]. Available from URL: <http://www.sign.ac.uk>

3. West of England Academic Science Network (2016) Ask 5 Tally Chart in Building capacity to support human factors in patient safety. Available from: <https://www.weahsn.net/our-work/improving-patient-safety/collaborating-in-the-community/human-factors-2/step-by-step-guide-human-factors/>

## What does the guidance say:

# Supporting women to make decisions about induction of labour

## Recommendations for practice

There is good evidence to recommend that:

- Women should be advised that an IOL at or beyond term may reduce the already small risk of perinatal death, although the optimal timing for offering IOL remains unclear.
- Women should be advised that there may be a slightly increased risk of an operative vaginal birth from an IOL at or beyond term compared to expectant management.
- Women should be advised that there is moderate evidence associating a reduced risk of a caesarean birth with IOL at or beyond term compared to expectant management.

There is some evidence to suggest that:

- A specifically designed information brochure explaining the induction process in plain language, including the actions and side effects of prostaglandin and the time involved in the process can improve women's knowledge and understanding.
- Midwives should ensure women and their families know that they have a choice about having an induction of labour.

## Good Practice Points

- Women should be informed that in most settings IOL may preclude other options such as home birth or birth on a midwifery led unit.
- Midwives should discuss with women how an induction may impact on their experiences and perceptions of pain.
- Organisations should provide education and resources to support midwives to communicate the absolute and relative risks associated with induction in a clear and understandable way.
- Midwives should follow professional standards and use their expert clinical judgement to provide information and facilitate women's decision-making, information should be tailored to women's specific circumstances.
- Unless the clinical situation changes, midwives should not make frequent offers of this intervention.

## Quality statements: Supporting women to make decisions about induction of labour

Midwives and midwifery care organisations:

**WE WILL ALWAYS SUPPORT YOU TO MAKE DECISIONS ABOUT INDUCTION OF LABOUR BY PROVIDING YOU WITH CLEAR UNBIASED INFORMATION**

**WE WILL WORK TO UNDERSTAND WHAT MATTERS TO YOU AND PROVIDE YOU WITH THE INFORMATION YOU NEED TO MAKE AN INFORMED CHOICE**

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Women and families:

**I HAVE RECEIVED GOOD QUALITY INFORMATION TO HELP ME UNDERSTAND THE CHOICES AVAILABLE TO ME ABOUT INDUCTION OF LABOUR**

**I HAVE DISCUSSED WITH MY MIDWIFE THE BENEFITS AND RISKS OF INDUCTION AND HOW THEY RELATE TO MY INDIVIDUAL CARE PLAN**

## What do maternity services and midwives need to do: Supporting women to make decisions about induction of labour

Assess the information provided to women locally to help them decide about induction of labour

- Are information resources available for women including information in the antenatal period?
- Are midwives aware of the current evidence? (learning event / resources)
- Are discussions documented in the notes? Can practice be audited?

## Resources: Supporting women to make decisions about induction of labour

- RCM Evidence-based guidance for the care of women for induction of labour: midwives guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- RCM Evidence-based guidance for the care of women for induction of labour: women's guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- NICE Induction of labour resources: <https://www.nice.org.uk/guidance/cg70/resources>
- NCT Overdue baby: what happens if my baby is late? <https://www.nct.org.uk/labour-birth/getting-ready-for-birth/overdue-baby-what-happens-if-my-baby-late>
- NICE implementation slide set for induction of labour: <https://www.nice.org.uk/guidance/cg70/resources>
- NICE questionnaire for women: <https://www.nice.org.uk/guidance/cg70/resources>

## What does the guidance say:

# Improving women's experiences of induction of labour

## Recommendations for practice

There is some evidence to suggest that:

- Women should be given time to make decisions about post-term and other inductions of labour, after a balanced and comprehensive discussion about both the risks and benefits of an IOL.
- It is important for women to know the setting and possible timescale for induction.
- The risks and benefits of induction which take into account women's specific situations need to be presented to promote women's involvement in decision-making.
- All women need to feel in control of the process of IOL and each intervention should be discussed beforehand and consented for separately during the process.
- Continuous and uninterrupted support from partners and family may improve women's experiences. This is reported as an advantage of returning home following cervical priming and should be facilitated where possible including the hospital setting.
- Women experiencing IOL need to have easy and timely access to midwifery advice and support and enabled to discuss their plan of care throughout the process.

## Good Practice Points

- Midwives and maternity services should enable women to have access to spaces to mobilise, birthing balls, water immersion, peaceful settings to rest and sleep and access to food and drink.
- Midwives should ask women about their needs during the induction process and wherever possible, provide women with supportive aids, spaces and privacy. Women should be informed about the local facilities and induction settings.
- Midwives and maternity services should enable women to have access to spaces to mobilise, birthing balls, water immersion, peaceful settings and sleep and access to food and drink.

## Quality statements: Improving women's experiences of induction of labour

Midwives and midwifery care organisations:

**WE WILL WORK TO UNDERSTAND WHAT MATTERS TO YOU AND PROVIDE YOU WITH CLEAR AND UNBIASED INFORMATION TO HELP YOU MAKE AN INFORMED CHOICE ABOUT INDUCTION OF LABOUR**

**WE WILL DISCUSS THE RISKS AND BENEFITS OF INDUCTION, SPECIFIC TO YOUR INDIVIDUAL CIRCUMSTANCES**



Women and families:

**I HAVE RECEIVED GOOD QUALITY INFORMATION TO HELP ME DECIDE ABOUT INDUCTION OF LABOUR**

**I WAS ABLE TO TAKE TIME TO MAKE DECISIONS AND DISCUSS MY CARE PLAN WITH THE MIDWIFE**

**ME AND MY FAMILY FELT SAFE AND SUPPORTED THROUGHOUT THE WHOLE INDUCTION OF LABOUR**

## What do maternity services and midwives need to do: Improving women's experiences of induction of labour

In addition to the NICE Inducing labour guidance (<https://www.nice.org.uk/guidance/cg70>) midwives should:

- Provide information about the risk and benefits of induction of labour to women and their family
- Ensure women have adequate time to make decisions and can access support from their midwife
- Consider women's social situations and cultural needs and the importance of family support
- Ensure informed consent is gained for each induction of labour intervention
- Ensure women undergoing cervical priming in all settings have access to midwifery advice and support
- Ensure care plans are clearly documented and shared with the maternity care team

## Resources: Improving women's experiences of induction of labour

- RCM Evidence-based guidance for the care of women for induction of labour: midwives guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- RCM Evidence-based guidance for the care of women for induction of labour: women's guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- NICE Induction of labour resources: <https://www.nice.org.uk/guidance/cg70/resources>
- NCT Overdue baby: what happens if my baby is late? <https://www.nct.org.uk/labour-birth/getting-ready-for-birth/overdue-baby-what-happens-if-my-baby-late>
- NICE implementation slide set for induction of labour: <https://www.nice.org.uk/guidance/cg70/resources>
- NHS NIHR resource: <https://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/IOL-leaflet-40plus-weeks.pdf>

## What does the guidance say:

# Membrane sweeps

## Recommendations for practice

There is some evidence to suggest that:

- Women should be offered a sweep prior to formal induction as per the NICE guidelines.
- Women are more likely to go into spontaneous labour if they have a membrane sweep at or after 40 weeks.
- Informed consent should be obtained and documented for a membrane sweep as an invasive procedure.

## Good Practice Points

- Clear and understandable information should be presented about the risks and benefits of a sweep and the procedure should be explained in detail.
- Membrane sweeps should be discussed in an antenatal appointment prior to 40 weeks so that women have time to make considered decisions.
- Side effects of membrane sweeps, such as pain during the procedure and light vaginal bleeding and cramps afterwards should be discussed with women prior to consent for the procedure. This will support women to make an informed decision about a sweep and may alleviate worry if women experience these side effects.
- If a woman declines membrane sweeping, this decision must be respected and supported.
- Unless the clinical situation changes, midwives should not make frequent offers of this intervention.

## Quality statements: Membrane sweeps

Midwives and midwifery care organisations:

**THROUGHOUT YOUR PREGNANCY WE WILL SUPPORT YOU TO MAKE DECISIONS ABOUT HAVING A MEMBRANE SWEEP**

**WE WILL WORK TO UNDERSTAND WHAT MATTERS TO YOU AND PROVIDE YOU WITH CLEAR AND UNBIASED INFORMATION TO HELP YOU MAKE AN INFORMED CHOICE**

Women and families:

**I HAVE RECEIVED GOOD INFORMATION TO HELP ME UNDERSTAND MY OPTIONS ABOUT HAVING A MEMBRANE SWEEP**

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## What do maternity services and midwives need to do: Membrane sweeps

- Assess the current provision of information provided to women locally to help them to make decisions about membrane sweeps.
- Is information about membrane sweeping provided and discussed in the antenatal period?
- Are midwives aware of the current evidence? (learning event / resources)
- Are women able to discuss the risks and benefits of membrane sweeping with midwives?
- Are discussions documented in the notes? Can practice be audited?

### Resources: Membrane sweeps

- RCM Evidence-based guidance for the care of women for induction of labour: midwives guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- RCM Evidence-based guidance for the care of women for induction of labour: women's guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- NICE Induction of labour resources: <https://www.nice.org.uk/guidance/cg70/resources>
- Cochrane answers Membrane sweeping for Induction of labour [https://www.cochrane.org/CD000451/PREG\\_membrane-sweeping-for-induction-of-labour](https://www.cochrane.org/CD000451/PREG_membrane-sweeping-for-induction-of-labour)
- NCT Overdue baby: what happens if my baby is late? <https://www.nct.org.uk/labour-birth/getting-ready-for-birth/overdue-baby-what-happens-if-my-baby-late>

## What does the guidance say:

# Returning home following cervical priming

## Recommendations for practice

There is some evidence to suggest that:

- Midwives should advise women that the information to determine the risk and benefits of outpatient induction is still emerging. The current evidence is limited but reports similar maternal and neonatal outcomes to those who are an inpatient for the duration of the induction process.
- Women and families who return home following their IOL report a better experience of the induction process than those who are an inpatient for the duration of the induction, therefore this should be facilitated where possible in relation to individual circumstances and local service provision.

## Good Practice Points

- Midwives should advise that not all women will be able to return home during induction, as this depends on the method of induction, reason for induction and other individual factors, and the local care system.
- Midwives should ensure that women who return home know how to call a midwife if they want or need to.
- Midwives should ensure that families have suitable plans for returning to hospital, especially if they are located far from the unit or if transport may be difficult.

## Quality statements: Returning home following cervical priming

Midwives and midwifery care organisations:

**WE WILL MAKE SURE YOU HAVE ALL OF THE INFORMATION YOU NEED TO MAKE DECISIONS ABOUT RETURNING HOME FOR CERVICAL PRIMING**

**WE WILL PROVIDE INFORMATION ABOUT HOW TO CONTACT YOUR MIDWIFE FOR SUPPORT AND ADVICE**

Women and families:

**I HAD ALL OF THE INFORMATION I NEEDED TO FEEL SAFE AND SUPPORTED THROUGHOUT**

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## What do maternity services and midwives need to do: Returning home following cervical priming

In addition to the NICE Inducing labour guidance (<https://www.nice.org.uk/guidance/cg70>) midwives should:

- Provide information about how women can contact a midwife when returning home
- Make sure advice about returning home takes into account women's individual circumstances
- Help women make plans about how they can return to the maternity unit
- Ensure care plans are clearly documented and shared with the maternity care team

## Resources: Returning home following cervical priming

- RCM Evidence-based guidance for the care of women for induction of labour: midwives guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- RCM Evidence-based guidance for the care of women for induction of labour: women's guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- NICE Induction of labour resources: <https://www.nice.org.uk/guidance/cg70/resources>
- NICE Quality statement 2: Safety and support for women having labour induced as outpatients <https://www.nice.org.uk/guidance/qs60/chapter/Quality-statement-2-Safety-and-support-for-women-having-labour-induced-as-outpatients>

## What does the guidance say:

# Supporting women who wish to use complementary therapies to induce labour

## Recommendations for practice

There is some evidence to suggest that:

- If women chose to discuss complementary therapies for IOL, midwives should advise that acupuncture may improve cervical ripening but hypnosis and acupressure are not supported as effective methods of IOL by the available evidence.

## Good Practice Points

- Women should be informed that there is no data on the safety of herbal preparations and some preparations may be harmful.
- Midwives should encourage women to discuss their birth plans for induction, including any complementary therapies they would like to use. There is some evidence (see RCM Midwifery Care in Labour Guidance) that women may find complementary therapies support their coping in labour.

## Quality statements: Supporting women who wish to use complementary therapies to induce labour

Midwives and midwifery care organisations:

**WE WILL DISCUSS YOUR PLANS FOR INDUCTION WITH YOU AND YOUR PARTNER AND PROVIDE ADVICE ABOUT SAFE AND EFFECTIVE METHODS OF INDUCTION AND THINGS THAT MAY HELP YOU TO FEEL COMFORTABLE.**

Women and families:

**THE MIDWIFE WILL PROVIDE ME WITH GOOD ADVICE ABOUT THE USE OF COMPLEMENTARY THERAPIES**

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## What do maternity services and midwives need to do: Supporting women who wish to use complementary therapies to induce labour

Assess the current provision of information to help women locally make decisions about complementary therapies

- Is information provided about the potential harms of herbal preparations?
- Is information about the use of acupuncture, hypnosis and acupressure included in the literature?
- Are women able to discuss the risks and benefits with midwives?
- Are discussions documented in the notes? Can practice be audited?

## Resources: Supporting women who wish to use complementary therapies to induce labour

- RCM Evidence-based guidance for the care of women for induction of labour: midwives guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- RCM Evidence-based guidance for the care of women for induction of labour: women's guidance <https://www.rcm.org.uk/publications/?publicationtype=bluetopguidelines&page=1>
- NICE Induction of labour resources: <https://www.nice.org.uk/guidance/cg70/resources>
- Cochrane Database of Systematic Review, Acupuncture or acupressure for induction of labour 2017 (Smith et al, Issue 10. Art. No.: CD002962. DOI: 10.1002/14651858.CD002962.pub4)
- Cochrane Database of Systematic Review, Hypnosis for induction of labour 2014 (Nishi et al, Issue 8. Art. No.: CD010852. DOI: 10.1002/14651858.CD010852.pub2)
- Effectiveness and safety of herbal medicines for induction of labour: a systematic review and meta-analysis, 2018 (Zamawe et al, BMJ Open 8: e022499. doi: 10.1136/bmjopen-2018-022499)

## Further implementation and audit resources

### Baseline assessment table: Examples for practice

The format of this resource is based on the: Baseline assessment tool for intrapartum care: care for healthy women and babies (NICE clinical guideline CG190). This resource contains additional examples based on the RCM guidance topic areas and can be used to complement the NICE guideline tool.

Recommendation	Reference
Women are advised about the benefits and risks associated with induction of labour. The information provided is specific to women's individual circumstances	RCM Evidence-based guidance for the care of women for induction of labour NICE guidelines CG70
Education and resources are provided to help midwives communicate the risks associated with induction in an understandable way	RCM Evidence-based guidance for the care of women for induction of labour
Women are offered a membrane sweep prior to formal induction of labour where clinically appropriate	RCM Evidence-based guidance for the care of women for induction of labour NICE guidelines CG70
Information about the risks, benefits and side effects of a membrane sweep is available for women to access in the antenatal period	RCM Evidence-based guidance for the care of women for induction of labour
Women have time to make decisions about induction of labour and have information, tailored to their individual circumstances about the risks and benefits to the woman and baby	RCM Evidence-based guidance for the care of women for induction of labour
Women are advised about suitable settings for induction of labour and cervical priming and the possible timescales involved	RCM Evidence-based guidance for the care of women for induction of labour
Informed consent is obtained for each stage of the induction process	RCM Evidence-based guidance for the care of women for induction of labour
Birth companions are able to support women throughout the induction process	RCM Evidence-based guidance for the care of women for induction of labour
Women having cervical priming have easy and timely access to midwifery support and advice	RCM Evidence-based guidance for the care of women for induction of labour
Women having cervical priming have access to private, peaceful settings where they can rest and sleep	RCM Evidence-based guidance for the care of women for induction of labour
Women having cervical priming have access to spaces to mobilise (including birthing balls, water immersion) and can access food and drink	RCM Evidence-based guidance for the care of women for induction of labour
Women who return home following cervical priming discuss with midwives their plans for returning to the hospital	RCM Evidence-based guidance for the care of women for induction of labour
Midwives discuss with women their birth plans for induction, including any complementary therapies they would like to use.	RCM Evidence-based guidance for the care of women for induction of labour



Year of recommendation	Is the recommendation relevant?	Current activity / evidence?
2019		
2008		
2019		
2019		
2008		
2019		
2019		
2019		
2019		
2019		
2019		
2019		
2019		
2019		
2019		
2019		
2019		

## Action planning tables: Examples for practice

Objective	Actions
<p>Women have resources to support discussion with midwives about:</p> <ul style="list-style-type: none"> <li>• Membrane sweeping</li> <li>• Benefits and risks of induction of labour</li> <li>• Methods of induction</li> <li>• Returning home following cervical priming</li> <li>• Companion support</li> <li>• Coping and comfort</li> </ul>	<p>Develop / source resources Consider co-producing materials with service users (e.g. local Maternity Voices)</p> <p>Provide resources in different languages and in variety of formats</p>
<p>Midwives are aware of the current evidence base and feel confident to present this information to women and families in a clear and unbiased way:</p> <ul style="list-style-type: none"> <li>• Membrane sweeping</li> <li>• Benefits and risks of induction</li> <li>• Methods of induction</li> <li>• Returning home following cervical priming</li> <li>• Coping and comfort methods</li> </ul>	<p>Develop learning resources and educational workshops for midwives and relevant staff: (Posters, mentorship, on-line resources, training sessions, simulation training, preceptorship)</p>

## Audit table: Examples for practice

The format of this resource is based on NICE Clinical audit tools and contains additional examples based on the RCM guidance topic areas.

Suggested audit standards	Data source EXAMPLE
Midwives are informed of the current evidence base to help women make decisions about induction of labour	Include as part of regular or mandatory training and orientation
During the antenatal period, women and midwives discuss options for induction of labour.	Documented in the woman's hand-held and digital records
Women have time to make decisions about post-term induction	Information available on the NHS Trust website with written clear, detailed, up-to-date resources in a variety of formats and languages  Local guidance available
Women have resources to support their decision-making with information tailored to their specific circumstances	Practice setting audit  Documented in the woman's hand-held and digital records
Midwives are informed of the current evidence base to help women make decisions about membrane sweeping and discuss the risks, benefits and side-effects	Educational workshop included in regular or mandatory training and orientation  Local guidance available
Midwives are informed of the current evidence base to help women make decisions about induction and discuss the risks, benefits and side-effects	Educational workshop included in regular or mandatory training and orientation  Local guidance available

By whom	By when	Possible issues

Audit results		Re-audit results	
%	0/0	%	0/0
%	0/0	%	0/0

Suggested audit standards	Data source EXAMPLE
Midwives receive training or resources to help them communicate risks and benefits of induction in an understandable way	Educational workshop included in regular or mandatory training Local guidance and resources available
Informed consent is always obtained prior to membrane sweeping and for each induction process	Documented in the woman's hand-held and digital records
Detailed resources are available to support women's decision-making	Information available on the NHS Trust website with written clear, detailed, up-to-date resources in a variety of formats and languages
Birth companions are able to remain with women during the induction process	Women's feedback or survey Practice audit Information available on the NHS Trust website
Women have easy and timely access to midwifery support and advice during cervical priming and induction	Women's feedback or survey Practice audit Documented in maternity records
Women having cervical priming have access to private and peaceful spaces	Women's feedback or survey Practice audit
Women having cervical priming have spaces to mobilise and have access to birthing aids	Women's feedback or survey Equipment / practice audit Information available on the NHS Trust website
Women offered the option of returning home following cervical priming have the opportunity to discuss the risk and benefits with maternity care professionals and receive information specific to their individual circumstances	Women's feedback or survey Practice audit Documented in the woman's hand-held and digital records Local guidelines available
Women who return home following cervical priming discuss their travel plans with midwives and know how to contact a midwife for advice and support	Women's feedback or survey Documented in the woman's hand-held and digital records
Midwives receive updated evidence-based information about the risk and benefits of complementary therapies for induction of labour	Educational workshop included in regular or mandatory training and orientation
Midwives ask women about their birth plans for induction and discuss any complementary therapies they would like to use.	Documented in the woman's hand-held and digital records Local guidelines available



# Ask 5 Tally chart

Ask 5 to 10 people in a team/ area the following questions and use a five bar tally (e.g. |||| | |||| | |||)

Repeat on a monthly basis throughout the project to assess awareness in the wider team. Add in any other questions as appropriate for your measurement plan (adapted from the toolkit for Building capacity to support human factors in patient safety 2016 <http://www.weahsn.net/what-we-do/enhancing-patient-safety/patient-safety-priorities/human-factors/>)

Date:			
Team:			
Total responses:		Yes	No
Have you heard about RCM Blue Top Guidance: Midwifery Care for Induction of Labour?			
Can you tell me what topics areas are included? (1 mark for each)			
<ol style="list-style-type: none"> <li>1. Membrane sweeping</li> <li>2. Supporting decision-making</li> <li>3. Improving women's experiences of induction of labour</li> <li>4. Returning home following cervical priming</li> <li>5. Complementary therapies</li> </ol>			
Have you experienced anyone discussing these topic areas in the last month?			
Have you referred to the guidance recently?			
Have you recommended the guidance to women and families?			
Have you seen the RCM evidence-based guidance sticker / poster? [add whatever awareness raising tools you have used here]			
<b>Thank you for your time!</b>			





**THE ROYAL  
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