INDUCTION OF LABOUR IN THE BIRTH CENTRE GUIDELINE

1. OPTIMAL OUTCOMES
   - Cervical ripening enabling artificial rupture of the membranes
   - Successful induction of labour and birth in Birth Centre

2. PATIENT
   - Women booked at the Birth Centre requiring induction of labour for post dates up to term +13

3. STAFF
   - Registered Midwives
   - Medical officers

4. EQUIPMENT
   - CTG Machine

5. CLINICAL PRACTICE
   - Discuss induction of labour with appropriate registrar/consultant
   - Book the induction of labour with the Birth Centre, Delivery Suite and Antenatal ward
   - Admit the woman to the Antenatal Ward for Prostaglandin
   - Inform the Birth Centre midwives of progress or Delivery Suite if no progress
   - Perform CTG in labour
   - Transfer woman when labour has established following a normal CTG
   - Perform artificial rupture of membranes in Birth Centre if Bishop Score exceeds 7 and fetal head is engaged
   - ARM is performed by Birth Centre midwife
   - Transfer to Delivery Suite if the above criteria are not met
   - Assessment and ARM are performed in Delivery Suite by the obstetric registrar. If contractions establish within (4hours) she is transferred to the Birth Centre, otherwise a Syntocinon infusion is commenced and she remains in the Delivery Suite

6. HAZARDS/SUB-OPTIMAL OUTCOMES
   - Unsuccessful induction of labour
   - Labour and birth do not occur in the Birth Centre

7. DOCUMENTATION
   - Integrated notes
   - Partogram

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8. EDUCATIONAL NOTES
   • The rate of uterine hyperstimulation with prostaglandin gel is 2.9% and usually occurs within the first hour of administration.

9. RELATED POLICIES/ PROCEDURES/GUIDELINES
   • Administration of prostaglandin

10. REFERENCES
   • AJ Kelly, J Kavanagh, J Thomas Vaginal prostaglandin (PGE2 and PGF2a) for induction of labour at term Cochrane Database of Systematic Reviews 2006 Issue 3
   • Egarter CH, Husslein PW, Rayburn WF, Uterine hyperstimulation after low dose prostaglandin E2 therapy: tocolytic treatment in 181 cases American Journal of Obstetrics and gynaecology 1990 163 794-6