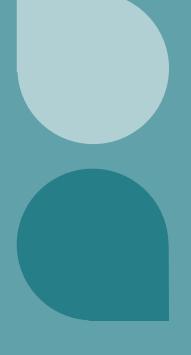
WHO recommendations on outpatient settings for induction of labour









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Available at: https://apps.who.int/iris/bitstream/handle/10665/363144/9789240055834-eng.pdf

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Anna Cuthbert, Leanne Jones, Frances Kellie and Myfanwy Williams reviewed the scientific evidence, prepared the Grading of Recommendations Assessment, Development and Evaluation (GRADE) tables, and drafted the narrative summary of the evidence. Melissa Murano and Tari Turner prepared analyses of qualitative evidence. Doris Chou, Olufemi Oladapo and Joshua Vogel revised the narrative summaries and double-checked the corresponding GRADE tables and prepared the Evidence-to-Decision (EtD) frameworks. The ERG peer reviewed the final document prior to its receiving executive clearance by WHO and its publication.

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Acronyms and abbreviations

ANC antenatal care

DOI declaration of interests

ERG Evidence Review Group

ESG Evidence Synthesis Group

EtD Evidence-to-Decision

FIGO International Federation of Gynecology and Obstetrics

GDG Guideline Development Group

GRADE Grading of Recommendations Assessment, Development and Evaluation

GSG Guideline Steering Group

HRP UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research,

Development and Research Training in Human Reproduction

ICM International Confederation of Midwives

MPH maternal and perinatal health

MPH-GDG WHO Maternal and Perinatal Health Guideline Development Group

NGO nongovernmental organization

PGE2 prostaglandin E2

PICO population (P), intervention (I), comparator (C), outcome (O)

QES quality evidence synthesis

RCT randomized controlled trial

SDG Sustainable Development Goal

UNDP United Nations Development Programme

UNICEF United Nations Population Fund
UNICEF United Nations Children's Fund

USAID United States Agency for International Development

WHO World Health Organization

Executive summary

Introduction

In 2019, the Executive Guideline Steering Group (GSG) for the World Health Organization (WHO) maternal and perinatal health recommendations prioritized updating three then-current WHO recommendations on induction of labour at term or beyond (i.e. the timing of induction of labour), the use of mechanical methods for induction of labour and the use of outpatient settings for induction of labour.1 This decision was based on new evidence on these subjects that had become available. The updated recommendation in this document on the use of outpatient settings for induction of labour supersedes the previous WHO recommendation on this topic in the 2011 publication WHO recommendations for induction of labour.

Target audience

The primary audience for these recommendations includes health professionals who are responsible for developing national and local health-care guidelines and protocols and health workers involved in the provision of care to women and their newborns during pregnancy, labour and childbirth; this includes midwives, nurses, general medical practitioners and obstetricians. The primary audience also includes managers of maternal and child health programmes, and relevant staff in ministries of health and

(i) identification of evidence; (iv) formulation of the recommendations; and (v) planning for the priority questions and outcomes; (ii) retrieval of evidence; (iii) assessment and synthesis of dissemination, implementation, impact evaluation and future updating of the recommendations.

The scientific evidence supporting the recommendations was synthesized using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach. Updated systematic reviews were used to prepare the evidence profiles for the priority questions for each of the three thematic areas relating to induction of labour. For the recommendation in this guideline, the priority question was: In pregnant women requiring induction of labour, does outpatient care, compared with inpatient care, improve maternal and perinatal outcomes? WHO convened a meeting on 21-22 October 2021 at which the Guideline Development Group (GDG) members reviewed, deliberated and achieved consensus on the strength and direction of the recommendation presented herein. Through a structured process, the GDG reviewed the balance between the desirable and undesirable effects and the overall certainty of the supporting evidence, values and preferences of stakeholders, resource requirements and cost-effectiveness, equity, acceptability and feasibility.

Recommendations

Following the review of the Evidence-to-Decision (EtD) framework, the GDG formulated the updated recommendation presented in the box

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