A Rapid Evidence Assessment and AGREE II appraisal of guidelines on induction of labour for non-medical reasons

Schwarz C[1,3], Michel-Schuldt M[2], Furkert K[3], Berger B[3], Heusser P[3]

1 Klinikum Region Hannover/ Universität Witten-Herdecke, **2** Medizinische Hochschule Hannover, **3** Universität Witten-Herdecke, Lehrstuhl für Medizintheorie, Integrative und Anthroposophische Medizin

Background: There is debate whether induction of labour (IOL) at term in women with uncomplicated pregnancies may reduce perinatal mortality. Internationally, there are various clinical guidelines available, suggesting to routinely offer, or even recommend, IOL at 41+0 gestational age. The quality of those guidelines and recommendations varies. Different options for timing and method of induction are compared. Some guidelines relate to “watchful waiting”, few mention complementary approaches. This study is part of a complex intervention, aiming to develop an evidence-based decision-aid for pregnant women facing a decision between different options of care, respectively interventions. The multiprofessional working group conducting this work as a PhD project is based at Universität Witten/Herdecke. The group follows the British Medical Research Council´s guidance for developing and evaluating complex interventions (Craig, 2008).

Courtesy of Heike Wichmann

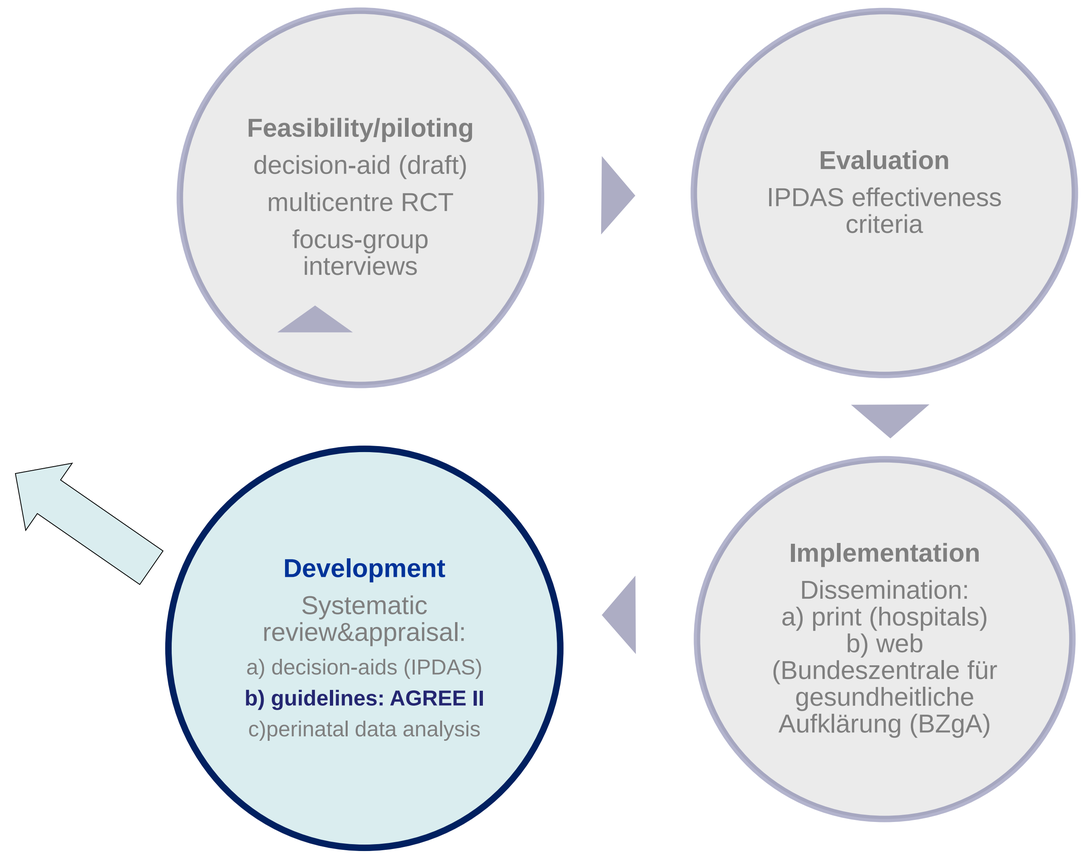

Fig. 1 Phases of the development and evaluation of a complex intervention – modification relating to Craig et al. (2008).

Method: The working group conducted a rapid evidence assessment (REA) on clinical guidance regarding induction of labour at term, as part of an ongoing complex intervention PhD project. This project aims to produce an evidence-based decision-aid for pregnant women on that topic. The group searched PubMed, The Cochrane Library, GIN, CINAHL, medpilot, MIDIRS, BMC, uptodate, clinicalkey and google scholar for the keywords „Induction of labo*r“ OR “labo*r, induced” AND „post-term (postterm) pregnancy“ OR ”postmaturity” OR “post-date (postdate)” OR “prolonged pregnancy” combined with „guideline“ OR „clinical guidance“ OR „recommendation“ OR “best practice” in English and German. The appraisal of the guidelines was performed the online **AGREE II tool.** Two independent researchers rated the guidelines´quality. The findings were then discussed and consented.

Domain	ACOG 2009 a	AHQR 2009	BC 2011	BCG 2005	DGGG 2010	DoD 2009	Malta 2012	NICE 2008	Queens land 2011	SOGC 2001	SGGG 1999	WHO 2011	SOGC 2008	ACOG 2009 b
	American College of Obstetricians and Gynecologists (ACOG). Management of postterm pregnancy. Washington (DC): ACOG; 2004 Sep. (ACOG practice bulletin; no. 55). Updated 2009.	Agency for Healthcare Research and Quality: Elective Induction of Labor: Safety and Harms. AHRQ Pub. No. 10-EHC004-3, November 2009	Vostrcil, Y, Dayman C: Postdates Pregnancy: Management of the Uncomplicated Postdates Pregnancy. BC Women´s: April 2011. http://www.midwivesinvancouver.ca/docs/postdates_pregnancy_guideline_april_2011.pdf [accessed 14.5.2013].	British Colombia Reproductive Care Program: Obstetric Guideline 7. Postterm Pregnancy. March 2005.	Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (DGGG). Vorgehen bei Terminüberschreitung und Übertragung. S1-Leitlinie. http://www.dggg.de/fileadmin/public_docs/Leitlinien/3-4-7-terminueberschreitung-2010.pdf. [accessed 9.12.2012].	Department of Veteran Affairs, Department of Defense. VA/DoD clinical practice guideline for management of pregnancy. Washington (DC): Department of Veteran Affairs, Department of Defense; 2009. 163 p.	Baron YM: Clinical Practice Guideline On Induction of Labour and Antenatal Surveillance of the post-dates pregnancy. Department of Obstetrics & Gynaecology, University of Malta Medical Schoo: Malta 2012.	National Institute for Health and Clinical Excellence. Induction of Labour: NICE Clinical Guideline 70, 2008. Available at http://www.nice.org.uk/CG070fullguideline [accessed 3.8. 2011].	Queensland Maternity and Neonatal Clinical Guideline: Induction of labour. Document # MN11.22-V2-R16. September 2011. http://www.health.qld.gov.au/qcg/documents/g_iol5-1.pdf [accessed 14.5.2013].	Society of Obstetricians and Gynaecologists of Canada: Induction of Labour at Term. SOGC Clinical Practice Guideline #107, August 2001. J Obstet Gynaecol Can 2001 (8):1-12.	Schweizerische Gesellschaft für Gynäkologie und Geburtshilfe: Überwachung und Management bei Überschreitung des Geburtstermins. September 1999: Version 1.5.	World Health Organization, Dept. of Reproductive Health and Research: WHO recommendations for induction of labour. 2011: ISBN: 978 92 4 150115 6. http://whqlibdoc.who.int/publications/2011/9789241501156_eng.pdf [accessed 14.5.2013].	Society of Obstetricians and Gynaecologists of Canada: Guidelines for the Management of Pregnancy at 41+0 to 42+0 Weeks. SOGC Clinical Practice Guideline No. 214: J Obstet Gynaecol Can 2008; 30(9):800–810.	ACOG Practice Bulletin: Induction of Labor. Clinical management guidelines for obstetrician-gynecologists # 107, August 2009.
Scope & purpose	21	20	20	8	18	16	6	21	21	17	21	19	21	21
Stakeholder involvement	9	9	9	3	3	17	3	21	21	4	9	19	9	9
Rigour of development	14	20	21	14	13	36	11	56	46	23	14	51	37	14
Clarity of presentation	15	17	17	14	13	15	9	21	20	18	16	20	20	15
Applicability	5	4	6	5	5	4	4	16	20	5	4	28	6	5
Editorial independance	2	2	2	2	2	2	2	8	14	2	2	14	8	2
Overall	3/7	3/7	3/7	2/7	3/7	6/7	1/7	7/7	6/7	4/7	3/7	7/7	4/7	3/7
Recommendation	no	no	no	no	no	Y with modifications	no	yes	yes	no	no	yes	Y with modifications	no
Induction?	Induce 42+0	inconclusive	inconclusive	Offer 41+0 Induce 42+0	EFM > 40+0 Recommend 41+0 Induce or c/s 42+0	Offer 41+0	Induce 41+3	Offer 41+0 Recommend 42+0	Recommend between 41+0 to 42+0	inconclusive	Offer 41+0	Recommend 41+0 (weak evidence)	Offer between 41+0 to 42+0	Induce „postterm“

Tab. 1: Results for the appraisal of guidelines relating to healthy pregnant women at and beyond term with the AGREE II tool.

Results: The group found 22 documents published between 2001 and 2012, and analysed 14 guidelines and recommendations. According to AGREE II, a varying quality of the guidelines regarding their content were found(induce or wait; methods and timing of induction); methodology (literature search, constitution of expert panel, formulating of recommendations), form (clarity of recommendation), applicability, (implementation tools), and evaluation (criteria and monitoring). Few guidelines only considered qualitative aspects of IOL; particularly women´s views were neglected in most guidelines.

Discussion: Good clinical guidance relies on sound evidence, a systematic development process, involvement of all relevant stakeholders, and implementation and evaluation strategies. Internationally, only few countries and regions have access to such guidelines. Still, induction of labour as a routine recommendation for healthy women with uncomplicated pregnancies at 41+0 gestation becomes increasingly common. An unbiased, evidence-based clinical decision is not supported by many guidelines.

Conclusion: It is difficult for practitioners and for clients to make shared clinical decisions on the grounds of solid evidence in regions where clinical guidance has a low quality. Evidence-based material for both clients and practitioners needs to be developed and provided. Where evidence is lacking or inconclusive, honest information must be provided.

Literatur:

Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (DGGG). Vorgehen bei Terminüberschreitung und Übertragung. S1-Leitlinie. http://www.dggg.de/fileadmin/public_docs/Leitlinien/3-4-7-terminueberschreitung-2010.pdf. Letzter Zugriff 9.12.2012.
Craig P, Dieppe P, Macintyre S,Mitchie S,Nazareth I, Petticrew M. Developing and evaluating complex interventions: the new Medical Research Council guidance. BMJ 2008:337:a1655.
Sepucha K, Thomson R, Borkhoff CM, Lally J, Levin CA, Matlock DD, Ng CJ, Ropka M, Stacey D, Joseph-Williams N,Wills CE. (2012). Establishing the effectiveness. In Volk R & Llewellyn-Thomas H(editors). 2012 Update of the InternationalPatient Decision Aids Standards (IPDAS) Collaboration's Background Document. Chapter L.http://ipdas.ohri.ca/resources.html.
Stacey D, Bennett CL, Barry MJ, Col NF, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Légaré F, Thomson R. Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD001431. DOI: 10.1002/14651858.CD001431.pub3.
UK Civil Service. 2009. Rapid Evidence Assessment Toolkit. http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/what-is. Letzter Zugriff am: 20.11.2012.
Brouwers M, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, Fervers B, Graham ID, Grimshaw J, Hanna S, Littlejohns P, Makarski J, Zitzelsberger L for the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. Can Med Assoc J. 2010. Dec 2010; 182:E839-842; doi:10.1503/090449.
Knorr D, Furkert K, Berger B. Entscheidungshilfe bei Terminüberschreitung. Deutsche Hebammenzeitschrift.2012 (1); 36-39.
Loytved C, Bosch C, Berger B, Gutjahr K. Was meinte Naegele mit seiner Regel? Die Hebamme 2009; 1 (22):142-148.