

Indication for IoL	OFFER induction:	UHDB IOL framework 2023
<b>Post-dates</b>	41 <sup>+0</sup> weeks	
<b>Pre-labour rupture of membranes ≥37 weeks</b>	Immediate / earliest opportunity but by 24 hours from rupture of membranes	
<b>Reduced fetal movements: ONLY if NO risk for SGA/IUFD &amp; NORMAL maternal and fetal wellbeing assessment (including growth)</b>		
Recurrent reduced fetal movements	39 <sup>+0</sup> - 39 <sup>+6</sup> weeks	
First episode 39 <sup>+0</sup> - 39 <sup>+6</sup>	39 <sup>+0</sup> - 39 <sup>+6</sup> weeks	
First episode ≥ 40 weeks	Immediate / earliest opportunity but within 48 hours with mitigation in place	
<b>Reduced fetal movements if at risk for SGA/IUFD; evidence of fetal compromise (eg abnormal CTG; fetal growth disorder; oligohydramnios) or other concerns (eg concomitant maternal medical disease such as hypertension or diabetes, or associated symptoms such as antepartum haemorrhage)</b>		
Gestational age ≥39 <sup>+0</sup>	Immediate / earliest opportunity but within 48 hours with mitigation in place	
Gestational age 37 <sup>+0</sup> - 38 <sup>+6</sup>	consultant plan to expedite delivery	
Gestational age <37 <sup>+0</sup>	consultant decision to time delivery based on CTG and USS results	
<b>Small baby</b>	<b>Excludes any fetus with confirmed or suspected Fetal Growth Restriction (FGR)</b>	
EFW or AC <10 <sup>th</sup> centile but >3 <sup>rd</sup> centile	from 39 <sup>+0</sup> weeks to achieve birth by 40 weeks	
<b>Sub-optimal fetal growth defined as: estimated fetal weight &gt;10<sup>th</sup> centile but &lt;20g/day (280gram/14 days) growth (from 32 weeks)</b>		
	Individualised care plan based on risk assessment of all clinical risk factors.	
<b>Fetal growth restriction defined as: EFW/AC &lt;3<sup>rd</sup> centile OR EFW/AC &lt;10<sup>th</sup> centile with evidence of placental dysfunction (see full guideline)</b>		
Gestational age ≥37 <sup>+0</sup>	at 37 weeks (to achieve birth by 37+6 )	
Gestational age 34 <sup>+0</sup> - 36 <sup>+6</sup> with normal dopplers	at 37 weeks (to achieve birth by 37+6 ) with fortnightly AC/EFW/UA Doppler	
Gestation <34 or 34 <sup>+0</sup> - 36 <sup>+6</sup> with abnormal Dopplers	FMMC referral: consultant decision to time delivery based on CTG and USS results	
<b>Mothers ≥ 40 years of age by 10 weeks gestation:</b>	39 <sup>+0</sup> - 39 <sup>+6</sup> weeks	
<b>Hypertensive disorders of pregnancy (only if NO other medical complication)</b>		
Chronic/gestational HTD with a BP < 160/110mmHg	39 <sup>+0</sup> - 39 <sup>+6</sup> weeks	
Controlled pre-eclampsia with BP < 140/90mmHg	week commencing 37+0 weeks and within 48 hours of diagnosis if this occurs later	
<b>Diabetes in pregnancy: ONLY for pregnancies where DM is well managed and there are no maternal or fetal complications</b>		
Type 1 / 2 DM	37+0 - 38+6	
Gestational Diabetes DIET CONTROLLED	40+0 - 40+6	
Gestational Diabetes METFORMIN CONTROLLED	39+0 - 39+6	
Gestational Diabetes INSULIN CONTROLLED	37+0 - 38+6	
<b>Diabetes in pregnancy: For pregnancies where there are maternal or fetal complications</b>		
Type 1 / 2 DM /GDM	Individualised care plans	
<b>Mothers who have IVF (only)</b>	Individualised care plans	
<b>Intrahepatic cholestasis of pregnancy: Date of IOL depends on highest bile acid reading</b>		
19 - 39 micromol/L	from 39 <sup>+0</sup> weeks to achieve birth by 40 weeks	
40 - 99 micromol/L	from 38 <sup>+0</sup> -38 <sup>+6</sup> weeks	
>100 micromol/L	from 35 <sup>+0</sup> - 35 <sup>+6</sup> weeks	
<b>Multiple pregnancies:</b>		

MCDA twins (uncomplicated)	from 36 <sup>+0</sup> - 36 <sup>+6</sup> weeks
DCDA twins (uncomplicated)	from 37 <sup>+0</sup> - 37 <sup>+6</sup> weeks