

Outpatient Pre-induction Cervical Ripening with Low-Dose Misoprostol in OB Triage

Purpose:

To provide guidance for staff members caring for women presenting to OB triage for outpatient cervical ripening with low dose prostaglandins.

1.0 Guideline:

- 1.1. Outpatient ripening will be scheduled through the L&D procedures schedule book in the electronic health record (EHR).
- 1.2. **Candidates for Outpatient Pre-induction Cervical Ripening:**
 - 1.2.1. Women at term with an unripe cervix (defined as Bishop Score ≤ 5) with a medical indication for delivery, such as:
 - 1.2.1.1. Postdates pregnancy
 - 1.2.1.2. Diabetes well-controlled, i.e. GDMA1 without meds, at 40 weeks
 - 1.2.1.3. Hypertensive disease, mild, not requiring urgent delivery, after 39weeks
 - 1.2.1.4. Patients requiring non-emergent ripening/induction with complications of pregnancy warranting delivery
- 1.3. **Women who MAY be candidates depending on clinical judgment include:**
 - 1.3.1. Intrahepatic cholestasis of pregnancy
 - 1.3.2. Underlying maternal disease – cardiac, pulmonary, coagulopathy, autoimmune disease
 - 1.3.3. Women with Bishop score >5 but not in labor
- 1.4. **Women who are NOT candidates include:**
 - 1.4.1. Previous cesarean delivery or other uterine incision
 - 1.4.2. Non-reassuring fetal heart tracing
 - 1.4.3. Unexplained vaginal bleeding, placental abruption, previa

- 1.4.4. Unstable hypertensive disease
- 1.4.5. Diabetic, uncontrolled
- 1.4.6. Women with a history of 5 or more vaginal deliveries
- 1.4.7. Suspected fetal growth restriction
- 1.4.8. Multiple gestations
- 1.4.9. Malpresentation or pelvic structural deformity
- 1.4.10. Intrauterine fetal demise
- 1.4.11. Women pregnant with identified at-risk fetuses
- 1.4.12. Oligohydramnios
- 1.5. Patients eligible for outpatient ripening are instructed to call the L&D unit at 0700 on the morning of their scheduled ripening to see if they are still able to come in for their procedure.
 - 1.5.1. The charge RN will make a determination based on staffing, census, and acuity as to whether the patient should come in between 0700-0800 hours or if they should call back at a later time.
- 1.6. **Weekend cervical ripening will be scheduled in OB Triage dependent on availability of two staff members for OB Triage. When there is not sufficient staff availability on weekends/holidays, medically-indicated cervical ripening will be scheduled in Labor & Delivery.**
- 1.7. Two outpatient procedures a day may be accommodated in OB Triage at the present time.
 - 1.7.1. If there is a need for scheduling beyond two outpatient procedures, the charge nurse will work in collaboration with the OB provider to determine if this 'overbook' can be accommodated and if the patient should, instead, be brought in for maternal-fetal monitoring (non-stress test or NST) without cervical ripening.
- 1.8. Patients should be scheduled for formal induction on Labor and Delivery ~48 hours after beginning the ripening procedure (Day #3).

- 1.8.1. On Day #3, if the patient is clinically stable, is not showing signs of active labor, and still has an unripe cervix, the OB Provider may elect to continue the outpatient ripening procedure.
- 1.8.2. A discussion will occur and an alternate plan made between the OB provider, the patient scheduled for the ripening, and the charge nurse if this is decided.
 - 1.8.2.1. Please partner with the on shift provider to carefully explain the unpredictable nature of outpatient ripening to the patient (and her family) to set appropriate expectations for when labor does not commence as quickly as desired, or when staffing/beds are not available.
- 1.9. The provider will obtain informed consent.
- 1.10. Prior to receiving any ripening agent, the patient will receive a pre-ripening NST.
 - 1.10.1. If any baseline fetal heart rate (FHR) abnormalities are noted, or if the patient is having regular painful contractions every 3-5 minutes, the procedure will be cancelled and the on-call provider notified.
- 1.11. An ultrasound (to confirm presentation and amniotic fluid index (AFI)) and a cervical exam (to determine Bishop Score) will be performed by the OB provider or ultrasound certified RN prior to the insertion of misoprostol.

1.12. Bishop Score:

Bishop Scoring System				
	Points			
Parameter/Score	0	1	2	3
Dilation	Closed	1-2	3-4	5 or more
Effacement	0-30%	40-50%	60-70%	80% or more
Station	-3	-2	-1,0	+1,+2
Consistency	Firm	Medium	Soft	
Position of Cervix	Posterior	Mid-position	Anterior	

- 1.13. An order will be entered by the provider before ripening agents are used.
 - 1.13.1. Misoprostol **will not** be used in patients with a prior cesarean delivery.

- 1.14. Encourage the patient to empty her bladder before the misoprostol is placed. Inform of the need to remain in a supine or lateral recumbent position for 1 hour following placement of misoprostol into the posterior fornix.
- 1.15. Prepare supplies for insertion, including: sterile gloves, water soluble lubricant, and misoprostol 25 micrograms (found in Pyxis).
 - 1.15.1. The dose is prepared by pharmacy by cutting 100 microgram tablets into 4 equal pieces which are placed in single-dose blister packs.
 - 1.15.2. The dose will be administered by the provider or RN with documented competency.
- 1.16. Fetal heart rate and uterine activity will be monitored continuously for 1 hour following administration of misoprostol.
 - 1.16.1. If the fetal tracing remains reassuring, the patient may ambulate but should return for monitoring for at least 20 minutes every hour for the next three hours.
 - 1.16.2. Patient may take fluids by mouth ad lib.
- 1.17. Vital signs will be obtained 30 minutes x's 2 and then hourly x's 3.
- 1.18. If the fetal tracing remains reassuring, the patient is not having painful contractions and the discharge cervical dilation does not indicate active labor, she may be discharged home after 4 hours with instructions for when to return.
 - 1.18.1. Uterine tachysystole (more than 5 contractions in 10 minutes averaged over a 30 minute window) without any worrisome fetal heart rate changes, will not be an indication to stop the procedure or to not send the patient home.
 - 1.18.2. If any fetal heart rate decelerations are noted, an attempt should be made to remove the tablet, and the patient moved expeditiously to L&D for close observation.
 - 1.18.3. The on-call L&D provider will be notified and assume care.
- 1.19. If active labor has not started by 0700 the following day, the patient will return to OB Triage for a repeat cervical exam.

1.19.1. If the cervix is still unfavorable for induction, the above procedures will be repeated a second time.

1.20. If no active labor by 0700 on the third day (48 hours after the 1st dose), the patient can be evaluated for a formal induction of labor versus continued outpatient ripening.

Reviewed June 2012

Revised Jan 2015, July 2015