**Prostaglandin E2 (dinoprostone) for induction of labour**

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

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

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

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)
- Insufficient cervical ripening after 24 hours

**Flowchart: Method of induction**

**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

**Consider balloon catheter**

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

**Recommend ARM irrespective of MBS**

**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

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

**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

**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)
- Insufficient cervical ripening after 24 hours

**Flowchart: Method of induction**

**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

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

**Consider balloon catheter**

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

**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