



Policy: Induction of Labor

Policy Number: 701-0004

Effective: 08/15/01

Audit Review: 03/04/15

POLICY:

- Patient must be greater than 39 weeks for induction unless medically indicated.
- In order to provide a quality standard of care to patient undergoing induction there should be no more than one induction of labor in progress on a shift or scheduled per day unless additional 1:1 nursing can be provided.

INDICATIONS:

- a. Pregnancy induced hypertension
- b. Maternal diabetes
- c. Premature rupture of membranes
- d. Post maturity (more than 40-42 weeks of gestation)
- e. Suspected fetal jeopardy
- f. Intrauterine fetal demise

CONTRAINDICATIONS:

Maternal

- a. Classical cesarean incision
- b. Abnormalities of uterus, vagina, or pelvis
- c. Placental abnormalities – relative
- d. Active herpes type II in genital tract
- e. Invasive cervical carcinoma – relative

Fetal

- a. Fetal malpresentation
- b. Low birth weight or preterm fetus – relative
- c. Fetal distress shown by electronic fetal monitoring – relative

Bishop Score



A pelvic scoring using the assigned value of factors listed below will assess readiness for induction. Scores of 6 or more suggest the highest probability of successful induction.

ASSIGNED VALUES				
Factor	0	1	2	3
Cervical dilatation	0	1-2 cm	3-4 cm	5 cm or more
Cervical effacement	0% - 30%	40% - 50%	60% - 70%	80% or more
Fetal station	-3	-2	-1, 0	+1, +2
Cervical consistency	Firm	Medium	Soft	
Cervical position	Posterior	Midposition	Anterior	