

# Family Medicine Guidelines for Induction of Labor

**Subject:** Family Medicine Guidelines for Induction of Labor

**Purpose:** To provide clear guidelines on induction

**Staff Level to Perform:** Resident after discussion with staff or staff physician

**Equipment:** L&D room, Prepidil, Cervidil, Cytotec in appropriate dosage

**Policy:** N/A

## Procedure:

1. Confirm gestational age of at least 39 weeks by date of intended induction.

- FHT have been documented for 30 weeks by Doppler.
- It has been 36 weeks since a positive serum or urine HCG has been performed by a reliable laboratory.
- U/S done at 6-12 weeks confirms GA of at least 39 weeks.
- U/S done at 13-20 weeks confirms GA of at least 39 weeks determined by clinical hx and PE.

Note: Firm LMP NOT one of these!

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2. Confirm vertex presentation and Bishop score.
3. Discuss rationale for induction with the FM staff who will be responsible on the intended date, BEFORE firming the date and time with your patient.
4. Discuss the risks and benefits with your patient, including possibly higher risk of cesarean and instrumental delivery.
5. Call L&D and schedule the patient in conjunction with nursing. Only 2 patients can be scheduled for induction on any given day. Patients should call L&D just prior to leaving home to make sure that induction can still take place.
6. Once on L&D, notify Ob delivery room chief of induction (we don't do cesareans!)
7. **Inducing a VBAC is controversial and requires obstetrical or surgical consult!**

## Agents for cervical ripening

Prepidil (intracervical gel) – Dinoprostone (PGE<sub>2</sub>)

- Dosage: 0.5 mg/3 gm syringe
- Can be repeated q 6 hr x 3
- Maximum dose is 1.5 mg/24 hr
- Fetal monitoring needed for at least 2 hours
- If no contractions within 2 hours, may be up walking or sent home
- If hyperstimulation, reposition mother, provide oxygen; may need terbutaline
- May start oxytocin 6 hours after last dose
- Cannot wash or wipe it away!
- Acquisition cost- \$145/gel

Cervidil (small vaginal pessary aka "Barbie tampon on a string") – Dinoprostone (PGE<sub>2</sub>)

- Dosage: 10 mg placed in posterior fornix
- Releases 0.3 mg/hour over 12 hours
- Patients remain supine for 2 hours post-insertion
- Requires continuous fetal monitoring (\$150/hour)
- Can easily remove in hyperstimulation occurs
- Cost - \$159/insert- **Do not drop on the floor!**
- May start oxytocin after 30 minutes after removal

Misoprostol (PGE<sub>1</sub>) – Cytotec- **NOT to be used for VBACs!**

- Dosage: 25µg (**one-quarter of a 100µg tablet!**) in the posterior vaginal fornix
- May be used every 4 hours up to 6 doses
- Confirm Bishop score less than 6
- Do not dose if:
  - Uterine hyperactivity
  - Active labor
  - Non-reassuring FHR pattern
- If PROM near term, may use 25µg every 6 hours.
- If hyperstimulation occurs, terbutaline 0.25 mg SQ is given
- If SROM occurs, at least 2 hours should elapse before re-dosing. If uterine activity remains minimal, another dose may be given.
- May start oxytocin 4 hours after last dose
- Cost – 75 cents for a 100 µg tablet (no charge for pill cutting)

Foley catheter (dilates and softens)

- Document placental position
- Use 14 F with 30 ml balloon
- Insert using sterile speculum so that balloon is above cervical os
- Inflate balloon with sterile saline
- Tape under traction to inner thigh
- Results in gradual dilation and effacement of cervix over 6 to 12 hours
- Start oxytocin if patient is not in labor after extrusion of Foley
- Some OBs are using a Foley in conjunction with Prepidil
- Cost - \$2.44

**Bishop scoring system**

| FACTOR             | SCORE*    |        |          |            |
|--------------------|-----------|--------|----------|------------|
|                    | 0         | 1      | 2        | 3          |
| Dilation (cm)      | Closed    | 1-2    | 3-4      | 5 or more  |
| Effacement (%)     | 0-30      | 40-50  | 60-70    | 80 or more |
| Station            | -3        | -2     | -1       | +1, +2     |
| Consistency        | Firm      | Medium | Soft     |            |
| Position of Cervix | Posterior | Mid    | Anterior |            |

\*Bishop score of  $\geq 9$  indicates induction should be successful.

- ★ **Special Considerations:** NA
- ★ **Related Information:** NA

### **References:**

**Written:** December 2000 by Barcey T. Levy

**Reviewed:** December 15, 2000 by faculty and residents attending OB rounds

**Revised:** January 17, 2003 by Barcey T. Levy

**Approved:**