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**INDUCTION OF LABOUR: THE
INFLUENCES ON DECISION
MAKING**

**A thesis presented in partial fulfilment of the
requirements for the degree of Master of Arts in
Midwifery**

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Abstract

This thesis presents a study using a general qualitative approach that explores the reasons for induction of labour (IOL) for nulliparous women and the influences for women and Lead Maternity Carers (LMCs) on coming to that decision at a secondary care maternity facility in Auckland. It is part of a larger study that compares the outcomes for women who have had their labour induced and those whose labour began spontaneously.

Seventy-nine women and 74 of the LMCs who cared for these women were interviewed prior to induction in the period December 2002 to April 2003. The sample was obtained through the induction booking system used at the maternity facility.

Age, ethnicity, LMC type and data relating to the reasons for induction, information received, associated interventions and other methods used to induce labour in the community were collected. The qualitative data from the interviews was analysed using Boyatzis' method of thematic analysis and code development. Results showed that the main reason for induction was post-dates, however secondary influences were identified. The hospital booking system was a cause of inductions being commenced earlier than necessary. It appeared women had minimal information about the risks of induction and were not active participants in the decision making process. Communication between the health professionals, women and maternity facility was sometimes poor and led to the indication for induction being unclear. LMCs displayed a balancing of risk as they were conscious of the current research, previous experiences in relation to induction, expectations of peers, litigation and the concerns of women. Women were focused primarily on the safety of their baby. Induction of labour was viewed by women as having both a positive and negative effect on the birth experience.

Information sharing, stereotypes held by practitioners, fear of litigation and the type of relationship the LMC and women worked within appeared to influence the decision making to induce labour. A decision making tool that facilitates communication between all parties and outlines the risks and benefits of induction for women and their babies is one recommendation from the study. Research indicates that if such a tool is held by the woman it can promote informed choice in decision making.

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