

Methods of induction of labour

Induction of labour

Method

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

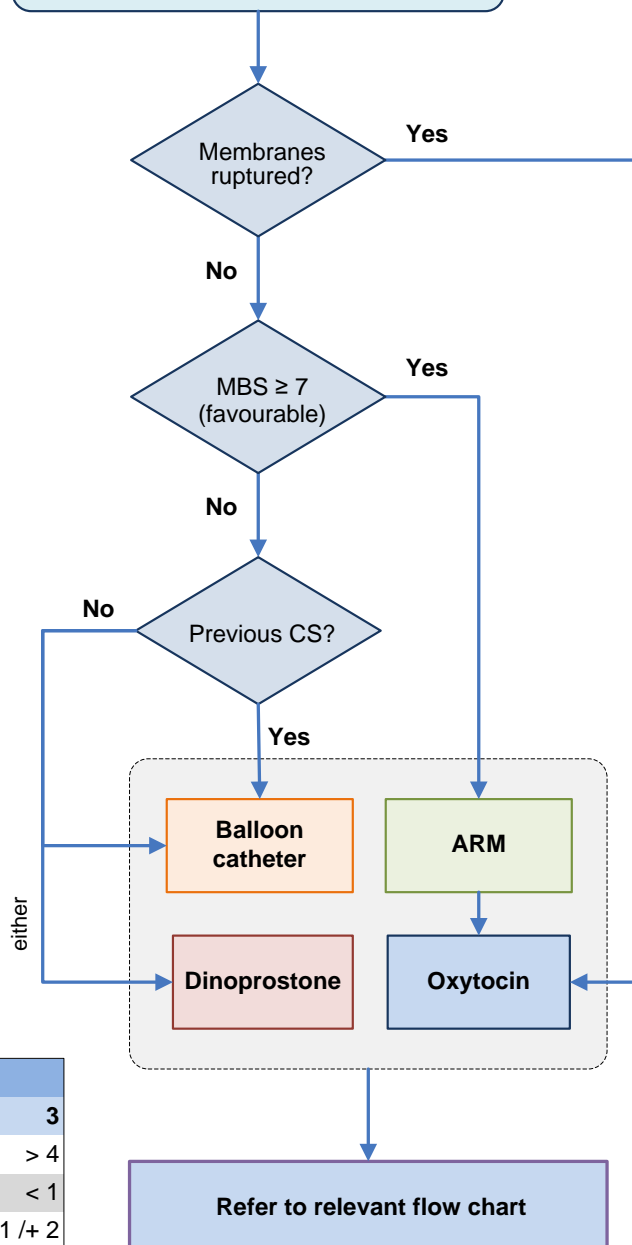
- When booking IOL, consider resource requirements and implications for safe planning of care

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

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	-

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