INDUCTION SCHEDULING REQUEST FORM

Patient Name:			DOB:						
Today's Date:	Requested Date:		Time:			Reviewer Name:			
Gestational Age or	n Requested Date:	ited Date: weeks / da		days Gravida Para		Reviewed on Date:Time:			
STEP 1 – BEST F	STIMATED DUE DATE	- USE ACOG EDI	CALCULATOR II	NEEDED TO CO	NEIRM I	MOST ACCURATE F	DD ESPEC	CIALLY IF IVE UTILIZED	
	enstrual period (LMP):						00 13/11	STALLT II TVI OTILIZLO	
If In Vitro Fertilizat	tion (IVF) or In Utero In	semination (IUI)/timed intercou	rse used for conc	eption	ART Based Due Da	te:		
Required: Initial u	ıltrasound date:	at	gestational age:	weeks _	da	ays US Based Due	Date:		
G	estational Age Range Based US Measurement Discrepancy Between US and LMP That Supports using US EDD								
	on LMP	03 101	easurement	More than 5 days					
	≤ 8 6/7 weeks 9 0/7 weeks to 13 6/7 wee	•ks	CRL	RL		More than 7 days			
	4 0/7 weeks to 15 6/7 weeks		posite fetal			More than 7 day	<u>'</u>		
	6 0/7 weeks to 21 6/7 wee	COI		ments (BPD, HC,			More than 10 days		
	>22 weeks		AC, FL) Considered suboptimal dating, elective ces					cheduled at 40 weeks	
·				dating criteria:		t the pregnancy dat		issues on pregnancy dat	ing will
<u> </u>	TION(S) FOR SCHEDUL	ED INDUCTION	(check all that a	oply): Fax Docum	entatio	n			
					Medic	ally Necessary Indi	uction of	Labor	
Not to be	ctive Induction of Labo undertaken in a woma otimally dated pregnan	Must comply with Recommendations for Timing of Delivery when Conditions Complicate Pregnancy							
The following mu		/	A. ≥ 41 and 0/7 weeks gestation						
■ ≥39+ weeks of	•		B. ≥ 39 and 0/7 weeks gestation for maternal age ≥ 35 years						
	ix by Bishop Score		C. If <39 weeks gestation, must choose one or more of the following medical indication(s):						
Risk of rapid lab	or	MATERNAL CONDITIONS FETAL CONDITIONS							
Distance from h	ospital		Preeclampsia				PPROM ≥ 34 weeks		
Psychosocial indications			Gestational hypertension				Oligohydramnios (AFI ≤ 5)		
Patient choice			Chronic hypertension				Polyhydramnios (AFI ≥ 25)		
Obstetrician choice			Gestational diabetes				Twins w/o complications		
Other:			Diabetes (Type I or II)				IUGR		
		Heart disease				Isoimmunization			
		Renal disease				Fetal anomaly			
*Pregnancies without an ultrasound			Pulmonary disease				Fetal demise		
confirming or revising the EDD before 22 0/7 weeks of gestation should be considered			Liver disease (e.g., cholestasis)				Abnormal fetal testing		
suboptimally dated. Elective induction of labor			Coagulopathy/Thrombophilia				Other fetal compromise		
will be scheduled at 40 weeks.			Abruptio placentae Chorioamnionitis						
				m bleeding	n not li	stad DEOLUDES Ma	tornal Fo	tal Medicine recommen	dation
					iii iiot ii:		iterriai re		Jation
			Indication:	-		MFM Name		DATE	
	SCORE (Favorable Co	•		·					
FEATURES	0 Points	1 Point	2 Points	3 Points					1
Dilation	□ 0 cm	☐ 1-2 cm	☐ 3-4 cm	☐ 5-6 cm		Bishop Score:		└ N/A	
Effacement %	□ 0-30%	<u> 40-50%</u>	□ 60-70%	□ ≥ 80%				· · · · · · · · · · · · · · · · · · ·	1
Station	□ -3	□ -2	□ -1, 0	□ +1, +2					
Consistency	Firm	☐ Medium	☐ Soft			Data of Comite	al Evere		
Position	☐ Posterior	☐ Mid	☐ Anterior			Date of Cervica	aı Exam		
STEP 4 – AUTHE	NTICATION								
DHYSICIANI ALITUE	NTICATION/HEALTHC	VBE DBU/VIDED		OPID#			<u> </u>	TIME	
PHYSICIAN AUTHENTICATION/HEALTHCARE PROVIDER OPID# DATE TIME AdventHealth Waterman									
Tavares, Florida	vateliildii						AFF	IX PATIENT LABE	L HERE
INDUCTION SC	HEDULING REQUE	EST							

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Recommendations for Timing of Delivery when Conditions Complicate Pregnancy

Condition	Suggested Specific Timing			
Fetal				
Growth Restriction (singleton)				
Otherwise uncomplicated, no concurrent findings	380/7 - 396/7 weeks of gestation			
 Concurrent conditions (oligohydramnios, abnormal Doppler 	34 0/7 – 37 6/7 weeks of gestation			
studies, maternal co-morbidity, e.g., preeclampsia, CHTN)				
Growth Restriction (twins)				
Di-Di twins with isolated fetal growth restriction	36 0/7 – 37 6/7 weeks of gestation			
•Di-Di twins with concurrent conditions, abnormal Doppler studies,	32 0/7 – 34 6/7 weeks of gestation			
maternal co-morbidity, e.g., preeclampsia, CHTN)				
•Mo-Di twins with isolated fetal growth restriction	32 0/7 – 34 6/7 weeks of gestation			
Multiple gestations				
Di-Di twins, presenting twin vertex	38 0/7 – 38 6/7 weeks of gestation			
•Mo-Di twins, presenting twin vertex	34 0/7 – 37 6/7 weeks of gestation			
Oligohydramnios (AFI ≤5 cm)	36 0/7 – 37 6/7 weeks of gestation			
Polyhydramnios				
•AFI 25 to 30 cm	39 0/7 – 40 0/7 weeks of gestation			
•AFI >30 cm	37 0/7 weeks of gestation			
Maternal				
Advanced maternal age				
■≥35 years of age (strongly favor induction for women who are ≥35	39 0/7 – 39 6/7 weeks of gestation			
years and primiparous, ≥39 years of age, or of black race*)				
Hypertension				
 Chronic hypertension, controlled on no medications 	38 0/7 – 39 6/7 weeks of gestation			
 Chronic hypertension, controlled on medications 	37 0/7 - 39 6/7 weeks of gestation			
Chronic hypertension, difficult to control	36 0/7 – 37 6/7 weeks of gestation			
Gestational hypertension	37 0/7 – 38 6/7 weeks of gestation			
Preeclampsia – severe	At diagnosis or after 34 0/7 weeks of gestation			
■Preeclampsia – mild	At diagnosis or after 37 0/7 weeks of gestation			
Diabetes				
Pregestational, well-controlled	39 0/7 – 39 6/7 weeks of gestation			
•Pregestational with vascular complications	37 0/7 - 39 6/7 weeks of gestation			
Pregestational, poorly controlled	340/7 - 386/7 weeks of gestation			
•Gestational – well controlled on diet or medications	39 0/7 - 39 6/7 weeks of gestation			
•Gestational – poorly controlled	34 0/7 – 38 6/7 weeks of gestation			
Obstetric				
PPROM	34 0/7 weeks of gestation			

^{*}Fretts, Management of pregnancy in women of advanced age, UpToDate 2017

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