

**Table 26.** Key components for Successfully Decreasing Non-medically indicated (Elective) Induction of Labor<sup>228</sup>

Key Components for Successfully Decreasing Non-medically Indicated (Elective) Induction of Labor
Clinician/staff education regarding maternal and neonatal complications of non-medically indicated inductions
Patient education that defines “full term,” describes the maternal and neonatal complications of non-medically indicated inductions, and includes a detailed informed consent discussion with appropriate documentation (may also include public awareness campaigns through social media and other channels)
Department policies that establish standards set by ACOG and national quality criteria
Standardization of the scheduling process for all inductions of labor. Standardized forms may need to identify “hard stops” such as the need for the scheduler to get approval from the department chair or appropriate designee if the patient does not meet criteria for medical indications for induction
Physician leadership/clinical champions
QI data collection and feedback