NHS
University Hospitals Sussex
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Induction of labour flowchart

Perform admission assessment

Including: Presentation scan, computerised CTG and senior obstetric review if relevant medical obstetric or social risk factors, discussion of IOL process, provide IOL patient information leaflet, gain informed consent

Perform vaginal examination and assess for suitability of IOL methods

BS ≤ 6

Insert appropriate IOL method- Propess, prostin or CRB

Repeat computerised CTG following insertion

If there is uterine activity and Dawes Redman cannot be used, the CTG should be continued for a minimum of 20 minutes.

Suitable for outpatient IOL?

Yes → Arrange time for returning to labour ward to continue IOL, give safety-netting advice

No → Admit to AN ward

BS ≥7

Remove Propess or CRB if used

After appropriate amount of time:
Prostin- 6 hours
Propess -24 hours
CRB- 12 hours

Perform computerised CTG

Repeat vaginal examination and assess if able to perform ARM

If unable to ARM, request obstetric review to consider other cervical ripening methods

Perform ARM if appropriate

Repeat CTG with woman/birthing person in an upright position

Consider oxytocin infusion (follow IOL and care in labour guidance for labour care)