I. Purpose:

Provide safe and standardized care for patient’s undergoing second trimester induction of labor.

II. Policy:

Outlines the care of the patients undergoing an induction of labor in the second trimester.

III. Definitions:

A. Abortion/Termination: the administration to a pregnant women any medicine, drug or substance, or the use of any instrument, or other means, with the intent to terminate the pregnancy up to 23 6/7 weeks gestation in the second trimester.

B. Intrauterine Fetal Demise (IUFD) or stillbirth: death that occurs in utero after the completion of the 20th week of pregnancy, or the death of a fetus that weighs 350 g or more.

C. Missed Abortion: Fetal demise prior to 20 weeks gestation, with no uterine contractions or signs of labor.
D. Induction of labor: the stimulation of uterine contractions before the spontaneous onset of labor after 24 weeks in the second trimester.
E. Augmentation of labor: the stimulation of uterine contractions when spontaneous contractions have failed to result in progressive cervical dilation or descent of the fetus.
F. Cervical ripening: the process of effecting physical softening and distensibility of the cervix in preparation for labor and birth.

IV. Specific Education:
A. Unit based orientation

V. Specific Information:
A. Abortion/Termination and induction of labor
   Abortion/Termination and induction of labor in the second trimester may be accomplished by the administration of medications to stimulate uterine contractions and cause dilation of the cervix, such as misoprostol (Cytotec) and intravenous oxytocin. This may occur after the administration of Mifepristone (RU-486), which softens the cervix and prepares the uterus for contractions. Abortion may also be accomplished by manual dilation of the cervix and evacuation of the uterine contents. For safe and standardized care of patients undergoing termination of pregnancy, refer to Care of Patients Undergoing Termination of Pregnancy Policy.

B. Mifepristone for treatment of missed abortion: Mifepristone is recommended to be given 24 hours prior to admission for labor induction or termination in the second trimester. It has been shown to significantly decrease time to delivery when used in conjunction with misoprostol.

C. Labor
   For safe and standardized nursing care of the patient in labor refer to policy Nursing Management of the Labor Patient

D. Admission
   1. Admission assessment and documentation is performed in accordance with Policy Nursing Management of the Labor Patient
   2. Staff resource for providing emotional/bereavement support – review the Pregnancy Loss and Infant Death Alliance and Practice Guidelines 2008
   3. Complete the Fetal Loss Bereavement Checklist
E. Cervical ripening
   1. Misoprostol (Cytotec)
      a. Vaginal Cytotec is placed by the OB provider in the posterior fornix
         i. Dose: 400 mcg q3 hrs up to 5 doses, or per provider order
         ii. Limit the use of lubricating jelly because it may decrease absorption of the medication
      b. Cytotec may be administered orally or sublingually, per provider order
      c. The recommended interval between last dose of Cytotec and intravenous Oxytocin is 4-6 hrs
      d. Assessment and documentation of the patient’s vital signs (BP, pulse, and respiratory rate) is completed on admission and every 30 minutes X2 hours following placement of Cytotec. If vital signs are stable prior to and following administration of Cytotec, the assessment and documentation of vital signs may then be done every 4 hours. Temperature is obtained on admission and every 4 hours. Increase frequency to every 2 hours if rupture of membranes occurs.
      e. For laboring patients, refer to the policy Nursing Management of the Labor Patient.
      f. Activity
         i. The patient is maintained on bedrest for at least 2 hours following the vaginal Cytotec placement.
         ii. After 2 hours the patient may ambulate as risk status allows.
      g. Intake and Output
         i. Obtain intravenous access prior to placement of Cytotec by heplock or IV infusion based on patient condition or as ordered
         ii. Measure and record hourly and 24 hour intake and output totals
         iii. Patients may have clear liquids as risk status allows, per provider order.

F. High Dose Oxytocin
   For high dose oxytocin protocol, refer to Guidelines for the Management of Patients experiencing Fetal Loss

VI. Clinical Implications
Notify provider for any of the following:

A. Spontaneous rupture of membranes, unsure status of amniotic membranes, or blood stained amniotic fluid.
B. Vaginal bleeding beyond normal bloody show
C. Analgesia or anesthesia needs of the patient;
D. Vital signs outside parameters of provider orders;
E. Imminent delivery;
F. Significant system assessment findings;
G. Inadequate uterine response at oxytocin dosage of 20 mU/min;
H. Suspected uterine rupture; and/or
I. Deterioration or change in patient condition as outlined in policy

Physician Notification for Change in Patient Condition

VII. Patient/Family Education

Educate patient/family at the level of their understanding of the following:

A. Plan of Care
B. Pain management options available
C. Electronic uterine monitoring
D. Risks and benefits of augmentation/induction procedure
E. Room and hospital systems/services

VIII. Psychosocial needs

Coordinate Social Services Consult

IX. Pain Management

Refer to Pain Management Guidelines policy CL 30-02.04

IX. Documentation

Document the following per protocol above in the patient’s medical record:

A. Admission- refer to policy Nursing Management of the Labor Patient
B. Ongoing Assessments
   1. Vital Signs
   2. Uterine activity
   3. Amniotic fluid status
   4. Cervical exam
   5. Intake and nutrition
6. Output and elimination
7. Activity
8. Pain management
9. Physical reassessment
10. Falls risk
11. Medication administration

C. Interventions and Maternal Response
D. Document Patient and Family Education in teaching record
E. Initiate appropriate plan of care pathway and document patient’s progress on the pathway

X. References:


Clinical Policy Manual:
   CL 20-06.08 Physician Notification for Change in Patient Condition
   CL 30-02.04 Pain Management Guidelines

Area Specific Policy Manual: Labor and Delivery
   AS 201111-20.03 Nursing Management of the Labor Patient
   AS 201111-20-27 Care of Patients Undergoing Termination of Pregnancy
   AS 201111-20.05 Induction or Augmentation of Labor


American Academy of Pediatrics & American College of Obstetricians and


XI. Approval: