

• **Misoprostol for pre-induction cervical ripening**

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**PURPOSE:** The use of misoprostol for cervical ripening is indicated for patients near or at term. The patient must be >34 week with a viable fetus. Misoprostol may be used for cervical ripening <34 weeks following a diagnosis of IUFD

**POLICY STATEMENTS:**

Misoprostol is absolutely CONTRAINDICATED and shall not be used in the following:

- a. Previous cesarean section or hysterotomy
- b. Previous uterine surgery that involves more than minimal transection of the myometrium
- c. Previous uterine surgery that involves more than minimal transection of the myometrium
- d. Maternal disease such as glaucoma, some cardiac disease and inflammatory bowel disease.
- e. Known hypersensitivity to misoprostol or other prostaglandins.

**STANDARD OF CARE:**

Steps/Interventions	Outcome & Key Points
<b>Assessment / Reassessment:</b>	
1. Fetal well being must be established prior to insertion of misoprostol.	Fetal well being defined as a reactive EFM strip and documentation of absence or regular contractions by a tocodynamometer
2. The medication must be administered in L&B if the cervix is >3 cm. OR if cervical effacement is 90% or greater. <ul style="list-style-type: none"> <li>a. All other patients can be managed on WP10 MSCU until active labor is established.</li> </ul>	
<b>Procedure for misoprostol use:</b>	
3. Medication administration is done by the attending physician/ midwife or a resident. <ul style="list-style-type: none"> <li>a. The only dose used with a viable fetus is 25 micrograms</li> <li>b. The tablet is placed in the posterior fornix</li> <li>c. Repeat doses are given at a minimum of every 4 hours, as indicated</li> </ul>	The RN does not administer misoprostol. Higher doses may be used in extremely obese patients.
	Contractions must be at least 5 minutes apart and lasting <45 seconds before an additional dose is given. If contractions are >10 minutes apart and the cervix is not deemed ripe,

4. Following administration, the patient and fetus should be monitored continuously with the patient in a left or right lateral position.
- \* 5. When misoprostol stimulates contractions lasting >90 seconds, or < 2 minutes apart, terbutaline 0.25 mg subcutaneously should be administered.
  - a. A vaginal exam should be performed to remove any particles of the medication remaining.
6. If contractions are absent or >10 minutes apart, after 2 hours from the last dose, the patient may ambulate. Ambulation also may be allowed in the event of more frequent contractions if the fetal heart rate tracing is reactive and the contractions are painless or not perceived by the patient.
7. Pitocin may be administered only after 4 hours from the last dose of misoprostol.
8. Relative contraindications for use of misoprostol include:
  - a. Fetal growth restriction (<5<sup>th</sup> percentile)
  - b. Nonreassuring fetal testing
  - c. Oligohydramnios (AFI <4, in the presence of intact membranes)
  - d. Twins
  - e. Grand multiparity (para 5 and >)
  - f. Meconium stained fluid

another dose should be administered.

This does may be repeated in 5 minutes as needed to decrease the length or frequency of contractions.

Use of pitocin for augmentation or induction of labor must occur on L&B

If there is a relative contraindication, the use of misoprostol must occur in L&B with immediately access to the physician.

**DATES:**

- **Effective:** 12/07
- **Original:** 5/05
- **Reviewed:** 12/07
- **Revised:** 12/07