



City Research Online

City, University of London Institutional Repository

Citation: Coates, R., Cupples, G., Scamell, A. & McCourt, C. (2021). Re: BJOG Debate. Induction of labour should be offered to all women at term. FOR: Induction of labour should be offered at term. BJOG: An International Journal of Obstetrics and Gynaecology, 128(5), p. 935. doi: 10.1111/1471-0528.16628

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/27126/>

Link to published version: <https://doi.org/10.1111/1471-0528.16628>

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online:

<http://openaccess.city.ac.uk/>

publications@city.ac.uk

Dear Editor,

Re: BJOG Debate. Induction of labour should be offered to all women at term. FOR: Induction of labour should be offered at term

We read this topical debate with interest. We understand that this side of the debate only presents the arguments *for* offering induction of labour (IoL) at term, however, we would like to correct some of the inaccurate assertions about our review which were cited as evidence in the authors' argument.

The authors' state that "...anecdotal descriptions of 'long, painful and risky' [induction of labour] are not echoed in qualitative research themes." Our review reported that in *half of the included studies* women described being unprepared for the length of time that their induced labour would take. According to good practice in qualitative analysis, we checked for contrasting cases, and reported that only *one woman across all the studies* included reported being shocked that the induction process was quick, having believed it would take a long time. The description of 'long' was largely corroborated in our review. Furthermore, six out of seven studies of inpatient IoL, reported women discussing how painful IoL was. These qualitative data support the assertion that IoL *is* long and painful to women. Finally, concerning the description of 'risky', our review reported that women 'rarely demonstrated knowledge of risks to the mother or baby from induction'. We are unclear how this information deficit can be construed as evidence to support IoL not being perceived as 'risky'.

The piece states that "...women interviewed reported that their birth priorities were [ownership and an understanding of the process, control, social arrangements, relationships with staff, privacy, 'enduring' the hospital and keeping to established rhythms]." This list refers to themes found in the analysis of the literature, *not* to women's birth priorities. The themes reported were: making decisions; ownership of induction of labour; social needs; and importance of place. We provided evidence of women's views and priorities within the themes – these reflected both positive and negative experiences of IoL.

Finally, the authors stated that "the evidence shows that induction at term...improves a woman's sense of control." This is incorrect. Our review indicated that women experiencing outpatient induction reported more of a sense of ownership of their labour when compared with women who underwent inpatient induction. Our conclusion that providing better quality information to women may help to increase their sense of control when having an induction reflected the findings from the literature that many women do not feel sufficiently informed to make a choice or to be fully prepared for the induction experience.

Yours,

Rose Coates^a, Georgina Cupples^b, Amanda Scamell^a & Christine McCourt^a

^a Centre for Maternal and Child Health Research, School of Health Sciences, City, University of London, Northampton Square, London, EC1V 0HB, UK.

^b Maternity department, Royal Jubilee Maternity Service, 274 Grosvenor Road, Belfast, BT12 6BA.