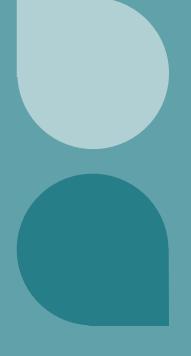
WHO recommendations on induction of labour, at or beyond term









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Contents

Ackı	nowled	dgements	iv	
Acro	onyms	and abbreviations	v	
Exec	cutive	summary	vi	
1.	Intr	Introduction		
	1.1	Background	2	
	1.2	Rationale and objectives	2	
	1.3	Target audience	3	
	1.4	Scope of the recommendations	3	
	1.5	Persons affected by the recommendations	3	
2.	Met	Methods		
	2.1	Contributors to the guideline	6	
	2.2	Identification of priority questions and outcomes	8	
	2.3	Evidence identification and retrieval	8	
	2.4	Certainty assessment and grading of the evidence	9	
	2.5	Formulation of the recommendations	10	
	2.6	Management of declarations and conflicts of interests	12	
	2.7	Decision-making during the GDG meetings	12	
	2.8	Document review and preparation	12	
3.	Rec	Recommendations and supporting evidence		
	3.1	Summary of the evidence	15	
4.	Dis	Dissemination, adaptation and implementation of the recommendations		
	4.1	Dissemination	18	
	4.2	Adaptation	18	
	4.3	Implementation considerations	18	
5.	Res	earch priorities	21	
6.	App	Applicability issues		
	6.1	Anticipated impact on the organization of care and resources	24	
	6.2	Monitoring and evaluating guideline implementation	24	
7.	Upo	lating the recommendations	25	
Refe	erence	s	27	
Ann	ex 1. C	ontributors to the guideline development process	32	
Ann	ex 2. P	riority outcomes used in decision-making	35	
Ann		ummary and management of declared interests om GDG members and reviewers	36	

Web Annex. Evidence-to-Decision framework

Available at: https://apps.who.int/iris/bitstream/handle/10665/363147/9789240053168-eng.pdf

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Acronyms and abbreviations

ANC antenatal care

AROM artificial rupture of membranes

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

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

QES qualitative evidence synthesis

RCT randomized controlled trial

RevMan Review Manager 5 software

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 recommendations in this document on the timing of induction of labour supersede the previous WHO recommendations on this topic in the 2018 publication WHO recommendations: induction of labour at or beyond term.

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

priority questions and outcomes; (ii) retrieval of evidence; (iii) assessment and synthesis of evidence; (iv) formulation of the recommendations; and (v) planning for the 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 recommendations in this guideline, the priority question was: In pregnant women at or beyond term, does induction of labour, compared with expectant management, 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 recommendations. 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 costeffectiveness, equity, acceptability and feasibility.

Recommendations

Following the review of the Evidence-to-Decision (EtD) frameworks, the GDG formulated the two updated recommendations presented in the box

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