Labor Induction Checklist

**First Calendar Day/Admission Time:** ____________________________

**Gravida**_____________ **Para**_________________________

1. **Pre-procedure:**
   - Yes □ No □ Consent form discussed with patient and signed

2. **Bishop Score is ________** on admission
   - Yes □ No □ Cervical ripening

3. **Type of Induction:**
   - Non-medical (all criteria below must be met)
     - Yes □ No □ 39 – 40 6/7 weeks gestation
     - Yes □ No □ Bishop Score 9 or greater for nulliparous women and 6 or greater for multiparous women
     - Yes □ No □ Cervical ripening not used
     - Yes □ No □ Done for reasons listed on non-medically indicated induction guideline (refer to insert)
   - Exception (please explain) ________________________________

   - Medical
     - Indication__________________________________________

4. **Patient Progress**
   - Yes □ No □ Entered active labor (> 6 cm)
     (If **Yes** - continue with Spontaneous/Active Labor algorithm and checklist)
   - Yes □ No □ Cesarean delivery due to concern for fetal and/or maternal well-being.
     - Describe___________________________________________

   - Yes □ No □ Failed induction (assumes < 6 cm and stable mom and baby and meets at least one of the criteria below)
     - Criteria: (check all that apply)
       - No cervical change after 24 hours of Oxytocin and membranes have been artificially ruptured (if feasible and no contraindications) (refer to algorithm)
       - Failure to enter active phase (6 cms) despite uterine contractions every 3 mins x 24 hours with ruptured membranes
       - Inadequate response to 2nd cervical ripening agent and failure to respond to Oxytocin per hospital protocol
       - In the setting of ruptured membranes, no cervical change after 12 hours of Oxytocin
   - Disposition for Failed Induction:
     - Yes □ No □ Sent Home (assuming intact membranes and GBS negative)
       - Yes □ No □ Education Given (further options discussed: risks, benefits, alternatives of all options i.e. D/C home with plan to return vs C-section, depending on clinical situation)
     - Yes □ No □ C-Section
       - Indication__________________________________________
       - Comments:__________________________________________

**Indications that make the induction elective:**
- History of fast labor
- Distance from hospital
- Suspected macrosomia (without history of shoulder dystocia)
- Psychosocial (e.g. partner’s deployment date, family or significant relation availability, adoption, etc…)
- Maternal discomfort (e.g. hemorrhoids, reflux, sciatic nerve pain, fatigue, etc…)
- Advanced cervical dilation, GBS negative

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