

Appendix 2: Scheduling Form for Inductions and Cesarean Sections

(See next page)

Modified from Main E, Oshiro BT, Chagolla B, Bingham D, Dang-Kilduff L, Kowalewski L. Elimination of non-medically indicated (elective) deliveries before 39 weeks gestational age. (California Maternal Quality Care Collaborative Toolkit to Transform Maternal Care). 1st ed. White Plains (NY): March of Dimes; 2010:27.

Oshiro BT, Kowalewski L, Sappenfield W, Alter CC, Bettegowda VR, Russell R, et al. A multistate quality improvement program to decrease elective deliveries before 39 weeks. *Obstet Gynecol* 2013;121.

The authors provided this information as a supplement to their article.

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BEST MEDICAL CENTER
SCHEDULING FORM FOR INDUCTIONS AND CESAREAN SECTIONS

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

Name _____ Phone _____

OB Provider _____ G/P _____

Type of Delivery Planned: ☐ Induction; ☐ C/S Desired Date/Time: _____

DATING.....

EDC: _____ Gestational Age at Date of Induction or C/S: _____ (week+day)

EDC Based on: ☐ US <20 weeks; ☐ Doppler FHT+ for 30 weeks; ☐ +hCG for 36 weeks

☐ Other dating criteria: _____ (details)

By ACOG Guidelines, women should be 39 wks or greater before initiating an elective (no indication) 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)

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

- ☐ Abruption
- ☐ Previa
- ☐ Preeclampsia
- ☐ Gestational HTN
- ☐ GDM with insulin
- ☐ PROM
- ☐ Fetal Demise (current)
- ☐ Fetal Demise (prior)
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ IUGR
- ☐ Non-reassuring fetal status
- ☐ Isoimmunization
- ☐ Fetal malformation
- ☐ Multiples w/ complications

- ☐ Heart disease
- ☐ Liver disease (e.g. cholestasis of preg.)
- ☐ Chronic HTN
- ☐ Diabetes (Type I or II)
- ☐ Renal disease
- ☐ Coag/Thrombophilia
- ☐ Pulmonary disease
- ☐ HIV infection

- ☐ Prior classical C/S
- ☐ Prior myomectomy
(may be earlier with fetal lung maturity test)

☐ Other: _____

Perinatology consult
obtained and agrees
with plan:

(consultant name)

☐ **Scheduled ≥41+0 wks**

Scheduled C/S (≥39 wks)

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

Elective Induction (≥39wks)

- ☐ Patient choice/social
- ☐ Macrosomia
- ☐ Distance
- ☐ Other: _____

Description/Details: _____

CERVICAL EXAM (for inductions)

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

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

Total Score: _____

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	-----	-----

This section is used only
by those hospitals using
cervical exam criteria for
scheduling inductions.

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

Scheduled? ☐ by: _____ Confirmed Date/Time: _____

Referred to Dept Chair? ☐ Prenatal Record presenting L&D: ☐ Yes