

BEST MEDICAL CENTER

SCHEDULING FORM FOR INDUCTIONS AND CESAREAN DELIVERY

Call (XXX) XXX-XXXX or Fax (XXX) XXX-XXXX



Patient Name: _____ Phone: _____
OB Provider: _____ Gravida: _____ Parity: _____
Type of Delivery Planned: Induction C/S Desired Date: _____ Time: _____

DATING

EDC: _____ Gestational Age at Desired Date of Induction or C/S: _____
Month/Day/Year Weeks Days

EDC Based on: US <20 weeks Doppler FHT+ for 30 weeks +hCG for 36 weeks
 Other dating criteria: _____

By ACOG Guidelines, women should be 39 wks or greater before initiating an elective (non-medically indicated) delivery. ACOG also states that a mature fetal lung test in the absence of clinical indication is not considered an indication for delivery.

Fetal Lung Maturity test result: _____ Date: _____

INDICATION

Obstetric and Medical Conditions (OK if <39 weeks)

(The need to deliver <39 weeks is dependent on severity of condition)

- | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Abruption | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Previa | <input type="checkbox"/> Liver disease
<small>(e.g. cholestasis of preg.)</small> |
| <input type="checkbox"/> Preeclampsia | <input type="checkbox"/> Chronic HTN |
| <input type="checkbox"/> Gestational HTN | <input type="checkbox"/> Diabetes (Type I or II) |
| <input type="checkbox"/> GDM with Insulin | <input type="checkbox"/> Renal disease |
| <input type="checkbox"/> PROM | <input type="checkbox"/> Coag/Thrombophilia |
| <input type="checkbox"/> Fetal Demise (current) | <input type="checkbox"/> Pulmonary disease |
| <input type="checkbox"/> Fetal Demise (prior) | <input type="checkbox"/> HIV infection |
| <input type="checkbox"/> Oligohydramnios | <input type="checkbox"/> Prior classical C/S |
| <input type="checkbox"/> Polyhydramnios | <input type="checkbox"/> Prior myomectomy |
| <input type="checkbox"/> IUGR | |

- Non-reassuring fetal status
 Isoimmunization
 Fetal malformation
 Multiples w/ complications

Other: _____

Perinatology consult obtained and agrees with plan:

(consultant name)

Scheduled Induction or C/S

≥41+0 weeks

Scheduled C/S (≥39 wks)

- Prior cesarean section
 Breech presentation
 Other malpresentation
 Patient choice
 Other: _____
 Twin w/o complication
(ok ≥38 wks)

Elective Induction (≥39 wks)

- Patient choice/social
 Macrosomia
 Distance
 Other: _____

Description/Details: _____

CERVICAL EXAM

(for elective inductions ≥ 39 weeks)

Date of Exam: _____
(within 7 days of date of induction)

Total Score: _____

Bishop Score: circle each element of the exam below and add:

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

SCHEDULING OFFICE USE..... Procedure not scheduled:

Scheduled? by: _____ Confirmed Date: _____ Time: _____
Referred to Dept Chair / MFM Staff? Yes Prenatal Record Presented to L&D: Yes

LABOR

Was labor or SROM present?
Choose one:
 Yes, Labor
 Yes, SROM
 Yes, Labor & SROM
 No
Labor is defined as regular uterine contractions with cervical change.

OUTCOME AFTER DELIVERY

Scheduled Delivery was:
 Induced Not Induced
Scheduled Delivery was:
 Spontaneous Vaginal
 Operative Vaginal
 Cesarean Section

Delivery Date: _____
Did the infant go to the special or intermediate care nursery or NICU?
 Yes No
Was this delivery an intrauterine fetal demise / fetal death?
 Yes No