A BetterObs initiative by

SASOG

South African Society of Obstetricians & Gynaecologists

www.sasog.co.za

Date: July 2016

P10

INDUCTION OF LABOUR: PATIENT SAFETY LIST

PATIENT NAME/STICKER

DATE: ______________________

Ob: DR ______________________

GESTATIONAL AGE:_____ Weeks _____ Days

EDD: ___/ ___/ ___

INDICATION FOR IOL: ____

FETAL PRESENTATION: ______ EFW: _____kg

MATERNAL: AGE: _____ YRS G _____ P_____
BLOOD GROUP: _____
Hb: _____ g/dl RPR: _____
HIV _____ (If +ve: on ARVs Y/ N)
Grp B Strep: +ve _____ -ve _____, Not tested _____
ALLERGIES KNOWN: _________________________
Patient has completed a medical history and physical examination Yes _____ No _____
Medical issues: ____
Other special concerns: ____________________________________
Patient counselled on risks and benefits of IOL Yes _____ No _____

BISHOPS SCORE: _____

SCORE	DILATATION (cm)	EFFACEMENT (cm)	STATION	CONSISTENCY	CERVICAL POSITION
0	Closed	> 4	-3	Firm	Posterior
1	1-2	3-4	-2	Medium	Midposition
2	3-4	1-2	-1	Soft	Anterior
3	5-6	0	0	-	-

ORDERS

CERVICAL RIPENING: ____

FOLEY'S CATHETER: ____

MISOPROSTOL: ____

OXYTOCIN: ____

FETAL WELLBEING: CTG - prior to IOL as well a _____ hrly

Signature: ______________________

INDUCTION OF LABOUR GUIDELINES

INDICATIONS

- The most frequent indications are:
  post term pregnancy, hypertensive disorders and pre labour rupture of membranes.
- Only induce labour in a hospital
- Avoid IOL < 39 weeks WITHOUT indication

CONTRAINDICATIONS

- Any contraindication to vaginal delivery
- Previous caesarean section, classical or fundal uterine incisions
- Placenta Praevia, Vasa Praevia
- Unstable lies e.g. transverse lie after attempted version
- Breech presentation
- Fetal distress
- Maternal parity >5

APPROACH TO INDUCTION OF LABOUR

- Confirm the indication
- Confirm gestation (or age) and presentation
- Assess the Bishop's Score - see table below
- Perform a pre-induction CTG

BISHOPS SCORE:

SCORE	DILATATION (cm)	EFFACEMENT (cm)	STATION	CONSISTENCY	CERVICAL POSITION
0	Closed	> 4	-3	Firm	Posterior
1	1-2	3-4	-2	Medium	Midposition
2	3-4	1-2	-1	Soft	Anterior
3	5-6	0	0	-	-

FAVOURABLE CERVIX: BISHOPS SCORE > 7

- Augment labour by rupture of membranes and oxytocin (as per oxytocin guidelines)
- Confirm HIV status prior to AROM

UNFAVOURABLE CERVIX - METHODS OF IOL:

STRETCH AND SWEEP
Sweeping of membranes at term

INTRAVAGINAL PROSTAGLANDINS

- Prostaglandin E2 gel - (Prandin gel) 2gm initially into posterior fornix for primigravidae or 1gm for multigravidae, repeated after 6 hours x 3 doses. Primi gets 2g, 1g, 1g

  OR- Propress gel placed in vagina till contracting.
- Prostaglandin E2 tablets - (Prostin tablets) 1mg intravaginally 4 hourly x 4 doses
- Prostaglandin E2 gel - (Prepidil) 0.5mg placed into cervix, repeat 6 hourly if necessary
- If cervix becomes favourable - do not start oxytocin < 6 hours after last prostaglandin dosage

MISOPROSTOL REGIMES
ACADEMIC SECTOR ONLY

- TITRATION REGIME:
  - Add 200ug misoprostol tablet to 200ml water
  - SHAKE WELL until dissolved
  - LABEL well (patient details/sticker, dosage, time)
  - Give 20ug (10ml) every 2 hours - for 10 doses
  - If in moderate to strong labour - stop misoprostol

FOLEY CATHETER IOL

- Aseptic technique
- Vaginal speculum or digitally guided
- Catheter placed at a level above the internal cervical os
- Use forceps swab holder to guide catheter
- 80ml water into balance bulb of 14-18Fr catheter
- Gentle traction and tape distal end of catheter to patient's inner thigh
- If catheter not expelled in 12 hours, remove an attempt another method

FAILED IOL

- If after 24 hours the patient is not in active labour or does not have a favourable Bishop Score
- No repeated courses of misoprostol

PLEASE USE IOL PATIENT CHECKLIST PRIOR TO COMMENCING IOL .....

a BETTER OBS INITIATIVE