

**FREEMAN HEALTH SYSTEM
CONSENT FOR INDUCTION OF LABOR**

I hereby authorize Dr. or Midwife _____ and/or other medical staff, including students, of the provider's choice, to perform upon _____ an induction of labor, and any other surgical or diagnostic procedures that may be required to complete delivery of the baby.

Type of Induction (please indicate): **Elective** _____ **Medically Indicated** _____

Please initial each paragraph. If you have questions, please ask the Doctor/midwife before initialing.

Possible Benefits and Risks of Labor Induction

_____ I have reviewed the benefits of labor induction with my physician/midwife which may include:

- Choosing my delivery date
- Choosing provider who delivers my baby
- Preventing complications for me or my baby due to prolonging my pregnancy

_____ I have discussed the use of medication for cervical ripening with my provider and I understand the risks of:

- Excessive stimulation of the uterus to the point that may require an emergency delivery, either vaginally or abdominally.
- I also understand that rarely the uterus may rupture under these circumstances and cause death of my baby and severe hemorrhage and/or death to myself

_____ I understand that inducing labor increases my risk for complications when compared to mothers who begin labor "naturally." Significant risks for me and my baby include (although frequency not defined):

Risks for Me

- Nausea and vomiting
- A significant increase in the cesarean section rate especially if this is the delivery of my first baby
- A longer, harder, labor sooner in the process requiring pain relief
- Assisted vaginal birth with forceps or vacuum extractor
- Contractions that occur too frequently, are too hard, too long, spasmodic and even uterine rupture
- Ineffective contractions after prolonged use of Pitocin and water intoxication may occur after 24 hours
- Excessive bleeding after delivery, pelvic blood clot, fatal loss of clotting fibrin and need for blood transfusion
- Abnormal heart beats
- Severe allergic reaction

Risks for my Baby

- Prematurity of the newborn
- Treatment in the Neonatal Intensive Care Unit
- Lower Apgar score (rating of breathing, heart rate, muscle tone, reflexes and color) and even fetal death
- Brain damage
- Cardiac arrhythmias including heart rate too high or too low
- Hemorrhage in the eyes and jaundice of the newborn

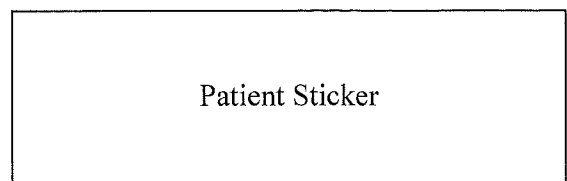
_____ I have discussed the possibility of failure of the induction attempt with my provider, and I am prepared to be released from the hospital to my home when failure to enter satisfactory labor has been established and it is safe for me and my baby to do so (not applicable for medically indicated induction.)

_____ I also realize that if I have a cesarean birth it will increase my risk of further Cesarean births and the risks associated with that procedure.

_____ I further acknowledge that no guarantees have been given to me regarding the results of this or other necessary procedures during my care.

_____ I have read/received the information entitled: **Information Concerning Induction Of Labor**

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Freeman Health System

AUTHORIZATION AND CONSENT FOR INDUCTION OF LABOR

My doctor/midwife has explained to me the risks, benefits, possibility for complications, as well as the expected results, medical alternatives, and the expected consequences of my refusing the recommended procedure(s) if induction is medically indicated. These have been explained to me by my provider and I have been given the opportunity to ask questions, and have my questions answered. I wish to go forward with the induction and accept the risks of the procedure as opposed to simply allowing labor to begin spontaneously at a later date.

I have read and fully understand this consent form. I understand I should not sign this form if all items, including my questions, have not been explained or answered to my satisfaction. I understand that I can withdraw this consent at any time before the beginning of the procedure. I understand that I can request that this form be read to me.

Signature (Patient/ or person allowed to consent for patient) Date _____ Time _____

Relationship to patient

Witness Date _____ Time _____

REFUSAL OF INDUCTION

The consequences of refusal of induction of labor have been explained by my physician/midwife and I have decided to refuse this procedure.

Signature (Patient/ or person allowed to consent for patient) Date _____ Time _____

Relationship to patient

Witness Date _____ Time _____

REAFFIRMATION OF CONSENT AND AUTHORIZATION

****To be obtained when consent was given more than 7 days prior to procedure.**

Place: _____ Date: _____ Time: _____ am/pm

I acknowledge that I have read and understand this agreement and I again agree to the medical treatment described above.

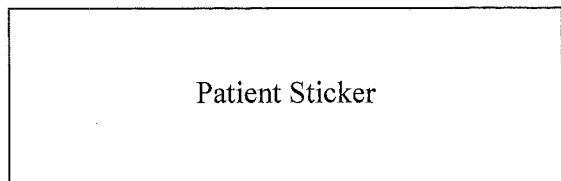
Signature (Patient/ or person allowed to consent for patient) Date _____ Time _____

Relationship to patient

Witness Date _____ Time _____

Signature of Physician/Midwife Date _____ Time _____

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FREEMAN HEALTH SYSTEM
CONSENT FOR AUGMENTATION OF LABOR

Your doctor/midwife is recommending the use of a medication called Pitocin (oxytocin) to increase the amount and/or strength of your contractions. This is called labor "Augmentation" and is used when your contractions do not result in continued cervical dilatation or movement downward (descent) of your baby.

Pitocin (oxytocin) will be started at a low dose and gradually increased until you have regular contractions. These contractions should be stronger than the ones you are currently having and therefore should be more effective at dilating your cervix or moving the baby down. The side effects are related to the amount given; therefore the dose is closely monitored by your nurse and physician/midwife. Significant risks for you and your baby include (although frequency not defined):

Risks for Me

- Nausea and vomiting
- A longer, harder labor sooner in the process requiring pain relief
- Assisted vaginal birth with forceps or vacuum extractor
- Contractions that occur too frequently, are too hard, too long, spasmodic and even uterine rupture
- Ineffective contractions after prolonged use of Pitocin and water intoxication may occur after 24 hours
- Excessive bleeding after delivery, pelvic blood clot, fatal loss of clotting fibrin and need for blood transfusion
- Abnormal heart beats
- Severe allergic reaction

Risks for my Baby

- Treatment in the Neonatal Intensive Care Unit
- Lower Apgar score (rating of breathing, heart rate, muscle tone, reflexes and color) and even fetal death
- Brain damage and convulsions
- Cardiac arrhythmias including heart rate too high or too low
- Hemorrhage in the eyes and jaundice of the newborn

The alternative to augmentation is to continue labor without assistance. There are risks to prolonged or ineffective labor that include:

- Increased risk of infection in your baby
- Increased risk of infection in you
- Hemorrhage (excessive bleeding)
- Increased need for Cesarean delivery

I have read and fully understand this consent form. I understand I should not sign this form if all items, including my questions, have not been explained or answered to my satisfaction. I understand that I can withdraw this consent at any time before the beginning of the procedure. I understand that I can request that this form be read to me.

Signature (Patient/ or person allowed to consent for patient)

Date

Time

Relationship to patient

Witness

Date

Time

REFUSAL OF AUGMENTATION

The consequences of refusal of augmentation of labor have been explained by my physician/midwife and I have decided to refuse this procedure.

Signature (Patient/ or person allowed to consent for patient)

Date

Time

Relationship to patient

Witness

Date

Time

Signature of Physician/Midwife

Date

Time

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Patient Sticker

**FREEMAN HEALTH SYSTEM
PRE-DELIVERY EVALUATION***



PATIENT NAME: _____
 DOB: _____ EDC: _____ PROCEDURE SCHEDULE DATE: _____

**This form should accompany all scheduled inductions and cesarean consents and faxed to Birthing Center prior to scheduled event.*

PATIENT'S MUST MEET FETAL MATURITY CRITERIA TO SCHEDULE ANY ELECTIVE INDUCTION OR CESAREAN SECTION

PLEASE INDICATE METHOD OF MATURITY VERIFICATION

- ____ Ultrasound measurement at ≤ 20 weeks gestation supports gestation age of ≥ 39 weeks
- ____ Fetal heart tones have been documented as present for 30 weeks by doppler ultrasonography
- ____ It has been 36 weeks since a positive serum or urine human chorionic gonadotropin pregnancy test
- ____ Positive fetal lung maturity testing

PRE-SCHEDULED CESAREAN SECTION CHECKLIST- PLACE A "P" FOR PRIMARY REASON AND CHECK ALL THAT APPLY

- | | |
|--|-----------------------------|
| ____ Previous hysterotomy/C-Section | ____ Fetal anomaly: _____ |
| ____ Abnormal uterine structure: _____ | ____ Fetal condition: _____ |
| ____ Multiple gestation | ____ Fetal malpresentation |
| ____ Maternal medical condition: _____ | |
| ____ Maternal infection: _____ | ____ Elective |

PRE-INDUCTION AND CERVICAL RIPENING CHECKLIST- Place a "P" for primary reason and check all that apply

MEDICALLY INDICATED INDUCTION

Maternal Conditions

Fetal Conditions

- | | |
|---|---|
| ____ Chorioamnionitis | ____ Isoimmunization |
| ____ Hypertensive disorders | ____ Severe IUGR ($< 10^{\text{th}}$ percentile for gestation age) |
| ____ Diabetes mellitus | ____ Fetal demise |
| ____ Membranes ruptured for _____ hours | ____ Fetal anomaly (list) _____ |
| ____ Decreased amniotic fluid volume | ____ Biophysical profile of ____/____ |
| ____ Polyhydramnios | ____ Variant antepartum testing (explain) _____ |
| ____ Placental abruption | |
| ____ Gestation > 41 weeks | ____ Other (list) _____ |
| ____ Cervical dilatation $> 4\text{cm}$ | |
| ____ Other (list) _____ | |

ELECTIVE INDUCTION - MUST BE SCHEDULED NO EARLIER THAN 6 WEEKS PRIOR TO THE INTENDED DELIVERY DATE

____ Patient must be 39 wks gestation or greater (as confirmed by Fetal Maturity Criteria above)

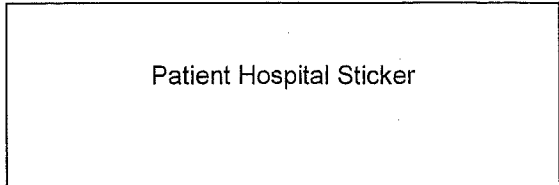
Bishop's Score: _____ (for all types of inductions)

INTRAPARTUM INDICATIONS FOR LABOR AUGMENTATION

- | | |
|-------------------------------------|---|
| ↑
For Use
in
Hospital
↓ | ____ Latent phase of labor exceeding 20 hrs in primiparous or 14 hrs in multiparous patient |
| | ____ Active phase of labor with arrest in dilation exceeding 2 hrs with inadequate uterine activity |
| | ____ A pattern of < 220 MVU without adequate labor progress |
| | ____ A pattern with < 1 UC every 2-3 min & not palpating strong |

 PHYSICIAN/MIDWIFE'S SIGNATURE

 DATE/TIME



PHYSICIAN'S ORDERS

DIET			
HEIGHT		WEIGHT	
DIAGNOSIS			
DRUG ALLERGIES			
WRITTEN		Noted by nurse	Dispensing under nonproprietary name permissible unless initialed in this column for each medication ordered
Date	Hour		OXYTOCIN INDUCTION/AUGMENTATION ORDERS
		1.	Apply fetal monitor and obtain 30 min baseline tracing of FHR
		2.	Obtain completed Pre-Delivery Evaluation form and consent and place on chart.
		3.	Complete Pre-Induction/Cervical Ripening Checklist. All checklist parameters MUST be present for all inductions. If criteria not met, notify provider.
		4.	Use pre-mixed oxytocin 30 units in 500 mL (60 milliunits (mU) =1 mL of solution). This solution will provide a 1:1 ratio for dosing: 1 mU/min = 1 mL/hr. Piggyback oxytocin into mainline of D5LR* (or ordered mainline solution) at the closest port to the patient. If bolus is required, use LR piggybacked into mainline. <i>*NOTE: prior to delivery, oxytocin must NEVER be used as a mainline IV solution</i>
		5.	Start oxytocin at 1-2 mU/min for low dose or 2 mU/min for high dose protocol via infusion pump. ____ Low Dose ____ High Dose
		6.	Assessment/document FHR pattern, uterine activity, maternal pulse and BP q 30 min and complete "In-use oxytocin Checklist" with or without oxytocin increase
		7.	If In-use checklist criteria are met, increase 1-2 mU/min for low dose and 1-4 mU/min for high dose at not less than 30 min intervals until adequate progress of labor is established
		8.	If checklist criteria are not met, maintain, decrease or discontinue oxytocin according to maternal-fetal response to interventions to improve fetal monitor tracing..
		9.	Once adequate labor is established, titrate to maternal-fetal response.
		10.	Notify care provider if adequate labor has not been achieved by 20 mU/min or 5 hours has elapsed
		11.	FOR: a. Prolonged deceleration b. Fetal bradycardia c. Recurrent late decelerations d. Recurrent variable decelerations with loss of variability e. Other signs of fetal intolerance DISCONTINUE OXYTOCIN, INITIATE INTRAUTERINE RESUSCITATION AND NOTIFY PROVIDER



PHYSICIAN'S ORDERS

DIET			
HEIGHT		WEIGHT	
DIAGNOSIS			
DRUG ALLERGIES			
WRITTEN		Noted by nurse	Dispensing under nonproprietary name permissible unless initialed in this column for each medication ordered
Date	Hour		OXYTOCIN INDUCTION/AUGMENTATION ORDERS
		12.	<p>If uterine tachysystole occurs:</p> <p>A. Tachysystole with Category I Characteristics:</p> <ol style="list-style-type: none"> 1. Evaluate / empty bladder 2. Reposition to left or right 3. Give 500 mL bolus of LR 4. If tachysystole not resolved in 10 min. decrease oxytocin infusion rate by one half 5. If tachysystole remains after an additional 10 min discontinue oxytocin infusion <p>B. Tachysystole with Category II Characteristics</p> <ol style="list-style-type: none"> 1. Evaluate / empty bladder 2. Reposition to left or right 3. Give 500 – 1000 mL or LR (use caution with repeated boluses) 4. Decrease oxytocin infusion by one half 5. If tachysystole is not resolved in 10 min, discontinue oxytocin infusion and notify provider 6. O2 per non-rebreather mask at 10 – 15 L/min <p>C. Tachysystole with Category III Characteristics</p> <ol style="list-style-type: none"> 1. Discontinue oxytocin 2. Reposition to left or right 3. Give 500 – 1000 mL bolus LR (use caution with repeated boluses) 4. O2 per non-rebreather mask at 10 – 15 L /min 5. Notify provider
		13.	<p>Oxytocin infusion may be resumed when the Pre-Induction/Cervical Ripening Checklist fetal heart rate criteria are met and checklist reaffirmed</p> <ul style="list-style-type: none"> • If off less than 40 min, resume at no more than one half last rate • If off more than 40 min resume at the initial dose ordered
		14.	<p>Post delivery, infuse oxytocin 300 mU/min (300 mL/hr) or as directed by physician. Maximum rate not to exceed 500 mU/min (500 mL/hr)</p>
			<p>Physician/Midwife's Signature _____ Time _____ Date _____</p>



PHYSICIAN'S ORDERS

DIET		
HEIGHT		WEIGHT
DIAGNOSIS		
DRUG ALLERGIES		
WRITTEN		Noted by nurse
Dispensing under nonproprietary name permissible unless initialed in this column for each medication ordered		
Date	Hour	
MISOPROSTOL CERVICAL RIPENING ORDERS		
		1. <input type="checkbox"/> Admit Inpatient <input type="checkbox"/> Place in Observation <input type="checkbox"/> Outpatient
		2. Obtain completed Pre-Delivery Evaluation form and consent and place on chart.
		3. Apply fetal monitor and obtain 30 min baseline tracing of FHR and uterine activity
		4. Complete Pre-Induction/Cervical Ripening Checklist. If criteria can not be met, notify provider.
		5. Have patient void before insertion.
		6. Cytotec (Misoprostol) 25 mcg (1/4 of a 100 mcg tablet) to be placed in the posterior vagina by provider for 1 st dose. Subsequent doses may be placed by RN.
		7. Patient should remain recumbent for 2 hrs following insertion (a lateral position is preferred) and then may ambulate if EFM telemetry is used.
		8. Continuous fetal monitoring. Monitor maternal VS q 30 min for 2 hours after insertion, then q 4 hours
		9. May be re-dosed q 4 hours (not to exceed 2 doses by RN) if: <ul style="list-style-type: none"> • There are less than 2 contractions per 10 min (should be felt by patient and palpable by RN). • Fetal heart tracing shows no signs of intolerance
		10. Repeat Pre-induction/Cervical Ripening Checklist and if criteria met, Start Oxytocin at _____ (time) using Oxytocin orders. (May not be within 4 hours after last dose.) If checklist criteria can not be met, notify provider.
		11. ***If FHR pattern indicates fetal intolerance to uterine activity: <ul style="list-style-type: none"> • Turn patient on left side. • Bolus with 500 mL LR unless otherwise indicated • Start O2 per non-rebreather mask at 10-15 L/min PRN • Notify provider
		Physician / Midwife Signature
		Time
		Date



Name: Induction/Augmentation of Labor With Oxytocin**Path:** \\ PATIENT SERVICES - POLICIES\
BIRTHING CENTER**Effective Date:** 4/5/2010**Status:** Active [WILSON,DEBORAH L]**Supersedes:**

Approval(s):	Employee	Decision
	WILSON,DEBORAH L	Approved

Department(s):	Dept #	Department
	01.6500	FHS BIRTHING CENTER

Revisions: 04/2010**Reviews:****Special Approvals:****Keywords:**

Reviewer(s): CAMERON,COLEEN S [01.6000] FHS PT SERV ADMIN [10230] CHIEF REGULATORY OFFICER	CARRIER,JEFFREY M [01.6000] FHS PT SERV ADMIN [10240] CHIEF NURSING OFFICER	HENDERSON,SHARON K [01.6000] FHS PT SERV ADMIN [10360] DIRECTOR OF MATERNAL CHILD SERVICES	HUNT,PAMELA C [01.6500] FHS BIRTHING CENTER [11440] SUPERVISOR BIRTHING CENTER
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Purpose: To promote safe and effective use of oxytocin for induction and/or augmentation of labor.**Policy:****Physician, Midwife, and Nurse Responsibilities:**

Responsibility for the decision to use oxytocin for labor induction or labor augmentation rests with the attending physician and/or

midwife. A physician with privileges to perform a cesarean birth must be available within 30 minutes.

Nurses may refuse to administer oxytocin if in their best judgment it is contraindicated or if the needs of the service make it difficult or impossible to adequately monitor maternal-fetal status.

Guidelines For Practice:**Before Oxytocin Administration:**

Verify that the physician or midwife has discussed the indications and potential risks and benefits of induction or augmentation of labor with the pregnant woman.

Verify that the indication for induction is documented in the medical record. If induction is elective, verify gestational age of at least 39 completed weeks and method of determination of gestational age has been documented by the provider in the medical record.

Follow routine admission procedure and perform vaginal examination to evaluate cervical status and fetal station and presentation. The Bishop score will be documented in the medical record.

Assist the woman to a position of comfort, preferably the left or right lateral position.

Apply electronic fetal monitor and record fetal heart rate (FHR) for at least 30 minutes before initiation of oxytocin infusion. Before oxytocin is administered, the FHR pattern should be normal. Notify physician or midwife if the FHR pattern is indeterminate or abnormal.

Oxytocin Dosage and Administration

Premixed solution of 30 units in 500 mL NS (1 milliunit per minute [mU/min] = 1 milliliter per hour [mL/hour])

Start low dose oxytocin at 1-2 mU/min and gradually increase by 1-2 mU/min until adequate progress of labor is established and/or contractions occur every 2-3 minutes.

If high dose oxytocin is ordered, it may be started at 2mU/in and increased by 1-4 mU/min until adequate progress of labor is established and/or contractions occur every 2-3 minutes.

Once adequate labor is established, maintain or decrease oxytocin at baseline rate necessary for continued labor progress.

May decrease or discontinue oxytocin infusion during the second stage of labor to approximate physiologic second stage contraction pattern.

Oxytocin may be increased to 20 mU/min per this protocol at the discretion of the nurse.

A bedside evaluation by the attending physician is needed to increase beyond 20 mU/minute. This dosage should be considered only in unusual clinical situations.

Maternal-Fetal Assessment

The FHR pattern should be evaluated every 15 minutes and every 5 minutes during the active pushing phase of the second stage of labor. At a minimum, each time oxytocin dose or rate is increased or decreased (or at least every 30 minutes if the dosage is unchanged), documentation in the medical record of the following maternal-fetal assessments should be accomplished (ACOG, 1999, 2003, 2005; Simpson, 2008):

Fetal Heart Rate: Baseline rate, variability, presence or absence of FHR accelerations, presence or absence of FHR decelerations, and interventions as appropriate

Uterine Activity: Contraction frequency, duration, intensity, and uterine resting tone by palpation or intrauterine pressure catheter (IUPC)

Maternal Response to Labor: The woman's response to the contractions (not feeling contractions, using breathing techniques with contractions, requiring intense labor coaching with contractions, comfortable with contractions with epidural analgesia, etc.)

If a registered nurse is not available to evaluate clinically the effects of the oxytocin infusion at least every 15 minutes, the infusion should be discontinued until that level of nursing care is available (AAP & ACOG, 2007). The attending physician or midwife will be notified.

Maternal Activity

Encourage the woman to try alternatives to bedrest such as ambulating in the labor room or hall or using a rocking chair. Other labor support techniques for women who wish to be out of bed include use of the birthing ball and a warm shower. When the woman is out of bed during oxytocin infusion, use electronic fetal monitoring telemetry unit to monitor the FHR and uterine activity.

Labor Progress

Women receiving oxytocin should have cervical examinations periodically as clinically indicated to assess labor progress.

Tachysystole

Tachysystole is defined as:

- more than 5 contractions in 10 minutes, averaged over 30 minutes,
- a series of single contractions lasting 2 minutes or more,
- contractions of normal duration occurring within 1 minute of each other, or
- insufficient return of uterine resting tone between contraction via palpation or intraamniotic pressure above 25 mmHg between contractions via IUPC.

Clinical Actions for Oxytocin-Induced Tachysystole (Normal FHR Pattern)

- Maternal repositioning (left or right lateral position)
- Intravenous fluid bolus of at least 500 mL of lactated Ringer's solution
- If uterine activity has not returned to normal after 10-15 more minutes, discontinue oxytocin until uterine activity is no more than five contractions in 10 minutes
- Resumption of oxytocin after resolution of tachysystole: If oxytocin has been discontinued for less than 40 minutes, the FHR is normal, and contraction frequency, intensity, and duration are normal, resume oxytocin at no more than half the rate that caused the tachysystole and gradually increase the rate as appropriate based on unit protocol and maternal-fetal status. If the oxytocin is discontinued for more than 40 minutes, resume oxytocin at the initial dose ordered.

Clinical Actions for Oxytocin-Induced Tachysystole (Indeterminate or Abnormal FHR Pattern)

- Discontinue oxytocin
- Maternal repositioning (left or right lateral position)
- Intravenous fluid bolus of at least 500 mL of lactated Ringer's solution
- Oxygen at 10-15 L/min per non-rebreather facemask (discontinue as soon as possible)
- If no response, consider 0.25mg terbutaline subcutaneously - obtain order from provider
- Resumption of oxytocin after resolution of tachysystole: If oxytocin has been discontinued for less than 40 minutes, the FHR is normal and contraction frequency, intensity, and duration are normal, resume oxytocin at no more than half the rate that caused the tachysystole and gradually increase the rate as appropriate based on unit protocol and maternal-fetal status. If the oxytocin is discontinued for more than 40 minutes, resume oxytocin at the initial dose ordered.

Indeterminate or Abnormal Fetal Status

Identification of indeterminate or abnormal FHR patterns that do not resolve with the usual intrauterine resuscitation measures requires notification of the physician or midwife and documentation in the medical record of the content of the conversation and interventions to resolve the clinical situation, including the maternal-fetal response.

Internal Monitoring

Internal monitoring may be appropriate based on the individual clinical situation. If unable to record an interpretable FHR tracing and/or uterine activity tracing, women receiving oxytocin may have a fetal spiral electrode (FSE) and/or IUPC placed, if indicated.

Insertion of a FSE requires a physician or midwife order. Once membranes have ruptured, FSEs may be placed by an RN who has demonstrated appropriate skill level. IUPCs are inserted by physician or midwife.

If unable to insert internal monitors and/or unable to record the FHR and/or uterine activity, the oxytocin

infusion should be discontinued until an interpretable FHR pattern and uterine activity pattern can be recorded. The physician or midwife who ordered the oxytocin should be notified.

References

American Academy of Pediatrics & American College of Obstetricians and Gynecologists. (2007). *Guidelines for perinatal care* (6th ed.). Elk Grove Village, IL: Authors.

American College of Obstetricians and Gynecologists. (2005). *Intrapartum fetal heart rate monitoring* (Practice Bulletin No. 62). Washington, DC: Author.

American College of Obstetricians and Gynecologists. (2003). *Dystocia and augmentation of labor*. (Practice Bulletin No. 49). Washington, DC: Author.

American College of Obstetricians and Gynecologists. (1999). *Induction of labor* (Practice Bulletin No. 10). Washington, DC: Author.

Simpson, K.R. (2008). *Cervical ripening, induction and augmentation of labor* (Practice Monograph). Washington, DC: Association of Women's Health, Obstetric and Neonatal Nurses.

Policy:
Version:

Generated: [4/11/2011 10:22 AM]
Expires: [4/13/2011 10:22 AM]

Name: CERVICAL RIPENING CYTOTEC (MISOPROSTOL) (JOPLIN)**Path:** \\ PATIENT SERVICES - PROCEDURES\
BIRTHING CENTER**Effective Date:** 11/1/1996**Status:** Active [WILSON,DEBORAH L]**Supersedes:****Approval(s):**

Employee	Decision
WILSON,DEBORAH L	Approved

Department(s):

Dept #	Department
01.6500	FHS BIRTHING CENTER

Revisions: 11/1996 , 06/2000 , 10/2001 ,
06/2004 , 02/2006 , 07/2008 , 03/2010**Reviews:** 11/1998 , 08/2002**Special Approvals:****Keywords:****Reviewer(s):**CAMERON,COLEEN S
[01.6000] FHS PT SERV ADMIN
[10230] CHIEF REGULATORY
OFFICERCARRIER,JEFFREY M
[01.6000] FHS PT SERV
ADMIN
[10240] CHIEF NURSING
OFFICERHUNT,PAMELA C
[01.6500] FHS BIRTHING CENTER
[11440] SUPERVISOR BIRTHING
CENTER

OBJECTIVE: To facilitate cervical ripening (effacement and softening of the cervix) to prepare for induction of labor. Cytotec (misoprostol) is one medication that is used.

GATHER EQUIPMENT - fetal monitor

- thermometer
- blood pressure cuff
- stethoscope
- Cytotec as ordered by **provider**
- sterile exam glove
- gelatin capsules (if requested)

PROCEDURE

1. Greet and admit patient in usual fashion according to policy and procedure.
2. **Consent for Induction of Labor is signed and on chart.**
3. Apply external fetal monitor **and** obtain **30 min strip documenting fetal reactivity/uterine activity**. Question patient regarding knowledge base about procedure. Answer questions.
4. **Complete Pre-Induction/Cervical Ripening Checklist. If criteria cannot be met, notify provider.**
5. **Continuous Fetal Monitoring. Monitor maternal VS q 30 minutes for 2 hours after insertion, then q 4 hours.**
6. **Cytotec (Misoprostol) 25 mcg (1/4 of a 100 mcg tablet) to be placed in the posterior vagina by provider for first dose. Subsequent doses may be placed by RN.**
7. Assist physician/midwife getting the pill into the gelatin capsule (if requested) and donning sterile gloves.
8. If ordered PO - nurse gives the medication orally.
9. Follow specific **provider** instructions. Dosage may be repeated in 4-6 hours or may initiate Oxytocin as instructed by physician.

Policy:
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