Prostaglandin E2 (dinoprostone)

Induction of labour
See flowchart: Method of induction

Prostaglandin E2 (dinoprostone)

Pre dinoprostone insertion
- Complete pre IOL assessment
- Encourage to empty bladder

Dinoprostone GEL
- Nulliparous: 2 mg PV
- Multiparous: 1 mg PV
- Insert high into posterior fornix
- Wait at least 6 hours after insertion then reassess MBS

Dinoprostone PESSARY
- 10 mg PV
- Position transversely in posterior fornix
- Wait at least 12 hours after insertion then reassess MBS

Recommend ARM irrespective of MBS

ARM successful? or SROM?

If GEL used:
- May repeat to maximum of 3 doses at least 6 hours apart
  - Nulliparous: 2 mg
  - Multiparous: 1–2 mg
- Wait at least 6 hours then reassess MBS

If PESSARY used:
- Give one dose of dinoprostone GEL
- Wait at least 6 hours then reassess MBS

PESSARY removal indications
- Onset of regular, painful uterine contractions, occurring every 3 minutes regardless of cervical change
- Ruptured membranes
- Fetal distress
- Uterine hyperstimulation or hypertonic uterine contractions
- Maternal systemic adverse effects (e.g. nausea, vomiting, hypotension, tachycardia)

Consider balloon catheter

ARM successful? or SROM?

Yes

Recommend oxytocin
- 6 hours after GEL
- 30 minutes after removal of PESSARY (minimum)

No

Post dose care
- TPR, BP, FHR, uterine activity, PV loss hourly for 4 hours
- CTG for minimum of 30 minutes
- If observations normal, no contractions and not otherwise indicated, ongoing care as for latent first stage of labour
- Continuous CTG when in active labour or when contractions are ≥3 in 10 minutes
- After insertion advise woman to:
  - Remain recumbent for 30 minutes
  - Inform staff as soon as contractions commence

Cautions
- Multiple pregnancy
- Asthma, chronic obstructive pulmonary disease: may cause bronchospasm
- Epilepsy
- Cardiovascular disease
- Raised intraocular pressure, glaucoma
- Avoid concurrent oxytocin use

Indications
- Unfavourable cervix (MBS ≤ 6)
- Following balloon catheter if no/minimal effect on cervical ripening and ARM not technically possible

Contraindications
- Known hypersensitivity
- Ruptured membranes
- Multiparity ≥ 5
- Previous CS or uterine surgery
- Malpresentation/high presenting part
- Undiagnosed PV bleeding
- Abnormal CTG/fetal compromise

Queensland Clinical Guideline: Induction of labour Flowchart version F17.22-3-V5-R22

ARM: Artificial rupture of membranes; BP: Blood pressure; CS: Caesarean section; CTG: Cardiotocography; FHR: Fetal heart rate; IOL: Induction of labour; MBS: Modified Bishop Score; PV: Per vaginam; SROM: Spontaneous rupture of membranes; TPR: Temperature, pulse and respirations; ≥: greater than or equal to; ≤: less than or equal to