Prostaglandin E_2 (dinoprostone)

Induction of labour
See flowchart: *Method of induction*

Prostaglandin E_2 (dinoprostone)

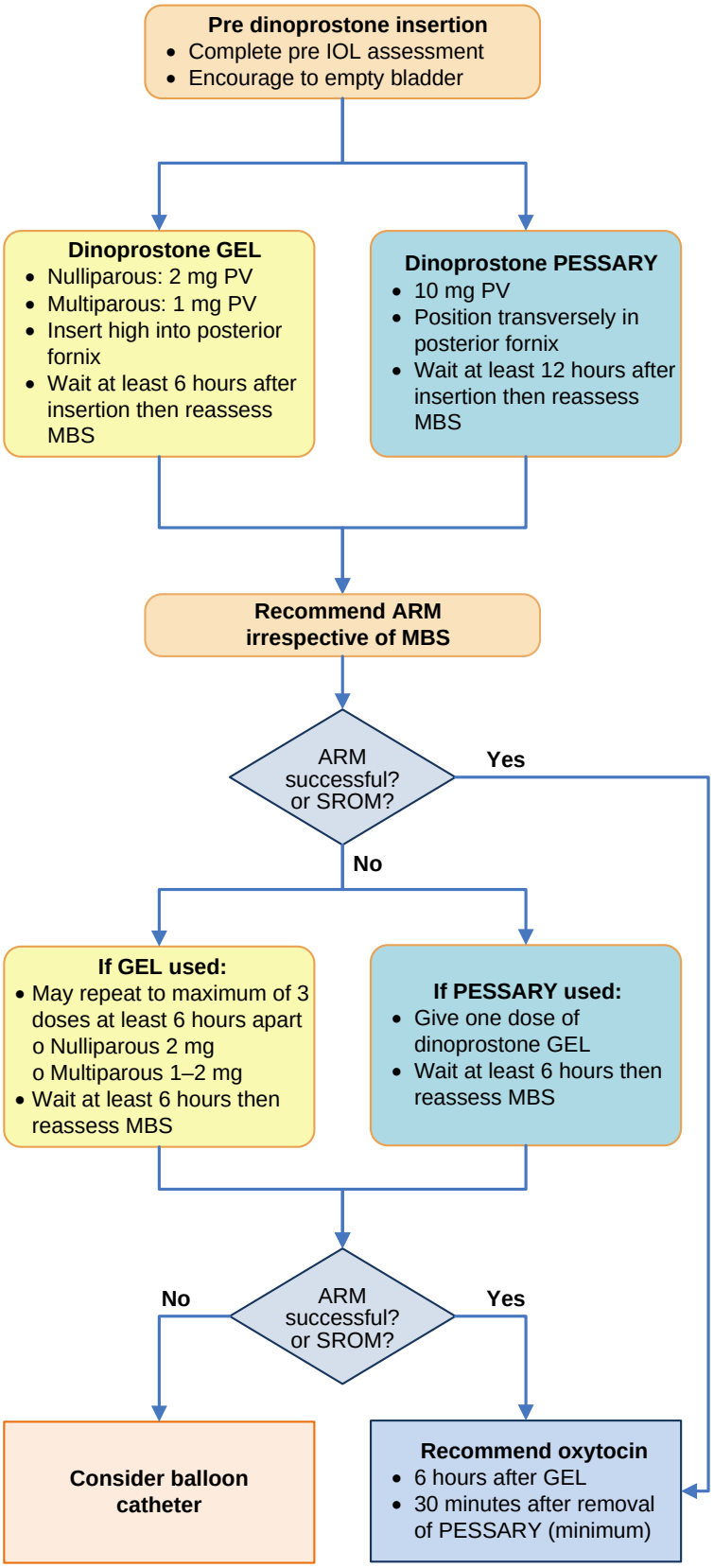
Indications
- Unfavourable cervix (MBS ≤ 6)
- Following balloon catheter if no/ minimal effect on cervical ripening and ARM not technically possible

Contraindications
- Known hypersensitivity
- Previous CS or uterine surgery
- Undiagnosed PV bleeding
- Abnormal FHR or CTG

Cautions
- Multiple pregnancy
- Multiparity ≥ 5
- Ruptured membranes
- High presenting part
- Asthma or COPD
- Epilepsy
- Cardiovascular disease
- Raised intraocular pressure, glaucoma
- Polyhydramnios
- Known SGA/FGR

Post dose care
- TPR, BP, FHR, uterine activity, PV loss hourly for 4 hours unless asleep
- 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

PESSARY removal indications
- Onset of regular, painful uterine contractions
- Ruptured membranes
- Fetal distress
- Uterine hyperstimulation or hypertonic uterine contractions
- Maternal systemic adverse effects (e.g. nausea, vomiting, hypotension, tachycardia)
- 24 hours following insertion



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 vaginal; **SROM:** spontaneous rupture of membranes; **TPR:** temperature, pulse and respirations; **≥** greater than or equal to; **≤** less than or equal to

Queensland Clinical Guideline. *Induction of labour.* Flowchart: F22.22-3-V7-R27