**Induction of Labor**

*According to ACOG, induction of labor prior to 41 weeks should only be performed when a maternal or fetal indication exists.*
*When none exists, proceed with a favorable cervical exam.*

**Favorable Cervix**

- **Bishop’s score**
  - Nulliparity ≥ 8
  - Multiparity ≥ 6

**Cervical ripening**

- Mechanical (foley bulb or Cook ripening catheter)
  - Prostaglandin (prostaglandin E2 or misoprostol with or without mechanical)
- Repeat if unfavorable

<table>
<thead>
<tr>
<th></th>
<th>Nulliparous</th>
<th>Multiparous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early labor</td>
<td>Median 3.9 h</td>
<td>Median 2.2 h</td>
</tr>
<tr>
<td></td>
<td>95% 17.7 h</td>
<td>95% 10.7 h</td>
</tr>
</tbody>
</table>

**Consider cesarean delivery for active labor arrest when at least 6 cm and:**

- 4 hours: no cervical change & adequate contractions
- 6 hours: no cervical change & inadequate contractions

*(Maternal-fetal conditions permitting)*

**Zhang Obstet Gynecol 2010 & Spong Obstet Gynecol 2012**

**Oxytocin induction**

- Titrate slowly using lowest effective dose to achieve regular contractions and cervical change
- Consider amniotomy when labor progresses slower than 95%
- See box for normal labor

**Bishop's score unfavorable after at least 2 ripening attempts, consider either:**

**Choice 1**

- **Consider discharge home if:**
  - Contractions are minimal intensity
  - Intact fetal membranes
  - Stable maternal and fetal condition
- Reschedule within 24 to 48 hours, if needed

**Choice 2**

- **Trial of oxytocin**
- If labor does not occur and delivery indicated

**Consider cesarean delivery for failed induction of labor when:**

- Latent labor (< 6 cm) exceeds 24 hours *and preferably*
- At least 12 - 18 hours of oxytocin administration following amniotomy

*(Maternal-fetal conditions permitting)*

*Adapted from Obstetric Care Consensus Safe Prevention of the Primary Cesarean Delivery. March, 2014*
Bishop's Score Calculation

<table>
<thead>
<tr>
<th>Parameter</th>
<th>0</th>
<th>1 - 2</th>
<th>3 - 4</th>
<th>5 - 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilation (cm)</td>
<td>0</td>
<td>1 - 2</td>
<td>3 - 4</td>
<td>5 - 6</td>
</tr>
<tr>
<td>Effacement, %</td>
<td>0 - 30</td>
<td>40 - 50</td>
<td>60 - 70</td>
<td>80</td>
</tr>
<tr>
<td>Station (-3 to +3)</td>
<td>-3</td>
<td>-2</td>
<td>-1, 0</td>
<td>+1</td>
</tr>
<tr>
<td>Consistency</td>
<td>Firm</td>
<td>Medium</td>
<td>Soft</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Posterior</td>
<td>Middle</td>
<td>Anterior</td>
<td></td>
</tr>
</tbody>
</table>

ACOG Patient Safety Checklist No. 5; December, 2011

☆ Maternal or Fetal Indications for Delivery
(ACOG Committee Opinion, No. 560, 2013)

Per ACOG recommendations, perform induction of labor before 41 weeks when a maternal or fetal indication exists. When none exists, proceed with a favorable cervical exam.

Obstetric Issues
- Premature rupture of membranes
- Pregnancy at or beyond 41 weeks
- Pregnancy between 39 and 41 weeks with favorable cervix

Maternal Issues
- Essential hypertension
- Diabetes mellitus
- Gestational Hypertension

Fetal Issues
- Growth restriction, singleton or multiple
- Multiple gestation
- Oligohydramnios

This is a simplified table adapted for this algorithm. Please see accompanying companion checklist for additional indications for delivery.