Note to MD: Refer to Society of Obstetricians and Gynecologists of Canada (SOGC) Clinical Practice Guideline Induction of Labour

**DIET:**
NPO for 1 hour post administration of prostaglandin or intracervical foley catheter insertion

**ACTIVITY:**

**PRE CERVICAL RIPENING ASSESSMENTS:**
- Vital Signs
- Fetal Non-Stress Test

**MECHANICAL OPTION:**
- **ABSOLUTE CONTRAINDICATION:** Low-lying placenta
- **RELATIVE CONTRAINDICATION:**
  - Antepartum hemorrhage (APH)
  - Rupture of membranes (ROM)
  - Infection

- #18 single balloon intracervical Foley catheter: Prepare for catheter to be introduced into intracervical canal under sterile technique by physician. Inflate bulb with 30 to 60 mL water. Leave intracervical Foley catheter in place until it falls out spontaneously or 24 hours have elapsed
- #18 cervical ripening balloon intracervical Foley catheter: Prepare for catheter to be introduced into intracervical canal under sterile technique by physician. Inflate each bulb with up to 80 mL water. Leave intracervical Foley catheter in place until it falls out spontaneously or 24 hours have elapsed

**Monitoring:** Electronic Fetal Monitoring continuous for 1 hour post intracervical Foley catheter insertion

**PROSTAGLANDIN OPTION:**
- Prostaglandin should not be used in the setting of vaginal birth after caesarean section (VBAC) in the third trimester (risk of uterine rupture)
- dinoprostone 1 mg/2.5 mL GEL, 1 application vaginally by physician or Midwife only Q6H PRN cervical ripening posterior fornix
- dinoprostone 2 mg/2.5 mL GEL, 1 application vaginally by physician or Midwife only Q6H PRN cervical ripening posterior fornix
- dinoprostone 10 mg INSERT vaginally by physician or Midwife only into posterior fornix Q12H. Remove at onset of active labour or after 12 hours
- misoprostol 50 mcg PO Q4H PRN cervical ripening. Administer as long as uterine contractions are absent or not painful. Physician to reassess after 4 doses. Ensure misoprostol is swallowed quickly to avoid sublingual absorption **(Obstetrician must be consulted prior to ordering misoprostol)**

**Monitoring:** Electronic Fetal Monitoring continuous for 1 hour post administration of prostaglandin or following any tachysystole
- Vital signs Q4H until in active labour

**TACHYSYSTOLE:**
- nitroglycerin 0.4 mg spray, 1 spray sublingual for uterine tachysystole and inform physician immediately

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