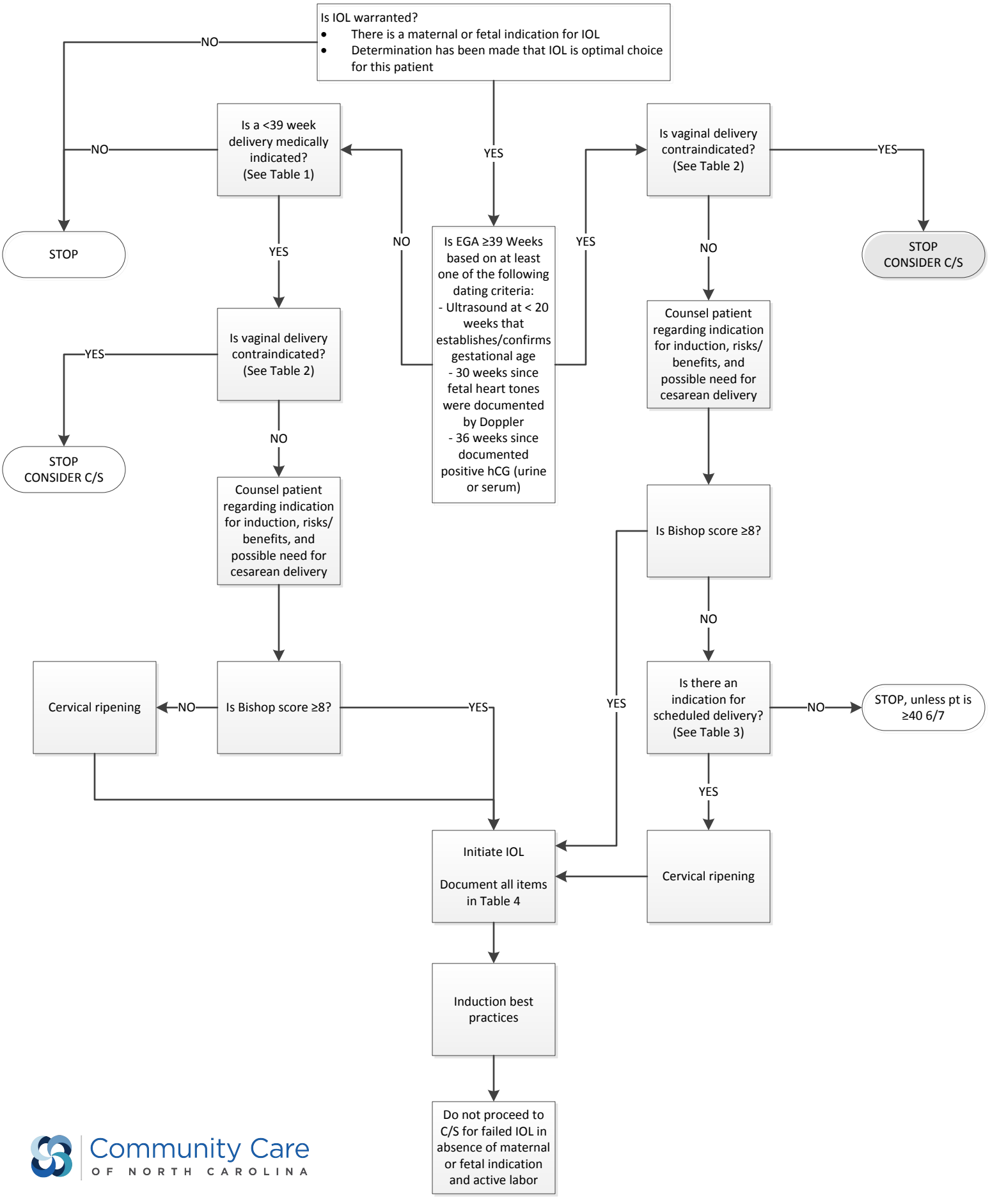
Induction of Labor (IOL) Pathway for Nulliparous Patients



Community Care
OF NORTH CAROLINA

Induction of Labor Pathway

Appendix

Table 1

Medically-indicated inductions prior to 39 weeks may be necessary in the presence of certain maternal or fetal indications, which include, but are not limited to:

1. Abruptio placentae
2. Chorioamnionitis
3. Fetal demise
4. Gestational hypertension / preeclampsia (> 37 weeks), eclampsia
5. Maternal medical conditions (e.g., diabetes mellitus, renal disease, chronic pulmonary disease, chronic hypertension, antiphospholipid syndrome)
6. Fetal compromise
7. Twins
   - monochorionic/diamniotic (37 weeks)
   - dichorionic/diamniotic (38 weeks)
8. Oligohydramnios, deepest vertical pocket < 2cm (≥37 weeks)
9. Premature rupture of membranes (> 34 weeks)

Table 2

Absolute contraindications for vaginal delivery:

1. Vasa previa or complete placenta previa
2. Transverse fetal lie
3. Umbilical cord prolapse
4. Previous classical cesarean delivery or myomectomy entering the endometrial cavity
5. Active genital herpes infection

Table 3

Induction of labor may be appropriate in the presence of certain indications, which include, but are not limited to:

1. Abruptio placentae
2. Chorioamnionitis
3. Fetal demise
4. Gestational hypertension, preeclampsia, eclampsia
5. Maternal medical conditions (e.g., diabetes mellitus, renal disease, chronic pulmonary disease, chronic hypertension, antiphospholipid syndrome)
6. Fetal compromise
7. Oligohydramnios, deepest vertical pocket < 2cm
8. Premature rupture of membranes
9. Logistical reasons
10. Post-term pregnancy (> 41 weeks)

*Suspected fetal macrosomia is not an indication for induction

Table 4

Document all of the following in patient's chart:

1. Counseling of risks/benefits of induction
2. Indication for induction
3. Gestational age
4. Cervical exam to include Bishop's score
5. Clinical assessment of pelvic adequacy
6. FHR status
7. Estimated fetal weight (SGA, AGA, or LGA)
8. Method for induction or cervical ripening