

# How Documentation Can Change the World:

## An audit of the introduction of a proforma for Induction of Labour

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### ABSTRACT

The importance of improved documentation and how this can lead to improvements in patient care has been a focus of attention in the medical world internationally over the last decade. The WHO surgical checklist has shown how a simple intervention can lead to dramatic decreases in mortality and morbidity<sup>1</sup>. Documentation proformas for instrumental deliveries and operation records have been shown to be easy to use, improve standards and adherence to guidelines<sup>2,3</sup>. This audit assesses how the introduction of a proforma for induction of labour (IOL) affected adherence to departmental policy for achieving a favourable Bishop score before commencing active labour.

### OBJECTIVES

To assess whether introducing a proforma increased the Bishop score at the start of induction of labour and whether this led onto an increase in vaginal delivery rates.

#### Cervical Ripening (CR) Process 1

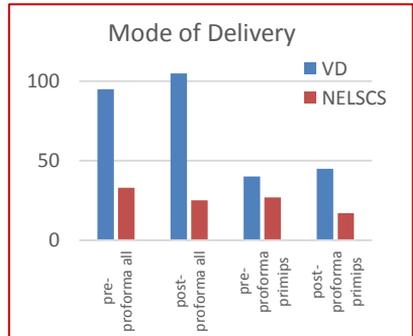
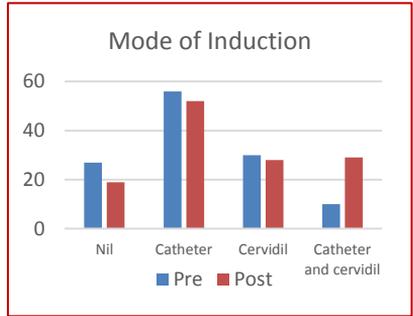
| Date   | Time  | Caregivers:                              |          |        |
|--|---|--|----------|--------|
| Gestational Age  | weeks   | days                                     |          |        |
| Maternal BMI   | Now   | Maternal Age at CR in years              |          |        |
| Maternal Indication IOL  | CCM on insulin diet controlled  | Pre Ectoplasia Essential Hypertension    |          |        |
| Fetal Indication IOL   | Fetal Growth Restriction  | Macrosomia                               |          |        |
| Check GROW chart and antenatal risk factors particularly last visit. Ensure any plans already made are addressed |   |  |          |        |
| Other Relevant History   | Prev CS - must have full consent and consultant approval              | Yes No                                   |          |        |
| Prev IOL   | No Yes  | Type                                     |          |        |
| Contraindications to IOL   | No Yes or Relative CI STOP and discuss with consultant                |  |          |        |
| Patient read and understood info sheet?  | Yes No  | Consent Verbal Signed                    |          |        |
| Presentation Cephalic confirmed by scan  | Yes No  | Head palpable per abdomen / 3ths         |          |        |
| <b>Pre CR CTG</b>  |   |  |          |        |
| Contractors  | Absent Irregular/Regular  | Lachryose/Weak/Mild/Moderate/Strong Freq |          |        |
| Baseline Rt rate   | Normal (<110-160)   | Bradycardia (<110) Tachycardia(>160)     |          |        |
| Variability  | Normal (>20) Reduced (3-20)   | Absent (<3) Increased (>20)              |          |        |
| Accelerations  | >150gms for >15 secs  | Present/Absent                           |          |        |
| Decelerations  | Nil Early/Late/Variable/Complicated/variable/Prolonged                |  |          |        |
| Overall Assessment   | If any follows that increase risk of fetal compromise TEAM DISCUSSION |  |          |        |
| <b>Cervical Assessment</b>   | 0   | 1  | 2        | 3      |
| Dilation   | Closed  | 1-2                                      | 3-4      | 5+     |
| Effacement   | 0-30%   | 40-50%                                   | 60-70%   | 80%    |
| Station  | -3  | -2                                       | -1, 0    | +1, +2 |
| Consistency  | Firm  | Medium                                   | Soft     |        |
| Position   | Posterior   | Mix                                      | Anterior |        |
| Total Bishop's Score If 8 or more then no CR necessary   |   |  |          |        |

### METHODS

This was a retrospective notes-based review of all women presenting at term for IOL with intact membranes and vertex singleton pregnancies in the 3 months prior to and 3 months after the introduction of a proforma at a single obstetric unit. Medical data, Bishop's score, obstetric and neonatal outcomes was extracted from the proformas and medical notes. Statistical analysis was performed using XLStats, Mann-Whitney U test and Chi-squared tests were performed.

### RESULTS

- 258 women were included, 128 pre-proforma and 130 post-proforma.
- Demographic data was similar between the two groups.
- Mean Bishop score on arrival was similar between the two groups at 4.42 and 4.25.
- Bishop's score at ARM showed a significant increase after introduction of the proforma 6.98 vs 7.62 (Mann-Whitney U  $p < 0.0001$ ).
- Non-significant trend towards increased vaginal delivery rate (74% vs 81% overall, and in primips 59% vs 72%  $p = 0.14$ ) was observed.
- Non-significant trend to decreased neonatal admissions after introduction of the proforma (26% vs 17%).
- Increase in admission to delivery time (1470 mins vs 1911).
- Epidural and syntocinon use and birth weight were similar between the two groups.



### CONCLUSION

Introduction of a proforma improved adherence to departmental policy on achieving a favourable Bishop's score before commencing active labour and is a cheap and easy way to alter clinical decision making, this led to non-significant trend towards improved vaginal delivery rate.

### REFERENCES

1. A surgical safety checklist to reduce morbidity and mortality in a global population. Haynes, AB et al for the safe surgery saves lives study group. NEJM 2009 260:491-499
2. Documentation of instrumental delivery- the benefits of a proforma. Shamsa A, Jang A, McGee T. Health information management journal. 2016 45 (3):116-120
3. A thorough note: Does a procedure specific operation note proforma for laparoscopic appendectomy improve compliance with RCS guidelines? Abbas SH et al. International Journal of surgery Open 2016 2:1-5