

**PROTOCOL FOR: Cervidil for Preinduction Cervical Ripening and Induction of Labor**

- POLICY:**
1. Continuous fetal monitoring for a baseline FHR and UA should be initiated 30 minutes prior to placement of cervidil.
  2. Patient with viable fetus will have reassuring fetal heart rate pattern or biophysical profile 30 minutes prior to and following administration of cervidil.
  3. Vital signs should be obtained prior to administration.
  4. Patients are to remain on the fetal monitor continuously following the placement of cervidil.

**DESIRED PATIENT**

- OUTCOMES:**
1. Patient will show evidence of cervical ripening as a result of receiving cervidil.
  2. Patient will be free of uterine tetany after receiving cervidil.

**PATIENT**

- ELIGIBILITY:**
1. All patients having an induction of labor with a viable pregnancy can be considered for cervidil use.
  2. Premature ruptured membranes and oligohydramnios are not absolute contraindications.

**CONTRA-  
INDICATIONS:**

Contraindications include, but are not restricted to:

1. Unfavorable fetal positions.
2. Cases where vaginal delivery is contraindicated, such as placenta previa, vasa previa and cord prolapse.
3. Cervidil has not been extensively studied in patients with prior uterine surgery or previous cesarean delivery. These would be contraindications to cervidil until more experience is published.

**CLINICAL  
ASSESSMENT AND**

- CARE:**
1. Dosage for preinduction cervical ripening is one 10mg insert intravaginally.
  2. After administration, patients are to be observed for:
    - a. Uterine tachysystole
    - b. Non-reassuring fetal heart rate pattern
    - c. Vaginal bleeding
    - d. Rupture of membranes

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**PROCEDURE:**

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Cervidil is placed in the posterior fornix of the vagina by the physician and left in place for 12 hours.	1. Remind patient that string will be hanging out of vagina while cervidil in place.
2. Patient to remain recumbent for at least 30 minutes.	
3. Maintain patient HL.	
4. Maintain continuous fetal monitoring after placement of cervidil.	4. Uterine contractions usually are evident in the first hour and exhibit peak activity in the first 4 hours. Uterine hyperstimulation can occur as late as 9 ½ hours after placement.
5. Patient may have clear liquids.	
6. Remove cervidil after 12 hours and/or prior to starting pitocin.	6. Cervidil should be removed at the onset of labor. Cervidil may be removed by RN or MD.

**REPORTABLE**

- CONDITIONS:**
1. Uterine hyperactivity including hypertonus, tetany and hyperstimulation.
  2. Any non-reassuring fetal heart rate pattern.
  3. Vaginal bleeding.
  4. Ruptured membranes.

**APPROVAL:** Nursing Standards Committee

**EFFECTIVE DATE:** 4/98

**REVISION DATES:** 9/98, 11/03, 5/09