The commonly used preparations are a prostaglandin gel administered 6 hourly, or a prostaglandin pessary, administered over 24 hours. Following a change in protocol from gel to pessary, we aimed to look at the effect on admission to delivery time (ADT).

**Methods** The notes of 395 women who had labour induced within a large tertiary unit in the North West between August 2009 and May 2012 were studied, excluding those induced for prelabour ruptured membranes. Data was collected retrospectively using a standard proforma.

**Results** 95 women received prostaglandin gel and 302 received the pessary (28 also needed gel). The median ADT for women induced using gel was significantly shorter at 26.57 hours (interquartile range 15.87–42.96) than with the pessary at 31.83 hours (20.73–46.54 hours p = 0.002 non-parametric testing). There was no difference in parity or oxytocin use between the 2 groups. Outcomes between the 2 groups were the same, with no difference in postpartum haemorrhage rate or vaginal delivery (p > 0.05).

**Conclusions** The prostaglandin pessary was associated with a longer ADT, which is perhaps unsurprising given its longer duration of use prior to assessment for amniotomy. This is probably because the predicted increase in labour commencing in the pessary group without further oxytocin did not occur, reflected in no difference in oxytocin use between the 2 groups. This has implications for bed occupancy, patient flows and NHS costs.