Central Carolina Hospital	Central Carolina Hospital Obstetrics	No. 14-6-54
Approval Signature:	**Title: Guidelines for Labor Induction and Elective Cesarean Section**	**Page 1 of 4**
_____	**Department(s):** Nursing ~~**(Hospital Policy Title)**~~	**Effective Date: 10/10** **Review Dates:** ~~**(affected departments)**~~

I. SCOPE: OB Department

II. POLICY: Induction of labor is valuable when the benefits of delivery outweigh the potential maternal and/or fetal risks. Increasing rates of induction are associated with increased risks for Cesarean Section, preterm birth and NICU admissions. Prior to initiating an induction, the provider should review the indications, risks/benefits and the necessity of induction. If the Bishop Score is < 7, consider cervical ripening. Elective Cesarean Section prior to 39 weeks is associated with an increased risk of neonatal respiratory complications, NICU admissions and increased neonatal length of stay. Delaying delivery until 39 weeks is advised by ACOG.

III. PROCEDURE:

INDUCTION:

1. Counsel patient regarding the indications for induction, risks/benefits and possible need for Cesarean Section.
2. Assess pelvis for adequacy
3. Examine cervix and perform Bishop Score. If < 7, cervical ripening in recommended prior to oxytocin.
4. Confirm gestational age.
    a. Labor should not be electively induced prior to 39 weeks.
    b. For inductions that occur at 39 weeks presumption of lung maturity should be confirmed by one or more of the following:
        i. Ultrasound at < 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)
5. 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:

a. PIH (>37 weeks)
b. Fetal growth restriction (>37weeks)
c. Twins (37-38 weeks)
d. Oligohydramnios, AFI <5cm (>37 weeks)
e. PROM (>34 weeks)
f. Chrioanmionitis (any gestational age)
g. Fetal demise (any gestational age)
h. Severe Preeclampsia (any gestational age)

6. Unless maternal/fetal indications are present, induction for post dates is >41 weeks.
7. Patients who live a long distance from the hospital should not be induced until 39 weeks
8. Suspected macrosomia is not indication for induction.
9. FHR status should be evaluated prior to starting induction.
10. Documentation of the following should be included in the 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
h. Method of induction or cervical ripening.

11. 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. Categor III fetal heart rate
e. Previous myomectomy entering endometrial cavity
f. >2 prior Cesareans with no vaginal deliveries.

CESAREAN SECTION:

1. Elective repeat Cesarean Sections should not occur until 39 weeks gestation.
2. A gestational age of 39 weeks can be confirmed by one or more of the following:
    i. Ultrasound at < 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)
3. For women with poor dating criteria or if elective delivery is planned prior to 39 weeks, an amniocenthesis for fetal lung maturity is advised.
4. Medically indicated elective Cesarean delivery prior to 39 weeks may include:
    a. Twin gestation
    b. Pre-gestational diabetes – amniocenthesis is recommended for fetal lung maturity in the absence of additional maternal indications or nonreassuring fetal testing.
    c. Gestational diabetes with poor control – lung maturity should be assessed before delivery if delivery is due to maternal or fetal compromise.

V. REFERENCES:

American College of Obstetricians and Gynecologists, ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologist, Number 97, September 2008 Fetal Lung Maturity.

American College of Obstetricians and Gynecologists, ACOG Practice Bulletin, Clinical Management Guidelines for Obstetrician-Gynecologist, Number 107, August 2009 Induction of Labor