## **Induction of Labor Checklist**



## For Obstetrical and Medically Necessary Induction of Labor:

•	_	•	o deliver at a gestational age less than 39 weeks is
	dependent on se	everity of condition)	
•	Confirm one of	the following indicate	tions
•	41+0 v	weeks tio placentae ampsia ional HTN  I Demise lopathy/Thrombophi nary disease bamnionitis ble Lie Fetal compromise munization malformation bles w/ complications w/o complication on, confirm necessity  □Other:	☐ Heart disease ☐ Liver disease (e.g. cholestasis of pregnancy.) ☐ Chronic HTN ☐ Diabetes (Type I or II) ☐ Renal disease ☐ Oligohydramnios
			(consultant name)
<u>Fo</u>	<ul><li>Confirm gra</li><li>Be aware of</li><li>Pat</li></ul>	ent will be 39 weeks wity and parity of pa	induction is planned
		stance from hospital	
	$\Box Ps$	ychosocial indicatior	ns

- Confirm favorable cervix by Bishops score (See table)
  - ☐Bishop's score >/= 8 for nullipara
  - ☐ Bishop's score >/= 6 for multipara

Bishop's Score Calculation							
Parameter	0	1	2	3			
Dilation (cm)	0	1 - 2	3 - 4	5 - 6			
Effacement, %	0 - 30	40 - 50	60 - 70	≥80			
Station (-3 to +3)	- 3	-2	-1, 0	≥+1			
Consistency	Firm	Medium	Soft				
Position	Posterior	Middle	Anterior				
ACOG Patient Safety Checklist No. 5; December, 2011							

## **For all Inductions:**

- Provide patient with written educational material on induction of labor
- Obtain signed induction of labor education form
- Remind patient to call Labor and Delivery (or designee) prior to leaving home on the day of the induction

## **References:**

ACOG Committee Opinion, No.560, 2013

ACOG Patient Safety Checklist No 2. Inpatient Induction of Labor December 2011, reaffirmed 2014