Maine Medical Center

INDUCTION BOOKING FORM

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Gravida: _____ Para: _____ GA: _____ LMP: _____ EDC: _____

Primary Obstetrician: _____ Covering Obstetrician: _____

Indication:

- ☐ Abnormal fetal heart rate patterns not necessitating emergent delivery
- ☐ Abruptio placentae
- ☐ Chorioamnionitis
- ☐ Fetal compromise (eg. severe fetal growth restriction, isoimmunization)
- ☐ Fetal demise _____ GA
- ☐ Maternal heart disease
- ☐ Maternal medical condition (*circle one*: diabetes mellitus, renal disease, chronic pulmonary disease, chronic hypertension)
- ☐ Multifetal pregnancy
- ☐ Polyhyramnios or Oligohyramnios (*circle one*)
- ☐ Postterm pregnancy (≥ 42-0/7 weeks, may consider induction ≥ 41-0/7 weeks)
- ☐ Preeclampsia (BP ≥ 140/90 with ≥ 1+ proteinuria), eclampsia, chronic hypertension
- ☐ Pregnancy-induced hypertension
- ☐ Premature rupture of membranes
- ☐ Severe hypertension
- ☐ Other: _____

_____

_____

_____

Confirmation of Term Gestation:

- ☐ An ultrasound measurement of the crown-rump length, obtained at 6-12 weeks, supports a gestational age of at least 39 weeks
- ☐ An ultrasound obtained at 13-20 weeks confirms the gestational age of at least 39 weeks determined by clinical history and physical examination
- ☐ An ultrasound obtained in the third trimester _____ GA.
- ☐ Amniocentesis confirms fetal lung maturity
  Date: _____ FLM: _____ L/S: _____ PG: ☐ positive ☐ negative

Method of Induction:

☐ AROM ☐ Oxytocin ☐ Misoprostol

Cervical Exam: (Date: _____)

_____ Cm dilation _____ % effacement _____ Station

Position: ☐ ant ☐ mid ☐ post

Consistency: ☐ soft ☐ mod ☐ firm

Induction Date: _____ Time: _____ By: _____

YALE - NEW HAVEN HOSPITAL
INDUCTION SCHEDULING FORM

Name _____

Phone _____

Primary Provider _____

Indication for Induction: **Criteria Number** _____

EDC: _____ Gravida: _____Para: _____

CERVIX Date of Exam_____

Dilation:

Effacement:

Station:

Consistency:

Position:

Bishop Score:

Score	Dilation	Effacement	Station	Consistency	Position
0	Closed	0-30	-3	Firm	Posterior
1	1-2	40-50	-2	Medium	Midposterior
2	3-4	60-70	-1,0	Soft	Anterior
3	5-6	80	+1,+2	----------	----------

Bishop Score_____

*Station reflects a -3 to +3 scale-modified from Bishop EH Pelvic Scoring for Elective Induction, Obstet Gynecol 1964, 24(267) Please state -5 to +5 for all other purposes.

Nulliparas miso or PG gel for Bishop Score = to or <9

Multiparas miso or PG gel for Bishop Score = to or <5

Vaginal exams should have been performed at least within the last 7 days.

Please fax this completed form to 688-6973.

Requested Date of Induction_____

Completed by_____

Office Contact Phone_____

L&B Induction Triaging Criteria

1. Nonreassuring fetal testing:
   a. BPP <8/10
   b. Oligohydramnols (AFI< or =5. 0cm)
   c. Absent or reversed Doppler flow
   d. Persistent late decelerations

2. Ruptured membranes (GBS neg, GBS + may always be directly admitted)

3. Obstetric or medical complications, including but not limited to:
   a. Preeclampsia (140/90 or greater AND 2+ proteinuria)
   b. Gestational hypertension with lab abnormalities
   c. Worsening chronic hypertension
   d. Worsening maternal cardiac disease
   e. Diabetes (prioritized by consideration of class and control, A1 should be given priority at 41 weeks if well-controlled)
   f. HIV (declining c/s-for delivery under controlled circumstances)

4. Post-term pregnancy (42 0/7 weeks)

5. Cholestasis (Assessment of fetal lung maturity >36 weeks should be considered, but is not required. Additional indication needed for delivery <36 weeks)

6. < 10th percentile for fetal weight at term or absent interval growth (and normal testing)

7. Previous or current obstetric history warranting evaluation of fetal lung maturity with early delivery if mature: (including but not limited to)
   a. Previous IUFD
   b. Previous abruption

8. Fetus requiring planned delivery due to anticipated surgery or critical care (e.g. known anomaly)

9. Unstable lie

10. Twins at 38 0/7 weeks or greater (for twins, lung maturity assessment is not required at or beyond 38 0/7 unless the pregnancy is complicated by diabetes, in which case such testing may be considered)

11. Advanced maternal age (40 or greater) at >40 weeks, maternal obesity

12. 41 weeks or greater

13. Previous rapid labor, current advanced dilatation, or patient lives a long distance from the hospital

14. Social or elective <41 weeks and >38 5/7

Patients meeting criteria 1 through 8 will be accommodated within 24 hours of notification to L&B.

Criteria 9 through 14 will be prioritized with input from nursing leadership, resident, and YOCA for scheduling within a one week period.

MetroWest Medical Center

Induction of Labor Checklist

Date:_____

EDD by LMP: _____
EDD by U/S done on _____ wks:_____
Final EDD: _____

Gestational Age: _____

Gravida: _____ Parity: _____

Position	Posterior	0
	Mid	1
	Anterior	2
Consistency	Firm	0
	Moderate Firm	1
	Soft	2
Effacement	0-30%	0
	40-50%	1
	60-70%	2
	80% +	3
Dilation	Closed	0
	1-2	1
	3-4	2
	5+	3
Station	-3	0
	-2	1
	-1/0	2
	+1/+2	3

EFW: _____

Pelvimetry: circle one

Adequate Contracted

BISHOP SCORE: ____

(Note: If induction is elective, Bishop Score should be > = 8 for nullip & > = 6 for multip)

Induction Agent:

- ❑ Cytotec
- ❑ PG gel
- ❑ Pitocin
- ❑ AROM

Other: _____

INDICATION

Elective: ❑ Yes ❑ No

Medical Indication:

- ❑ Chronic Hypertension
- ❑ Gestational Hypertension
- ❑ Pre-eclampsia
- ❑ GDM - diet controlled - Class A1
- ❑ GDM on oral agent or insulin - Class A2
- ❑ Type II Pre-existing Diabetes
- ❑ Type I Juvenile Diabetes
- ❑ H/O DVT on lovenox or heparin
- ❑ Thrombophilia
- ❑ Post dates (> or = to 41 wks)
- ❑ IUGR (< 10%)
- ❑ Oligohydramios AFI: _____
- ❑ Renal Disease
- ❑ H/O IUFD
- ❑ Non-reassurring fetal testing
- ❑ Cholestasis in pregnancy
- ❑ Multiple gestation
- ❑ Other _____

❑ I have discussed the risks and benefits of induction of labor versus expectant management with this patient.

Signature:_____

Physician Name:_____

ID Number:_____

Date:_____ Time:_____

PATIENT NAME: _____
DOB: _____
HOSP NUMBER _____

(Or insert patient label in this box)

Induction Fax Sheet

Today's date: _____ Call FP RP pager: 221-1379
**Fax completed form to The Family Place at (603) 230-6371

Patient Name: _____
EDD: _____

Patient phone number: _____

Physician/CNM: _____

Requested date of ripening/induction: _____
?2 days: Yes/No
(circle)
Indication:_____
_____
_____

Priority level: ❑ Urgent ❑ High Priority
❑ Medium Priority ❑ Elective

Gestational age on date of induction: _____
(Patient should be 40 weeks gestation at time of booking for "Postdates")

Method of ripening/induction (check all that apply):

Cervical Ripening	Cervidil	Misoprostol	Other
Induction	AROM	Misoprostol	Oxytocin

Bishop's Score: _____

Cervix	Score			
	0	1	2	3
Position	Posterior	Midposition	Anterior	---
Consistency	Firm	Medium	Soft	---
Effacement (%)	0-30	40-50	60-70	>80
Dilation (cm)	Closed	1-2	3-4	>5
Baby's Station	-3	-2	-1	+1, +2

****

For Family Place Use Only:
Scheduled by: _____
Confirmed by: _____
Patient notified of arrival time: _____
Office notified of arrival time: _____
Date and time of arrival: _____

Urgent Medical Indications
- Non-reassuring fetal status at greater than or equal to 35 weeks
  - Non-reactive non-stress test greater than 40 minutes
  - Spontaneous decelerations
  - Reactive positive CST
  - Abnormal U/A doppler with absent or reversed diastolic flow
  - BPP less than or equal to 4
  - Severe oligohydramnios (AFI less than or equal to 5)
- Chorioamnionitis
- Severe Preeclampsia
- PROM at greater than or equal to 35 weeks
- IUGR below the 3rd percentile
- IDDM with significant maternal or fetal complications

High Priority Medical Indications
- Greater than or equal to 42 weeks
- IDDM greater than or equal to 40 weeks (class B or worse)
- 2nd trimester voluntary termination for abnormalities

Medium Priority Medical Indications
- Maternal medical disorders
- Anticoagulation therapy
- Fetal demise
- Fetal malformation requiring immediate or urgent specialty coordination (i.e. cardiac, neuro)
- Mild preeclampsia
  - If mild PIH at greater than or equal to 37 weeks, no amnio for FLM required
- Greater than or equal to 41 weeks
- IUGR less than tenth percentile, greater than or equal to 3rd percentile
- IDDM 38-40 weeks (class B or worse)
- Cholestasis
- 2 vessel cord
- Multiple gestation greater than or equal to 38 weeks
- History of previous fetal demise

Elective Indications (Patients should be at least 39 weeks gestation)
- History of rapid labor
- Lives remote from hospital
- Social reasons
- Macrosomia
- Maternal discomfort

Southern New Hampshire Medical Center

DRAFT

Patient Sticker

Induction Booking Form (fax to Birthplace 577-2675)

Patient _____ **DOB** _____**phone #**_____
Induction date_____ **time**_____
Second choice Induction date_____ **time**_____
Ripening plan _____ **date/time**_____
G___ **P** ___ -___-___-___ **VBAC** ❑ yes ❑ no **consent signed**? ❑ yes ❑ no
EDD _____**based on** _____
Gestational age at induction date _____
Fetal lung maturity testing?_____

Bishop Score at last visit _____ (**date of visit**: _____) by; _____

Points	**0**	**1**	**2**	**3**
Dilatation	0	1-2	3-4	5-6
Effacement	0-30%	40-50%	60-70%	>80%
Station	-3 or up	-2	-1	0 or lower
Consistency	firm	med	soft	
Position	post	mid	anterior	
Multip?	no	yes		

Total: _____

Indication: _____
_____

Other factors (cultural, social, other) _____

Primary provider preference? _____

##

Additional information at time of patient's admission: **date** _____

Update of Bishop Score _____**By:**_____/_____

EFW: (method) _____
Performed by: _____
Clinical pelvimetry ❑ adequate ❑ Other_____
Change in dx, other information
_____
_____
_____

Patient's status: rested/anxious/ sleep-deprived/other _____
_____

Fetal status _____

 Provider Signature: _____

Track the following regarding inductions:

1. Induction > 24 hours
2. Induction → C/S → for failed induction
3. → other indications document
4. Failed induction sent home undelivered
5. All inductions booked with Bishop Score of <6

Induction of Labor Scheduling Worksheet

NSMC Birthplace

Fax completed form to Birthplace: 978-354-3450

Today's Date: _____ MD Scheduling: _____

Patient Name: _____

DOB: _____ MR#: _____ Phone #: _____

Chepalic Presentation: _____ EDC: _____ EFW: _____ Circle: U/S Leopolds

Bishop Score: _____

Factor Score	0	1	2	3
Dilation (cm)	Closed	1-2	3-4	5-6
Effacement	0-30%	40-50%	60-70%	>=80%
Station (+3 to -3 scale)	-3	-2	-1, 0	+1, +2
Cervical Consistency	Firm	Medium	Soft	
Cervical Position	Posterior	Mid-position	Anterior	

Method of Induction:

Cervical Ripening	CERVIDIL	FOLEY	MISOPROSTIL
Induction	AROM	PITOCIN	OTHER

Indication:

URGENT	HIGH PRIORITY	MEDIUM PRIORITY	ELECTIVE
• Non-Reassuring Fetal Status at > or = to 35 weeks -Spontaneous significant decelerations - Positive CST -Abnormal U/A Doppler with absent or reversed diastolic flow. - BPP < or = to 4 -Severe oligo (AFI < or = to 5)	• > or = to 42 weeks	• Maternal Medical Disorder	• Patients should be at least 39 weeks
• Chorioamnionitis	• IDDM > or equal to 40 weeks (class B or worse)	• Anticoagulation therapy • Multiple gestation > or = to 38 weeks • Hx previous fetal demise	• Hx rapid labor
• Severe preeclampsia		• Fetal demise	• Lives remote
• PROM > or equal to 35 weeks		• Mild preeclampsia	• Social reasons
• IUGR (below 3rd %)		• > or equal to 41 weeks	• Maternal discomfort
• IDDM with significant fetal or maternal complications		• IUGR <10th % but > or equal to 3rd %	
		• IDDM 38-40 wks (class B or worse)	
		• Cholestasis	
		• 2 vessel cord	

Induction Booked: Date: _____ Time: _____

Faxed to BP (978-354-3450) _____ Faxed to Tempus (978-354-4902) _____

Induction Check List: TO BE COMPLETED BY PROVIDER:

DATE: _____ TIME: _____ Patient's name: _____ MR# _____

Provider Name: _____

Is Induction scheduled with 7 days of the EDD? YES ☐ NO ☐

IF YES: PROCEED to BOOKING
IF NO: CONTINUE WITH INDUCTION CHECKLIST

SELECT ALL MEDICAL/SURGICAL/OBSTETRICAL INDICATION(S) THAT APPLY:

MATERNAL CONDITIONS YES

- History of Antepartum Hemorrhage (abruption, placenta previa, etc.) ☐
- PROM, (term or preterm, with or without chorioamionitis) ☐
- Previous Uterine Surgery: specify ☐
- History of previous Classical incision for Cesarean Delivery ☐
- History of IUFD in previous Pregnancy ☐
- Advanced Cervical Dilation (> 4 cm) in Multipara ☐
- History of labor lastin less than 3* hours in a previous Pregnancy ☐
- Pre-eclampsia, Eclampsia ☐
- Maternal Age 35 or greater** ☐

Maternal Medical

- Diabetes Mellitus ☐
- Hypertensive Disorders, not pre eclampsia/eclampsia ☐
- Renal disease ☐
- Hepatic disorders, including Cholestasis of Pregnancy ☐
- Maternal Cardiovascular Disoriders ☐
- Pulmonary Disorders ☐
- Hematological Disorders ☐

FETAL CONDITIONS

- Congenital abnormality: specify ☐
- Non Reassuring Fetal Testing ☐
- Decreased fetal movement ☐
- Hydrops fetalis ☐
- Isoimmunization ☐
- Oligohydramnios ☐
- Polyhydramnios ☐
- Fetal growth restriction ☐

Other: specify***_____ ☐

* Precipitate Labor: expulsion of fetus in less than 3 hours. Hughes EC Obstetric-Gyneologic Terminology. Philadelphia, David. 1972 p 390 and Mahon TR, Chazotte C, Cohen WC. Short labors: characteristics and outcome. Obstet Gynecol 84:47, 1994

** Reddy UM, Ko CW, Willinger M. Maternal age and risk of stillborn in throughout pregnancy in the United States.Am J Obstet Gynecol 2006: 195; 764-70

*** Checking this category will prompt a chart review