Methods of induction of labour

### Indication
- Maternal and/or fetal benefit

### Contraindications
- Any contraindication for vaginal birth

### Communication with woman
- Indication
- Benefits and risks of IOL versus expectant management
- Individual circumstances
- Proposed IOL methods
- Options for pain management
- Options if:
  - IOL unsuccessful
  - IOL declined
  - Expectant management preferred
- Time for decision-making

### Membrane sweep
- Discuss antenatally
- Offer prior to IOL

### Resourcing
- When booking IOL, consider resource requirements and implications for safe planning of care

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### If IOL declined or postponed
- Consider individual circumstances, woman’s preferences, local service capabilities and priorities
- Recommend maternal and fetal assessment
- Consider monitoring from 41+0 weeks and offer twice weekly:
  - CTG
  - USS for fetal wellbeing
- Provide verbal and written information on fetal movement
- Advise to contact health care provider if concerned

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### Modified Bishop Score (MBS)

<table>
<thead>
<tr>
<th>Cervical dilatation (cm)</th>
<th>0</th>
<th>1–2</th>
<th>3–4</th>
<th>&gt; 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical length (cm)</td>
<td>≥ 3</td>
<td>2</td>
<td>1</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>Station (ischial spines)</td>
<td>– 3</td>
<td>– 2</td>
<td>– 1/0</td>
<td>+ 1/+ 2</td>
</tr>
<tr>
<td>Cervical consistency</td>
<td>Firm</td>
<td>Medium</td>
<td>Soft</td>
<td>-</td>
</tr>
<tr>
<td>Cervical position</td>
<td>Posterior</td>
<td>Mid</td>
<td>Anterior</td>
<td>-</td>
</tr>
</tbody>
</table>

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ARM: artificial rupture of membranes; cm: centimetres; CS: caesarean section; CTG: cardiotocograph; IOL: induction of labour; MBS: modified Bishop score; USS: ultrasound scan; <: less than; >: greater than; ≥: greater than or equal to


Queensland Health