

First Calendar Day/Admission Time: _____

Labor Induction Checklist

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

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

Entered active labor (≥ 6 cm)

(If Yes - continue with Spontaneous/Active Labor algorithm and checklist)

Cesarean delivery due to concern for fetal and/or maternal well-being.

Describe _____

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:

