NURSING SERVICE

LABOR AND DELIVERY

POLICY TITLE: **INDUCTION OF LABOR**

POLICY: **6190-14**

Only three (3) inductions may be scheduled for Monday through Friday. No inductions will be scheduled on hospital recognized holidays. If the weekday slots are filled, two (2) inductions may be scheduled for Saturday and Sunday excluding holidays.

ACOG recognized indications for induction of labor:
Abruptio placenta
Chorioamnionitis
Fetal Demise
Gestational Hypertension
Pre-eclampsia, eclampsia
Premature rupture of membranes
Post Term pregnancy (greater than or equal to 41 weeks)
Maternal Medical Conditions (Diabetes, Renal disease, COPD, Chronic HTN, anti phospholipid syndrome)
Fetal Compromise (severe IUGR, isoimunization, oligohydramnios)
Risk of rapid labor
Distance from the hospital
Psychosocial indications

Contraindications for induction of labor include but are not limited to:
Vasa previa or complete previa
Transverse lie
Umbilical cord prolapsed
Previous classical cesarean delivery
Active Herpes
Previous myomectomy entering the endometrial cavity

Patient census and acuity in Labor and Delivery will determine the feasibility of providing safe care for inductions. If, in the Charge Nurse's clinical judgment, inductions cannot be cared for as a result of high census/acuity, it will be the responsibility of the Charge Nurse to notify the appropriate physician for rescheduling of those inductions.

Elective inductions with no ACOG endorsed medical indication must be at least 39 weeks gestation.

Consents and orders for scheduled inductions will be sent over from the obstetrician's office prior to the patient's arrival to L&D. The indication for induction will be documented on the order sheet. Cervical ripening should be considered in patients with a bishop score less than 6.

Cervix	Score			
	0	1	2	3
Position	Posterior	Midposition	Anterior	---
Consistency	Firm	Medium	Soft	---
Effacement	0-30%	40-50%	60-70%	>80%
Dilation	Closed	1-2 cm	3-4 cm	>5 cm
Baby's Station	-3	-2	-1	+1, +2

OXYTOXIC DRUGS

Oxytocic drugs are to be given for the induction or augmentation of labor only under the direct order of the attending provider and within the framework of this policy. The administration of oxytocic drugs for induction must be accomplished via a controlled infusion device.

The provider ordering the Oxytocin drug is directly responsible for its administration by the Labor and Delivery Registered Nurse. The attending physician must be readily available during Pitocin infusion.

The amount and rate of the administration of the oxytocic drugs are to be written as an order by the physician or nurse midwife. The nurse will notify the provider when the dosage has reached 20 milliunits. The provider must re-evaluate the patient when the maximum dose of 20 milliunits per minute is reached. If the physician orders a dose of greater than 40 milliunits per minute to be administered, he/she must be present in the facility at all times and a vaginal exam must be performed and recorded prior to the initiation of dose greater than 40 milliunits per minute.

The Labor and Delivery Registered Nurse is responsible for monitoring the patient closely and keeping the provider informed of any change in the patient's condition. The Labor and Delivery Registered Nurse must know the action of oxytocics and the signs and symptomology of untoward effects. She must also be prepared to take the necessary steps to prevent complications.

If the nurse has reasonable doubt about the administration of oxytocics, she must verify the order to continue the medication after consulting with the provider and reviewing the patient's condition with him/her. If any question arises during the administration of the drug, the nurse may discontinue the infusion immediately and notify the attending physician.

The Labor and Delivery Registered Nurse is responsible for documenting the amount of oxytocic drug, in milliunits and documenting the Fetal Heart Rate, as well as the intensity, frequency, duration, and resting tone of uterine contractions. These parameters must be

evaluated and documented every 15 minutes. If an intrauterine pressure catheter is in use, Montevideo units should also be documented each time the pitocin is adjusted. Montevideo units of 180-250 indicate adequate labor. The characteristics of the Fetal Heart Rate must be documented as well.

All patients over 20 weeks gestation receiving Pitocin infusion, should be on a continuous electronic fetal monitor Toco transducer. Patients with a viable fetus must also be on the ultrasound transducer.

The rate of the infusion must be verified every 15 minutes and documented in the nurses' notes.

Indications to decrease or discontinue oxytocic infusion include, but are not limited to: excessive uterine contractions (tachysystole) or tetanic uterine contraction noted, fetal bradycardia, non-reassuring fetal heart rate, and fetal tachycardia. If a nonreassuring FHR tracing is determined, the Pitocin should be stopped, intrauterine resuscitation measures initiated and the physician or nurse mid-wife notified. Anytime the Pitocin is discontinued or decreased for any reason, the provider is to be notified. Documentation of reason for decrease or discontinuation of the pitocin and provider notification should be included in the chart. An order must be obtained to restart the Pitocin when appropriate.

SPECIAL CONSIDERATIONS: FETAL TACHYCARDIA, ARRYTHMIA, FETAL HEART BLOCK – CONSULT M.D. OR PROVIDER

PROCEDURE: Induction of Labor with Intravenous Oxytocin

EQUIPMENT:
IV infusion device
IV infusion device tubing
Premixed bag of NSS with 20 units of pitocin
Electronic Fetal Monitor
Primary IV as ordered by physician – with large bore IV cannula

QUALIFIED PERSONNEL: Labor and Delivery Registered Nurses

1. Verify consents have been obtained and patient understands reason for induction. Explain procedure to patient.

2. Attach patient to external Fetal Monitor. A twenty-minute assessment strip should be obtained prior to the administration of Pitocin. Notify physician if fetal heart rate is non-reassuring.

3. Start primary IV with fluid as ordered by physician.

4. Attach premixed bag of NSS with 20 units of Pitocin to pump tubing. Flush tubing for IV infusion device.

5. Prior to starting Pitocin, the patient must have a pelvic exam and the reason for induction of labor documented on the patient's chart.

6. Set infusion rate as ordered by physician. 20 units of Pitocin in 1000ml of IV fluids will result in ratio rate of 1 milliunit per minute equals 3 milliliters per hour. See the following table for dose per ml amounts:

Pitocin in Milliunits	Rate of Infusion (ml per hour)
2	6
4	12
6	18
8	24
10	30
12	36
14	42
16	48
18	54
20	60

7. Attach Pitocin tubing to Primary IV in the port closest to insertion site and begin infusion pump. Site and rate will be verified by 2 RNs when initiating pitocin and when transferring care to the next shift.

8. Increase Pitocin infusion upward as ordered by physician with a maximum dose of 20 milliunits per minute. Once adequate labor has been established notify MD in order to decrease the pitocin down until a minimal amount of pitocin is used to maintain adequate labor.

9. Assess and document fetal heart rate, contractions and resting tone every 15 minutes.

10. In the event evidence of maternal or fetal complication is identified, immediately discontinue the infusion, initiate intrauterine resuscitation measures, and notify the provider.

11. Should an order be received to infuse dose greater than 40 milliunits per minute, the physician must be present in the facility at all times the dosage exceeds 40 milliunits.

EFFECTIVE DATE: April 16, 1974

REVISION DATES: 7/19/77 12/28/79 8/12/81 5/17/83 1/22/88

4/19/89 7/10/89 1/22/92 4/19/89 4/13/95

6/6/96 5/5/99 1/13/03 7/1/03 5/17/04

7/8/04 6/22/07 5/2/08 7/14/11

REVIEW DATES: 12/19/84 9/20/85 8/22/86 5/8/90

APPROVED BY:

CRYSTAL HAYDEN, RN, MSN
SENIOR VP/CHIEF NURSING OFFICER

DAMAIN SMITH, M.D.
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

References: ACOG Practice Bulletin # 107
AWHONN Perinatal Nursing Third Edition
Guidelines for Perinatal Care Sixth Edition