Clinical Guideline: Labor induction

Induction of labor occurs in approximately 25% of all deliveries in the U.S. Induction of labor is valuable when the benefits of delivery outweigh the risks of continuing the pregnancy. The benefits of induction should be weighed against the potential maternal and/or fetal risks. Increasing rates of labor induction are associated with increased risks for Cesarean, preterm birth, and NICU admissions. Labor inductions utilize L&D beds longer than typical laboring patients. Therefore, prior to initiating an induction, the provider should review the indications, risks/benefits, and the necessity of the induction. If the Bishop score is ≤ 7, consider cervical ripening is recommended.

Prior to induction:

1. Counsel patient regarding indication for induction, risks/benefits, and possible need for Cesarean delivery
2. Assess pelvis for adequacy
3. Examine cervix and perform Bishop score (if ≤ 7, cervical ripening is recommended prior to oxytocin)
4. Confirm gestational age:
    a. Labor should not be electively induced (non-medical indication) prior to 39 weeks. Labor should not be electively induced after 39 weeks in patients with an unfavorable cervix because of the increased risk for a Cesarean delivery. Because of space constraints, our current department policy is that elective inductions are not allowed until 41 weeks.
    b. For inductions that occur at $\geq$ 39 weeks, a gestational age of 39 weeks (presumption of lung maturity) can be confirmed by one or more of the following:
        i. Ultrasound at $\leq$ 20 weeks that establishes/confirms gestational age
        ii. 30 weeks since fetal heart tones were documented by Doppler
        iii. 36 weeks since documented positive hCG (urine or serum)
    c. Medically-indicated inductions may be necessary prior to 39 weeks in the presence of certain maternal or fetal indications, which include, but are not limited to:
        i. Preeclampsia ($\geq$ 37 weeks)
        ii. Fetal growth restriction ($\geq$ 37 weeks)
        iii. Twins (37-38 weeks)
        iv. Oligohydramnios, AFI $\leq$ 5 cm ($\geq$ 37 weeks)
        v. PROM ($\geq$ 34 weeks)
        vi. Chorioamnionitis (any gestational age)
        vii. Fetal demise (any gestational age)
        viii. Severe preeclampsia (any gestational age)
    d. Unless maternal/fetal indications are present, induction for post-dates is at $\geq$ 41 weeks
    e. Logistical reasons may be an indication for induction after 39 weeks with good dating criteria (see 4b). Example: Patient lives a long distance from hospital (CFV Ob section definition: out of county address)
    f. Suspected fetal macrosomia is *not* an indication for induction
5. Evaluate FHR status prior to starting induction.
6. Contraindications to labor induction include, but are not limited to:
    a. Complete placenta previa or vasa previa
    b. Active genital herpes
    c. Prior classical Cesarean delivery
    d. Previous myomectomy entering endometrial cavity
    e. Category III fetal heart rate
7. Document all of the following in patient's chart:
    a. Counseling of risks/benefits of induction
    b. Indication for induction
    c. Gestational age
    d. Cervical exam to include Bishop's score
    e. Adequacy of pelvis
    f. FHR status
    g. Estimated fetal weight (SGA, AGA, or LGA)
    h. Method for induction or cervical ripening
8. Pre-printed progress notes are available to facilitate documentation of ACOG-recommended requirements for induction

References:

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4. Intrauterine Growth Restriction. ACOG Practice Bulletin No. 12, January 2000.
5. Multiple Gestation: Complicated Twin, Triplet, and High-Order Multifetal Pregnancy. ACOG Practice Bulletin No 56, October 2004.
6. Perinatal mortality and neonatal morbidity rates among twin pairs at different gestational ages: Optimal delivery timing at 37 to 38 weeks' gestation. Am J Obstet Gynecol 2001; 184:451-8.
7. Premature Rupture of Membranes. ACOG Practice Bulletin No. 30, April 2007.
8. Fetal Macrosomia. ACOG Practice Bulletin No. 22, November 2000.
9. Management of Intrapartum Fetal Heart Rate Tracings. ACOG Practice Bulletin No. 116, November 2010.
10. Vaginal Birth after Previous Cesarean Delivery. ACOG Practice Bulletin No. 115, August 2010.
11. Clinical Guidelines for the Obstetrical Services of the CRICO-insured Institutions. November 2009.
12. Elective induction and augmentation bundles. Institute for Health Improvement. January 2009.
13. ACOG/ACP Guidelines for Perinatal Care, Sixth edition. Washington DC, November 2007.