Williams OB Chapter 26: Induction and Augmentation of Labor

**CREOG Learning Objectives:**

1. Manage the patient requiring induction of labor, including the following:

 a. Indications

 b. Methods and procedures

 c. Risks and complications

2. Be able to understand and perform amniotomy

**Practice Questions:**

1. For each obstetric complication (1-3), choose the most likely degree of risk (A-C) in an uncomplicated pregnancy for an induction of labor at 39 weeks of gestation compared with expectant management until 41 weeks gestation:

 (A) Increase

 (B) Decrease

 (C) No difference

 1. Cesarean Delivery

 2. Blood loss

 3. Meconium stained amniotic fluid

Source: OB prolog 8th edition #121-123

2. A 30-year-old non-Hispanic white woman, G2P1, presents for evaluation at 38 weeks of gestation. Her BMI is 25. She has a history of one prior low transverse cesarean delivery for breech presentation. She strongly desires a vaginal delivery in this pregnancy. Fetal heart rate is reassuring. Ultrasound shows a vertex fetus with a maximum vertical amniotic fluid pocket of 1.5 cm. Her vaginal examination reveals a cervix that is 1 cm dilated, 30% effaced, posterior, and soft. Fetal station is -4. The most appropriate next step in management is

 A. expectant

 B. oral misoprostol

 C. vaginal dinoprostone

 D. repeat cesarean delivery

 E. transcervical foley balloon

Source: OB prolog 8th edition # 106

3. A 26-year-old woman, G2P1 was admitted to the hospital for an induction of labor at 41 3/7 weeks. Her cervical exam was 3 cm, 75% effaced, and -1 station with a soft consistency. Induction was initiated with oxytocin, and after 6 hours the patient’s cervix was 6 cm, 90% effaced, and +1 station. Artificial rupture of membranes was performed demonstrating clear amniotic fluid. Two hours later, her cervical exam is unchanged and an IUPC is placed showing 250 Montevideo units. Fetal heart rate tracing is category 1. The most appropriate next step in management is

 A. continue current management

 B. decrease oxytocin dose

 C. increase oxytocin dose

 D. cesarean delivery

Source: OB prolog 8th edition #60

4. A 23-year-old primigravid woman presents at 41 2/7 weeks gestation for late-term induction of labor. Her cervix is unfavorable and is treated with a cervical ripening agent followed by oxytocin. After 12 hours, she is contracting irregularly, and a cervical examination reveals she is 2 cm dilated, 50% effaced, and 0 station. Four hours later, she is contracting three times every 10 minutes and is comfortable with epidural analgesia. Fetal heart rate tracing is category 1. Amniotomy is performed and her cervix is 3 cm dilated, 60% effaced, and 0 station. In another 4 hours, the patient is 4 cm dilated, 75% effaced, and 0 station. The most appropriate next step in management is to

 A. continue oxytocin

 B. discontinue oxytocin

 C. start antibiotics

 D. perform cesarean delivery

Source: OB prolog 8th edition #61

5. A 37-year-old woman, gravida 2, para 1 presents for induction of labor at 41 weeks gestation. Her pregnancy course has been uncomplicated. Fetal heart rate monitoring shows category I tracing. She reports mild contractions and ruptured 12 hours ago. She presently has four contractions in 10 minutes. Two days ago in the office, her cervix was closed, 30% effaced, -2 station, posterior and medium consistency; those findings remain unchanged on initial presentation. The next best step in treatment is

 A. expectant management

 B. oxytocin infusion

 C. vaginal misoprostol

 D. transcervical balloon placement

Source: OB prolog 8th edition #64

6. A 29-year-old woman, G3P2, at 37 weeks requires delivery for cholestasis of pregnancy. She has a history of low transverse cesarean section for fetal heart decelerations with her first pregnancy and a successful vaginal birth in her second pregnancy. Her current pregnancy has been uncomplicated until the past week when she presented with diffuse pruritis and elevated total bile acids. Before developing cholestasis, the patient had been counseled and consented for trial of labor, which remains her desire. On admission, the fetal heart rate tracing is category I with rare uterine contractions. Cervical examination is 3 cm, 80% effaced, -2 station, soft, and mid position. The best next step in management is

 A. vaginal misoprostol

 B. intravenous oxytocin

 C. repeat cesarean delivery

 D. transcervical balloon catheter

Source: OB prolog 8th edition #120

**High-Yield Resources:**

1. Practice Bulletin # 107: Induction of Labor

2. Practice Advisory: Clinical Guidance for Integration of Findings of the ARRIVE Trial: Labor Induction versus Expectant Management in Low-Risk Nulliparous Women

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2018/08/clinical-guidance-for-integration-of-the-findings-of-the-arrive-trial>

3. Pearls of Exxcellence: Management of active phase arrest

<https://www.exxcellence.org/list-of-pearls/management-of-active-phase-arrest/?categoryName=&searchTerms=&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending>

4. Pearls of Exxcellence: Management of Prolonged Latent phase

<https://www.exxcellence.org/list-of-pearls/management-of-prolonged-latent-phase/?categoryName=&searchTerms=&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending>

Answers

1.1 c 1.2 c 1.3 b 2. e 3. a 4. a 5. b 6. b