

List of Outcomes

Outcome	Explanation
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Outcome Measures for the Woman

abnormal extension of the uterine incision	abnormal prolongation of the incision of the womb during caesarean section – this will require extra time for repair, can be associated with increased bleeding and potentially with increased recovery time and increased length of stay in hospital
adult respiratory distress syndrome (ARDS)	life-threatening medical condition where the lungs can't provide enough oxygen for the rest of the body. ARDS can affect people of any age and usually develops as a complication of a serious existing health condition
anxiety after birth	anxiety associated with the induction of labour process after birth
anxiety before birth	anxiety associated with the induction of labour process before birth
bowel obstruction	a bowel obstruction happens when either the small or large intestine is partly or completely blocked. This happens more frequently after an operation (like caesarean section)
breastfeeding at discharge	the number of women that will be breastfeeding when discharged from the Hospital
caesarean section	the number of women that were delivered by caesarean section (for any reason) following initiation of the induction of labour process
cardiac arrest	when the heart stops beating; this will lead to death
cervical laceration extending to the lower uterine segment	laceration of the cervix (neck of the womb) that extends all the way up to the womb during vaginal delivery (spontaneous or instrumental vaginal delivery). This might require extra time for repair, may be associated with increased bleeding and potentially prolonged recovery time
chorioamnionitis	infection inside the womb and baby's membranes (amniotic sac). This can be associated with prolonged induction of labour times (for example, following rupture



	of membranes, the longer it takes to start labour, the higher the risk of infection)
coagulopathy	condition in which the blood's ability to coagulate (form clots) is impaired; women can bleed continuously and this can be life-threatening. Usually this is secondary to heavy bleeding.
damage to internal organs (bowel, bladder or ureters) requiring surgical repair	damage to the bowel, bladder or ureters (the ureters are tubes that conduct urine from the kidneys to the bladder) that requires surgery. This injury is more likely to occur at the time of caesarean section
deep vein thrombosis	developing a clot in the veins in your legs; this clot can get dislodged and travel to the lungs causing a pulmonary embolism (clot blocking the veins in the lungs)
endometritis	infection of the womb after delivery – this may be associated with prolonged times from rupture of the membranes to the birth or with retained membranes or placenta after birth
evacuation of the uterus after childbirth for postpartum haemorrhage	emptying the uterus of clots after delivery due to bleeding
haemorrhage (blood loss greater than 500 mL at vaginal birth or greater than 1000 mL at caesarean birth)	bleeding more than 500ml after a vaginal delivery or more than 1000ml after having a caesarean section
haemorrhage requiring blood transfusion	bleeding that requires blood to be transfused
hysterectomy for any complications resulting from birth	removal of the womb due to complications associated with delivery; once the womb is removed, a woman will no longer be able to get pregnant
impact on maternal-newborn bonding	impact on the relationship between the mother and the newborn
impact on maternal mood	impact of the induction of labour process on maternal mood
intensive care admission	admission to the intensive care unit
instrumental vaginal delivery	needing assistance for vaginal delivery using an instrument - ventouse (suction cup) or forceps
level of pain after birth	
maternal death	
maternal diarrhoea	
maternal nausea	
maternal pyrexia	fever (high-temperature) in the mother



maternal vomiting	
mode of delivery	the way delivery is achieved - vaginal birth, instrumental vaginal birth or caesarean section
occurrence of a fistula involving the genital, urinary or gastrointestinal tract	fistula (communication or channel) involving the genitalia, the urinary system or the bowels. If a woman has a communication between the vagina and the bowels, this might result in her passing stools from her vagina. This can result from undiagnosed tears during vaginal or instrumental delivery
pain relief requirements during labour	
paralytic ileus	occurrence of intestinal blockage in the absence of an actual physical obstruction. This type of blockage is caused by a malfunction in the nerves and muscles in the intestine that impairs digestive movement. This is more common following an operation (like caesarean section)
perineal trauma	any damage to the genitalia during childbirth that occurs spontaneously or intentionally by surgical incision (episiotomy)
postnatal depression	depression after birth
puerperal infection	any infection after birth
pulmonary embolus requiring anticoagulant therapy	clot in the lungs requiring treatment
pulmonary oedema	fluid accumulation in the lungs, which collects in air sacs, making it difficult to breathe. This can happen if a women, because she is unable to eat and drink, receives an excess of fluids through a drip
respiratory arrest	cessation of normal breathing due to failure of the lungs to function effectively. If untreated, this will lead to death
septicaemia	Septicaemia is another term used to describe blood poisoning. It is an infection caused by large amounts of bacteria entering the bloodstream. It is a potentially life-threatening infection
stroke (acute neurological deficit greater than 24 hours)	A stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off
thrombophlebitis requiring anticoagulant therapy	inflammation of the wall of a vein secondary to clots blocking the vein, requiring treatment. Treatment might be needed for a few weeks
uterine hyperstimulation	five or more contractions in 10 minutes associated with changes in the heart beat of the baby before birth



uterine rupture (defined as clinically significant rupture involving the full thickness of the uterine wall and requiring surgical repair)	in a woman that has had a caesarean section in the past, this is the opening of the scar during labour in a subsequent pregnancy. This opening involves the whole thickness (muscle and covering layers) of the womb and needs surgical repair
uterine scar dehiscence (defined as clinically asymptomatic disruption of the uterus that is discovered incidentally at surgery)	in a woman that has had a caesarean section in the past, this is the opening of the scar during labour in a subsequent pregnancy. This is discovered by chance if the woman undergoes another caesarean section (she has no symptoms). It does not involve the whole thickness of the womb
vaginal delivery	
vaginal delivery not achieved within 24 hours	
vaginal delivery not achieved within 48 hours	
vaginal delivery not achieved within 72 hours	
vulval or perineal haematoma requiring evacuation	haematoma in the genitalia that requires surgery to be removed



Outcome Measures for the Infant

admission to the neonatal unit	admission of the baby to the special care unit
apgar score less than seven at five minutes	apgar score is a test baby doctors do when babies are born looking at the baby's appearance, heart beat and respiration. Scores of less than 7 are abnormal
birth trauma – bone fracture, injury to the nervous system or intracerebral haemorrhage	trauma during birth - fracture of the bones, injury to the nerves or spinal cord, bleed inside the brain
birth weight	
hypoxic ischaemic encephalopathy	brain injury caused by oxygen deprivation to the brain, also commonly known as intrapartum asphyxia. The newborn's body can compensate for brief periods of depleted oxygen, but if the asphyxia lasts too long, brain tissue is destroyed. Hypoxic ischemic encephalopathy due to fetal or neonatal asphyxia is a leading cause of death or severe impairment among infants
laceration to baby at time of birth	small cut to the baby during birth
length of neonatal admission	duration of hospital stay of the baby
meconium aspiration syndrome	meconium aspiration syndrome can happen before, during, or after labour and delivery when a newborn aspirates a mixture of meconium (meconium is the baby's first passage of stools) and amniotic fluid (the fluid in which the baby floats inside the amniotic sac)
meconium-stained liquor	amniotic fluid that has meconium mixed in
necrotising enterocolitis	Necrotising enterocolitis is a medical condition primarily seen in premature infants, where portions of the bowel undergo necrosis (tissue death)
need for respiratory support after birth	needing help with breathing
neonatal death	death of a baby that is less than 28 days old
neonatal infection	infection in a baby that is less than 28 days old
neonatal seizures	convulsions in a baby that is less than 28days old
proven systemic infection treated with antibiotics within 48 hours of life	generalised infection requiring antibiotics
use of tube feeding	when babies need to fed through a tube inserted into their stomach



Long-term Outcomes to the Woman

development of morbidly adherent placenta in subsequent pregnancies	morbidly adherent placenta is a rare but serious pregnancy complication in which the placenta grows deeply into the wall of the uterus and is unable to detach after childbirth. This occurs more frequently in woman that have had a previous caesarean section. Women will require a caesarean section for delivery and might need a hysterectomy (removal of the womb) after the caesarean section
development of placenta praevia in subsequent pregnancies	Placenta praevia happens when it develops low down in the womb and stays low-lying beyond mid-pregnancy. Women will require a caesarean section for delivery as the placenta blocks the birth canal
future fertility (both voluntary and involuntary)	
health and well-being assessment	
mode of birth in subsequent pregnancy	the way birth occurs in subsequent pregnancies - vaginal, instrumental birth or caesarean section
need for operative pelvic floor repair	need of surgical repair of the muscles in the pelvis
relationship with partner and child(ren)	
return to 'normal' activities	
sexual health	
symptoms related to pelvic floor damage	symptoms related to damage to the muscles of the pelvis (that support the bladder, the uterus and the terminal part of the bowel)

Long-term Outcomes to the Child

death after discharge from hospital	
disability in childhood	
disability in infancy	
mild neurodevelopment delay	the omission or arrest of a stage of early development. Every normal term baby is born with a set of primitive or survival reflexes that are inhibited or controlled by higher



	centres in the brain during the first year of life. If these are not inhibited at the correct time, they remain active in the body and can interfere with balance, motor control, eye functioning, eye-hand coordination and perceptual skills - mild
moderate neurodevelopment delay	the omission or arrest of a stage of early development. Every normal term baby is born with a set of primitive or survival reflexes that are inhibited or controlled by higher centres in the brain during the first year of life. If these are not inhibited at the correct time, they remain active in the body and can interfere with balance, motor control, eye functioning, eye-hand coordination and perceptual skills - moderate
severe neurodevelopment delay	the omission or arrest of a stage of early development. Every normal term baby is born with a set of primitive or survival reflexes that are inhibited or controlled by higher centres in the brain during the first year of life. If these are not inhibited at the correct time, they remain active in the body and can interfere with balance, motor control, eye functioning, eye-hand coordination and perceptual skills - severe

Measures of Satisfaction

caregiver satisfaction	
maternal satisfaction	

Measures of Effectiveness

additional induction agents required	more than one drug needed to continue induction of labour some women need more than one agent
cervix unfavourable/unchanged after 12 to 24 hours	No changes to the cervix (neck of the womb) after 12-24 hours; during induction of labour, there should be some changes with time
length of hospital stay	During the induction process
oxytocin augmentation	need to use oxytocin (hormone drip)
time from induction of labour to delivery	



Measures of Cost

costs associated with elective repeat caesarean birth versus induction of labour	
costs associated with prolonged length of stay of baby	
costs associated with prolonged length of stay of mother	
costs associated with readmission of baby	
costs associated with readmission of mother	

