

INDUCING CHANGE

Achieving a 90% Reduction in Post-Date Inductions Before 41 Weeks' Gestation

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DESCRIPTION

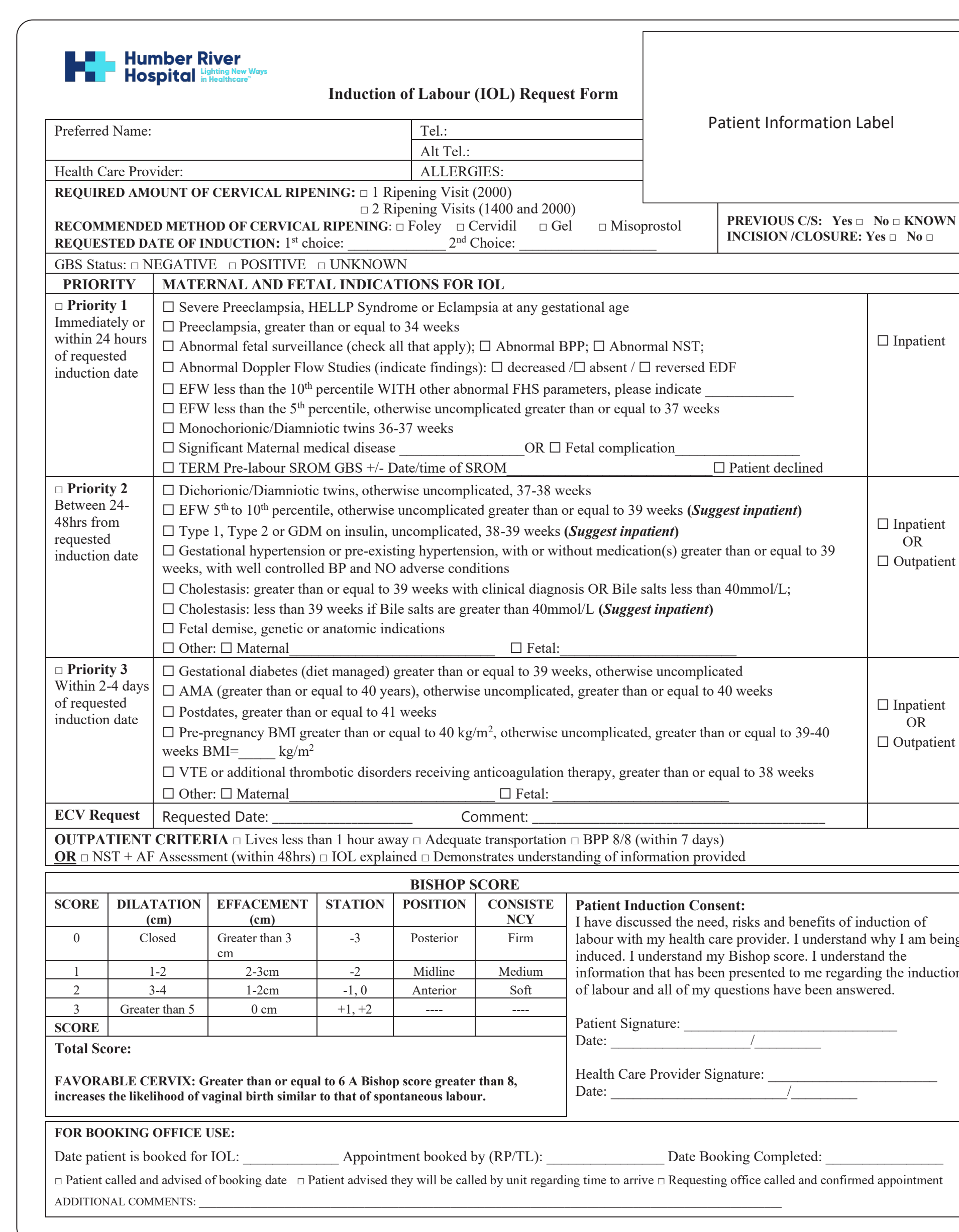
In Ontario, the Better Outcomes Registry and Network (BORN) database tracks perinatal quality indicators including percentages of post-dates inductions occurring before 41 weeks' gestation. To optimize maternal and neonatal outcomes, the provincial Quality-Based Procedure (QBP) for low-risk birth suggests limiting inductions before 41 weeks unless medically indicated per Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines. Humber River Health (HRH) utilizes these guidelines to initiate a system-level improvement. The initiative aims to enhance quality patient care through consistent standardized processes integrated into daily clinical operations, facilitating both effectiveness and commitment to the obstetric care model.

OBJECTIVE

To reduce the rate of post-dates inductions occurring before 41 weeks' gestation to below 5% by 2025.

ACTIONS TAKEN

In September 2023, HRH launched a revised, digitized induction booking form. During daily huddles, forms were reviewed to ensure post-dates criteria were met; if not, the booking office was notified to adjust accordingly. Equity in clinical decision-making was supported through consistent assessments aligned with SOGC guidelines. Ongoing Plan-Do-Study-Act (PDSA) cycles enabled scalable improvements through frontline engagement and alignment with provincial best practices. Key stakeholders—including obstetricians, midwives, nurses, and clerical staff—co-designed interventions. Leadership support and real-time feedback loops strengthened accountability and fostered a shared commitment to sustainable, system-wide quality improvement.



Induction of Labour (IOL) Request Form

Preferred Name: _____ Tel: _____
 Health Care Provider: _____ Allergies: _____
 REQUIRED AMOUNT OF CERVICAL RIPENING: 1 Ripening Visit (2000) 2 Ripening Visits (1400 and 2000)
 RECOMMENDED METHOD OF CERVICAL RIPENING: Foley Cervidil Gel Misoprostol
 REQUESTED DATE OF INDUCTION: 1st choice: _____ 2nd choice: _____ PREVIOUS CS: Yes No KNOWN INCISION/CLOSURE: Yes No
 GBS Status: NEGATIVE POSITIVE UNKNOWN

PRIORITY MATERNAL AND FETAL INDICATIONS FOR IOL

Priority 1 Immediately or within 24 hours of requested induction date
 Severe Preeclampsia, HELLP Syndrome or Eclampsia at any gestational age
 Preeclampsia, greater than or equal to 34 weeks
 Abnormal fetal surveillance (check all that apply): Abnormal BPP: Abnormal NST;
 Abnormal Doppler Flow Studies (indicate findings): decreased / absent / reversed EDF
 EFW less than the 10th percentile WITH other abnormal FHS parameters, please indicate _____
 EFW less than the 5th percentile, otherwise uncomplicated greater than or equal to 37 weeks
 Monochorionic/Diamniotic twins 36-37 weeks
 Significant Maternal medical disease _____ OR Fetal complication _____
 TERM Pre-labour SROM GBS +/- Date/time of SROM _____ Patient declined

Priority 2 Between 24-48hrs from requested induction date
 Dichorionic/Diamniotic twins, otherwise uncomplicated, 37-38 weeks
 EFW 5th to 10th percentile, otherwise uncomplicated greater than or equal to 39 weeks (*Suggest inpatient*)
 Type 1, Type 2 or GDM on insulin, uncomplicated, 38-39 weeks (*Suggest inpatient*)
 Gestational hypertension or pre-existing hypertension, with or without medication(s) greater than or equal to 39 weeks, with well controlled BP and NO adverse conditions
 Cholestasis: greater than or equal to 39 weeks with clinical diagnosis OR Bile salts less than 40nmol/L;
 Cholestasis: less than 39 weeks if Bile salts are greater than 40nmol/L (*Suggest inpatient*)
 Fetal demise, genetic or anatomic indications
 Other: Maternal _____ Fetal: _____

Priority 3 Within 2-4 days of requested induction date
 Gestational diabetes (diet managed) greater than or equal to 39 weeks, otherwise uncomplicated
 AMA (greater than or equal to 40 years), otherwise uncomplicated, greater than or equal to 40 weeks
 Positively, greater than or equal to 41 weeks
 Pre-pregnancy BMI greater than or equal to 40 kg/m², otherwise uncomplicated, greater than or equal to 39-40 weeks BMI= _____ kg/m²
 VTE or additional thrombotic disorders receiving anticoagulation therapy, greater than or equal to 38 weeks
 Other: Maternal _____ Fetal: _____

ECV Request Requested Date: _____ Comment: _____

OUTPATIENT CRITERIA Lives less than 1 hour away Adequate transportation BPP 8/8 (within 7 days)
OR NST + Af Assessment (within 48hrs) IOL explained Demonstrates understanding of information provided

SCORE	DILATATION (cm)	EFFACEMENT (cm)	STATION	POSITION	CONSISTENCY
0	Closed	Greater than 3 cm	-3	Posterior	Firm
1	1-2	2-3cm	-2	Midline	Medium
2	3-4	1-2cm	-1, 0	Anterior	Soft
3	Greater than 5	0 cm	+1, +2	----	----

SCORE _____

Total Score: _____

FAVORABLE CERVIX: Greater than or equal to 6 A Bishop score greater than 8, increases the likelihood of vaginal birth similar to that of spontaneous labour.

Patient Induction Consent:
 I have discussed the need, risks and benefits of induction of labour with my health care provider. I understand why I am being induced. I understand my Bishop score. I understand the information that has been presented to me regarding the induction of labour and all of my questions have been answered.
 Patient Signature: _____
 Date: _____
 Health Care Provider Signature: _____
 Date: _____

FOR BOOKING OFFICE USE:
 Date patient is booked for IOL: _____ Appointment booked by (RP/TL): _____ Date Booking Completed: _____
 Patient called and advised of booking date Patient advised they will be called by unit regarding time to arrive Requesting office called and confirmed appointment
 ADDITIONAL COMMENTS: _____

Figure 1. Induction of Labour Request Form from HRH.

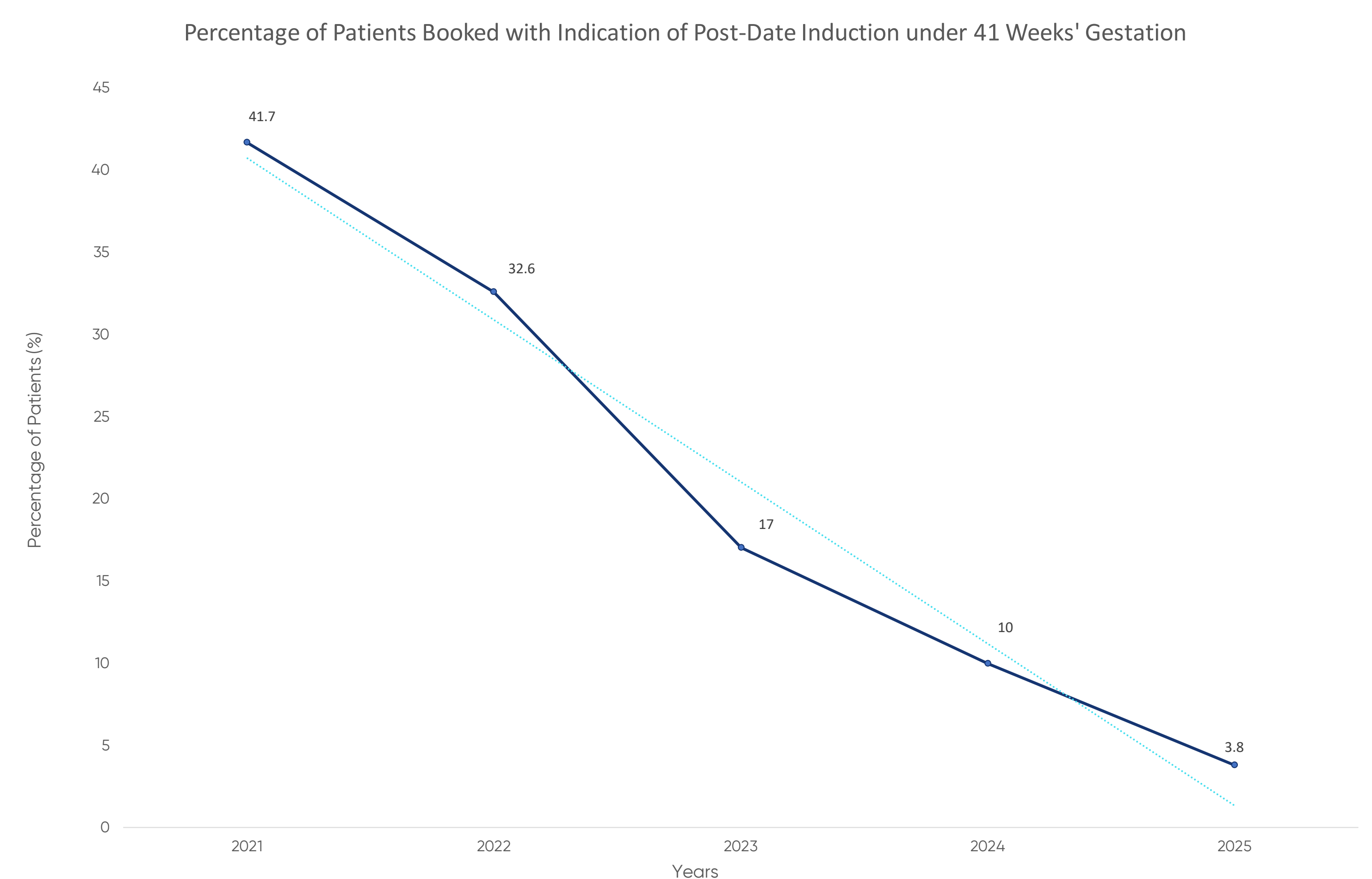


Figure 2. Percentage of Patients Booked for Induction with an Indication of Post-Dates and were Less Than 41 Weeks' Gestation at HRH.

SUMMARY OF RESULTS

Real-time audit and feedback mechanisms improved clinical workflows and operational resilience. Comparator benchmarks from the BORN database across Ontario and Level 2C hospitals were used to assess performance. Between 2021 and 2025, HRH reduced post-dates inductions before 41 weeks from 41.7% to 3.8%—a 90% reduction. As of January 2025, Ontario's average was 15%, and Level 2C hospitals averaged 22.6%, highlighting HRH's significant and sustainable improvement.

LESSONS LEARNED

Continuous data monitoring via BORN database and adherence to high-reliability principles promote inclusive and evidence-informed perinatal care.

