

NURSING SERVICE

LABOR AND DELIVERY

POLICY TITLE: INDUCTION OF LABOR

POLICY: 6190-14

Only three (3) inductions may be scheduled for Monday through Friday. No inductions will be scheduled on hospital recognized holidays. If the weekday slots are filled, two (2) inductions may be scheduled for Saturday and Sunday excluding holidays.

ACOG recognized indications for induction of labor:

- Abruptio placenta
- Chorioamnionitis
- Fetal Demise
- Gestational Hypertension
- Pre-eclampsia, eclampsia
- Premature rupture of membranes
- Post Term pregnancy (greater than or equal to 41 weeks)
- Maternal Medical Conditions (Diabetes, Renal disease, COPD, Chronic HTN, anti phospholipid syndrome)
- Fetal Compromise (severe IUGR, isoimmunization, oligohydramnios)
- Risk of rapid labor
- Distance from the hospital
- Psychosocial indications

Contraindications for induction of labor include but are not limited to:

- Vasa previa or complete previa
- Transverse lie
- Umbilical cord prolapsed
- Previous classical cesarean delivery
- Active Herpes
- Previous myomectomy entering the endometrial cavity

Patient census and acuity in Labor and Delivery will determine the feasibility of providing safe care for inductions. If, in the Charge Nurse's clinical judgment, inductions cannot be cared for as a result of high census/acuity, it will be the responsibility of the Charge Nurse to notify the appropriate physician for rescheduling of those inductions.

Elective inductions with no ACOG endorsed medical indication must be at least 39 weeks gestation.

Consents and orders for scheduled inductions will be sent over from the obstetrician's office prior to the patient's arrival to L&D. The indication for induction will be documented on the order sheet. Cervical ripening should be considered in patients with a bishop score less than 6.

