Standard Operating Procedure

Inpatient induction of labour with Propess®

The term 'women/birthing people' is used within this document to include women, girls, trans men, and non-binary and intersex people, who are pregnant or have recently been pregnant.

Summary

Where inpatient induction of labour (IOL) is being undertaken for maternal or fetal reasons, the indication should be documented on BadgerNet at the time of booking. Prior to the onset of uterine activity, the fetal heart should be auscultated, at a minimum, every 2 hours when awake. If the patient is sleeping, this can be extended to every 4 hours unless in the case of fetal concerns. Continuous electronic fetal monitoring (CEFM) should commence with the onset of regular, painful contractions. Please see separate guideline for induction of labour in women/pregnant people with pre-labour rupture of membranes at term. Propess® is the second line method of IOL if a cervical ripening balloon cannot be used.

Contraindications (as per the summary of product characteristics (SPC))

- When labour has started.
- When oxytocin-containing medicines are being administered.
- History of previous major uterine surgery which breached the uterine cavity such as caesarean birth or myomectomy.
- Fetal malpresentation.
- Suspicion or evidence of fetal distress.
- History of more than three full-term deliveries eg. a para 4 or more.
- Current pelvic inflammatory disease (PID), unless adequate prior treatment.
- Hypersensitivity to dinoprostone or to any of the excipients.
- Current placenta praevia/accreta or unexplained vaginal bleeding.

Cautions

- Current or previous asthma.
- Glaucoma or raised intra-ocular pressure.
- Compromised cardiovascular, lung, hepatic, or renal function.
- Hypertension.
- Unexplained vaginal bleeding in pregnancy.

If a caution applies, the decision to use should be made by a consultant obstetrician or specialty doctor.

Procedure

- On admission, perform antenatal check:
    - Perform a full set of observations and document these on a Modified Early Obstetric Warning Score (MEOWS) chart.
    - Confirm cephalic presentation and engagement.
    - Cardiotocograph (CTG) to assess fetal wellbeing.
- Perform vaginal examination to assess the modified Bishop's score.
- Ensure Propess® pessary is administered within 20 minutes from removal from freezer.
- Insert Propess® high into the posterior fornix using lubricating gel, lying transversely.
- After Propess® insertion, place the excess tape in the lower vagina to ensure it can be removed if required.
- The woman/pregnant person is to remain semi-recumbent or in the left lateral position for 30 minutes after pessary insertion.
- If Propess® falls out, there are no regular contractions and if the cervix is unfavourable then it can be re-inserted for a period of time no longer than 24 hours in total.
- Review at 12 hours to assess uterine activity and need for CTG or vaginal examination (VE).
- Document review in the induction of labour tab on BadgerNet.
- Women/pregnant people should be reviewed and the Propess® pessary removed at 24 hours with a cervical assessment.

Side effects

- Nausea, vomiting and diarrhoea are the most commonly-reported side effects.
- Uterine hypercontractility, hypertonus, uterine hyperstimulation.
- Placental abruption.
- Rapid cervical dilation.
- Fetal bradycardia / fetal distress.

Please also see the British national Formulary (BNF) and/or the SPC: https://www.medicines.org.uk/emc/product/100896/smpc.

Indications for Propess® removal

- Established labour.
- Spontaneous rupture of membranes or amniotomy.
- Fetal distress or other fetal heart rate concerns.
- Maternal systemic adverse dinoprostone effects such as nausea, vomiting, hypotension or tachycardia.
- Remove Propess® at least 30 minutes prior to starting an intravenous infusion of oxytocin, as there is a much greater risk of hyperstimulation if the dinoprostone source is not removed beforehand.
- Bishop score ≥ 7.
- Uterine tachysystole (≥5 contractions in 10 minutes with reassuring CTG).

- Hypertonus (painful contraction lasting ≥ 90 seconds with reassuring CTG).
- Hyperstimulation (tachysystole or hypertonus with non-reassuring CTG).
- Antepartum haemorrhage.
- Insertion for 24 hours or more.

Spontaneous rupture of membranes with Propess® in situ

- Commence CTG.
- Assess contractions.
- If contracting more than 3 in every 10 minutes, remove the Propess®, perform a vaginal examination to assess cervix and transfer to labour ward if in established labour.
- If no contractions and the Bishop score is <7, leave Propess® in-situ until the woman/pregnant person can be transferred to labour ward, up to a maximum of 12 hours post-rupture of membranes or 24 hours after initial insertion.
- If the Bishop Score is 7 or more, remove the Propess® and transfer to labour ward.

Governance

Lead author:	K Marshall
Current responsible author:	K Marshall
Endorsing body:	Maternity Clinical Effectiveness Group (MCEG) 1.4.26
Version number:	1
Approval date:	1.4.26
Review date:	1.4.29

Consultation/distribution record	
Contributing authors:	K marshal (senior charge midwife), K Boyle (Interim Head of Midwifery), S Maharaj (Cons O&G)
Consultation process:	MCEG
Distribution:	All in maternity

Change record			
Date	**Lead author**	**Change**	**Version**
1.4.26	K Marshall	Initial document	1