

PROTOCOL FOR: Misoprostol 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 misoprostol.
 2. Patient with viable fetus will have reassuring fetal heart rate pattern or biophysical profile 30 minutes prior to and following administration of misoprostol.
 3. Vital signs should be obtained prior to administration.
 4. Patients are to remain on the fetal monitor continuously following the placement of misoprostol.

- DESIRED
PATIENT OUTCOMES:
1. Patient will show evidence of cervical ripening as a result of receiving one or more doses of misoprostol.
 2. Patient will be free of shortness of breath and uterine tetany after receiving misoprostol.

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

- CONTRAINDICATIONS: Contraindications include but are not restricted to:
1. Unfavorable fetal positions.
 2. Hypertonic uterine activity.
 3. Hypersensitivity to the drug.
 4. Cases where vaginal delivery is contraindicated, such as placenta previa, vasa previa, and cord prolapse.
 5. Misoprostol has not been extensively studied in patients with prior uterine surgery or previous cesarean delivery. These would be contraindications to misoprostol until more experience is published.

CLINICAL
ASSESSMENT

- AND CARE:
1. After administration, patients are to be observed for:
 - a) shortness of breath
 - b) fluctuations in blood pressure
 - c) uterine hyperactivity
 - d) non-reassuring fetal heart rate pattern
 - e) vaginal bleeding or rupture of membranes

- DOSAGE:
1. Dosage for preinduction cervical ripening is 25 mcg intravaginally.

PROTOCOL FOR: Misoprostol for Preinduction Cervical Ripening and Induction of Labor

2. Misoprostol is placed in the posterior fornix of the vagina by the physician and may be repeated in 4-6 hours.
3. Oxytocin should not be started for at least six hours after the last misoprostil.

REPORTABLE
CONDITIONS:

1. Uterine hyperactivity including hypertonus, tetany and hyperstimulation.
2. Any non-reassuring fetal heart rate pattern.
3. Vaginal bleeding.
4. Ruptured membranes.
5. Shortness of breath.

EFFECTIVE DATE: 4/98

REVISION DATES: 9/98, 11/03