

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

◆	Nulliparous	Multiparous
Early labor (3 to 6 cm)	Median 3.9 h	Median 2.2 h
	95% 17.7 h	95% 10.7 h
<p>Consider cesarean delivery for active labor arrest when at <u>least 6 cm and:</u></p> <ul style="list-style-type: none"> ● 4 hours: no cervical change & adequate contractions ● 6 hours: no cervical change & inadequate contractions <p>(Maternal-fetal conditions permitting)</p> <p><i>Zhang Obstet Gynecol 2010 & Spong Obstet Gynecol 2012</i></p>		

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)

Bishop's Score Calculation				
Parameter	0	1	2	3
Dilation (cm)	0	1 - 2	3 - 4	5 - 6
Effacement, %	0 - 30	40 - 50	60 - 70	80
Station (-3 to +3)	- 3	-2	-1, 0	+1
Consistency	Firm	Medium	Soft	
Position	Posterior	Middle	Anterior	
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.