

# Method of induction of labour

Induction of labour	Method
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**Indication**

- Maternal and/or fetal benefit

**Contraindications**

- As for vaginal birth

**Communication with woman**

- Indication
- Maternal &/or fetal benefit & risk
- Individual circumstances
- Proposed IOL methods
- Options for pain management
- Options if:
  - IOL unsuccessful
  - IOL declined
  - Expectant management preferred
- Time for decision-making
- Obtain informed consent
- Document above

**Membrane sweep**

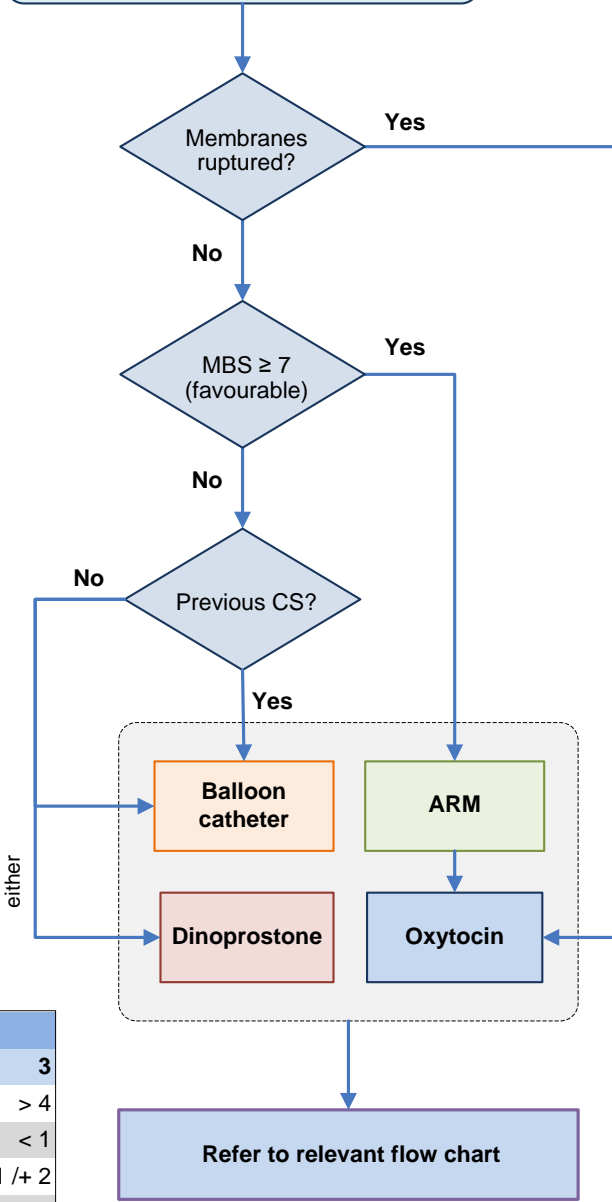
- Discuss antenatally
- Offer prior to IOL

**If IOL declined or postponed**

- Consider individual circumstances, woman's preferences, local service capabilities and priorities
- Perform maternal and fetal assessment
- Arrange ongoing monitoring
- From 42<sup>+0</sup> weeks offer twice weekly:
  - CTG
  - USS for fetal wellbeing
- Provide verbal and written information on fetal movement
- Advise to contact health care provider if concerned
- Document assessment and plan of care in the health record

**Pre IOL assessment**

- Review history
- Confirm gestation
- Baseline observations
- Abdominal palpation (presentation, attitude, position, lie, engagement)
- CTG: consult obstetrician if abnormal
- Vaginal examination:
  - Assess MBS
  - Membrane status (intact or ruptured)



Modified Bishop Score (MBS)				
	0	1	2	3
Cervical dilatation (cm)	< 1	1–2	3–4	> 4
Cervical length (cm)	> 3	2	1	< 1
Station (ischial spines)	– 3	– 2	– 1/0	+ 1 /+ 2
Cervical consistency	Firm	Medium	Soft	-
Cervical position	Posterior	Mid	Anterior	-

Queensland Clinical Guideline: Induction of labour Flowchart version F17.22-1-V5-R22

**ARM** Artificial rupture of membranes; **cm** centimetres, **CS** Caesarean section; **CTG** Cardiotocography; **IOL** Induction of labour; **MBS** Modified Bishop Score; **USS** Ultrasound scan; < less than; > greater than; ≥ greater than or equal to

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