

# INDUCTION OF LABOUR INPATIENT PATHWAY

HAS HOME INDUCTION BEEN CONSIDERED AND OFFERED IF RISK ASSESSMENT PRIORITY 3?

Assessment within an hour of arrival

- Review care plan and ensure medications prescribed
- Abdominal palpation (USS if unsure of presentation)
- Maternal observations
- Care bundle risk assessments
- CTG for 30 minutes
- FBC & G&S
- Vaginal examination to assess (BS)

MODIFIED BISOP SCORE

| SCORE               | 0         | 1       | 2        |
|---------------------|-----------|---------|----------|
| Cervical dilatation | <1        | 1-2     | 3-4      |
| Length of cervix    | >2        | 1-2     | <1       |
| Station             | -3        | -2      | -1       |
| Consistency         | Firm      | Medium  | Soft     |
| Position            | Posterior | Central | Anterior |

BS ≥ 7 → Liaise with LW for ARM when bed is available

PREVIOUS LSCS, IUGR, SGA <3<sup>rd</sup> WITH ABNORMAL DOPPLERS SHOULD HAVE CERVICAL RIPENING BALLOON CATHETER AS FIRST LINE MANAGEMENT or PATIENT/CLINICIAN PREFERENCE

PROM

Admit to LW  
VE on arrival

If cervix is favourable commence Syntocinon.  
If forewaters present perform ARM, commence Syntocinon as per policy

If cervix is unfavourable give 25mcg Oral Misoprostol,  
Further 25mcg Oral Misoprostol 2 hours later if no uterine activity  
Syntocinon 4 hours after last dose

BS < 6

ORAL MISOPROSTOL  
(Angusta)

Can use if no uterine activity or preference for less VE's

50 mcg PO  
4 HOURLY

MAXIMUM 4 DOSES IN 24 HOURS (200MCG)

\*Lower dose of 25mcg 2 hrly (max 8 doses, 200mcg in 24 hrs) can be considered\*

CTG required with regular contractions, vaginal bleeding, requirement of additional analgesia or fetal concerns

TRANSFER TO LW

- Established labour
- SROM
- Requesting epidural
- Abnormal CTG
- Bed available for ARM

If contraindicated OR patient/clinician preference for alternative

PROPESS

10mg into posterior fornix of vagina  
If IUGR, SGA, OLIGO, or abnormal dopplers for CTG 8hrly minimum  
CTG required with regular contraction, bleeding or fetal concerns

If BS < 7

Obstetric review for ongoing plan if not suitable for ARM

Request LW bed for ARM in line with prioritisation Risk assessment preferably within 24 hours

If BS > 7

CERVICAL RIPENING  
BALLOON  
CATHETER

Insert CRB

Leave in situ for 24hours

If BS < 7

Obstetric review for ongoing plan if not suitable for ARM

Request LW bed for ARM in line with prioritisation Risk assessment preferably within 12hrs

If no fetal concerns, low risk pregnancy and labour establishes with Propess or CRB consider if woman meets criteria for BBU transfer - CTG required prior