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Prostin - Cervical Priming Prior to Induction For Post Dates In Primiparous Women Policy

Priming – Procedure

Admission

Women are advised to come to delivery suite at 1800 the evening before induction of labour.

- Baseline observations: Maternal pulse, blood pressure, temperature, urinalysis
- Abdominal palpation to confirm presentation and descent of the presenting part
- Prior to prostaglandin priming a reassuring CTG trace (refer RANZCOG guidelines) **must be** obtained. If CTG reassuring, prostaglandin priming can proceed based on Bishops score following a vaginal examination.
- Post Prostin CTG for one hour.
- Should the woman be very favourable i.e.: ARMable, then no further intervention other than stretch and sweep need to proceed until the following day. Home to await labour and return in the morning.
- Ongoing assessment of the woman is dependent on how quickly she reacts to the prostin or if there is any fetal concern. Adjust care accordingly.
- Transfer to postnatal ward for overnight rest (Room 17)

Drugs and Dosages

Prostin must be prescribed on the drug chart by Obstetric RMO.

Drug dosage administered varies according to the woman's bishop score.

Modified Bishops Score (NICE, 2008)

Clinical Feature	0	1	2	3
Cervix dilation (cm)	<1	1-2	3-4	>4
Length of cervix (cm)	>4	2-4	1-2	<1
Consistency of cervix	Firm	Medium	Soft	
Position of cervix	Posterior	Mid	Anterior	
Station of head (relative to ischial spines)	-3	-2	-1/ at spines	1-2cm below spines

Prostaglandin Administration Flowchart
Prostaglandin E2 priming flowchart – Primiparous woman

Prostin dose is to be individualised please see notes on maximum dose per 24 hours. Acknowledgement is made to the Induction of labour algorithm for nulliparous women from CCDHB, (Hawley, 2005).

