Prostaglandin E2 (dinoprostone)

**Indication of labour**
See flowchart: Method of induction

<table>
<thead>
<tr>
<th>Prostaglandin E2 (dinoprostone)</th>
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<tbody>
<tr>
<td><strong>Pre dinoprostone insertion</strong></td>
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<tr>
<td>• Complete pre IOL assessment</td>
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<tr>
<td>• Encourage to empty bladder</td>
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**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**

**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

**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