Misoprostol Induction of Labour Pathway

Canterbury District Health Board
Te Poari Hauora ō Waitaha

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Decision is made for Induction of Labour after a consultation involving the woman, her LMC and the obstetric team.

- For certain indications, eg. post-dates, when a paper referral may be done and a face-to-face consultation will occur on the day of induction – CMM to arrange.
- Verbal IOL information and IOL Patient Information leaflet given to woman prior to admission if possible or may be sent electronically in advance. Laminated information also available on Birthing Suite.
- LMC/Obstetrician books induction via CMM and provides completed IOL form including Bishops score (if the woman consents)
- Timing of IOL and procedure agreed and communicated with woman.
- Oral misoprostol is prescribed on woman's drug chart prior to day of IOL, either via the induction of labour protocol in MedChart prior to commencement or midwife to record a phone order via MedChart.

STEP 1: Woman presents to Assessment area on Birthing Suite at agreed IOL time (0630, 0730, 0900 or 1000) on day of IOL as arranged.

- Written consent obtained for oral misoprostol induction of labour.
- 20 minute CTG and MEWS commenced by core midwife prior to first dose of misoprostol.
- If CTG abnormal woman, discussion with RMO in relation to progressing depending on concerns.
- VE for Bishop's score, if appropriate, or if more than a week since scored.
- First dose given (prepared as per 'Misoprostol instructions for dilution using tablet'). Let the woman squirt the fluid from the syringe into her mouth and swallow, to ensure she gets full dose.
- 40 minute CTG post 1st dose.

STEP 2: The next dose of misoprostol tablet in solution is administered two hours after the last dose.

- 20 minute CTG before each subsequent dose.
- If the woman is contracting strongly 2 hours after a given dose, wait one hour before VE. If not fully effaced continue with next misoprostol dose. If contractions decrease in the hour give a further dose of misoprostol.
- **Note:** Assessing whether to perform a VE if the woman is not contracting should be based on the overall clinical picture, however it may be likely that not contracting could mean no VE and continuation of misoprostol pathway. Scenario of regular contractions could mean VE with intent of ARM if fully effaced. If not fully effaced proceed to next dose of misoprostol. Clinical judgment to guide decision making context.
- Perform ARM when cervix is fully effaced or ≥ 3 cm.
- Antibiotic if GBS is detected (once established/ROM).
- In case of SROM if cervix not effaced, continue with misoprostol pathway, especially if the woman is not contracting.

Repeat STEPS 1 and 2 to a maximum of 8 doses in 20 hours or until:

- Primip: once regular contractions and fully effaced cervix, 3 cm dilated or SROM; ARM if not.
- Multip: has regular contractions and progressing cervical dilation +/- ROM, ARM if not occurred.
- Call LMC when woman transferring from assessment to Birthing Suite.
- Site IV line.
- Continuous CTG.
- MEWS as per established labour protocol/partogram.
- If SROM and not in labour, wait 2 hours and reassess situation. If the woman is not in labour, continue with misoprostol pathway.

- **Maximum number of doses of 25 mcg is 8 in 20 hours. Allow a 4-6 hour break between each round of 8 misoprostol doses.**
- **Misoprostol given PO, has a half-life of 20-40 minutes.**
- **If hyperstimulation occurs refer to IOL guideline (GLM0035).**
- **ARM as soon as cervix is fully effaced.**
- **The Obstetrician should be notified immediately if any unwarranted effect from misoprostol.**

Alternative to oral misoprostol

- Foley catheter is placed in the cervix with the balloon inflated with 40-60 mLs water.
- Criteria for this – previous C/S, IUGR / abnormal dopplers or if used to commence ripening process.
- Woman presents to Assessment area on Birthing Suite at arranged time.
- 20-minute CTG and MEWS commenced by core midwife.
- Foley insertion.
- Depending on the indication and risk the woman may go home after placement with instructions.
- Evaluation of cervix next day 12-24 hours by midwife in Assessment area. If the balloon is still in situ and/or cervix is unripe consider oral misoprostol with Foley remaining.
- Perform ARM, start Oxytocin if necessary.
- **Note**: when woman returns to Birthing Suite after previous Foley insertion and if still in place – aim to remove Foley and ARM if able. If not possible commence misoprostol pathway. Care provided by midwives.