

Affix patient label within this box.

Induction Booking

Documentation confirming the diagnosis must be attached/faxed and can include a copy of the prenatal record, antenatal chart, antenatal home care record, ultrasounds or laboratory reports.

Client Name				Client Phone Number	
Gravida	Para	Term	Aborta		Living
Estimated Date of Delivery by Last Menstrual Period <i>(yyyy-Mon-dd)</i>			Estimated Date of Delivery by Ultrasound <i>(yyyy-Mon-dd)</i>		Gestational Age <i>(at induction date)</i>
Name of Physician				Total of Bishop Score <i>(see below)</i>	

Indication(s) Requiring Immediate Induction

Non-reassuring fetal status

- Non-reassuring fetal heart rate tracing
- Biophysical Profile score less than or equal to 4
- Oligohydramnios

Intrauterine growth restriction

- Growth curve less than 3rd percentile
- Serial ultrasounds show lack of growth
- Significant antepartum bleeding
- Clinical signs of amnionitis

Gestational hypertension with proteinuria and adverse conditions

- Diastolic blood pressure greater than or equal to 110 mmHg
- Pulmonary Edema
- Oliguria
- Epigastric pain
- Seizures
- Protein greater than or equal to 3 gm/24 hours
- Elevated liver enzymes (greater than or equal to 2.5 the normal)
- HELLP syndrome/DIC
- Low Platelets (less than 80,000)
- Uric acid greater than 2 SD for GA
- Significant maternal disease not responding to treatment

Specify _____

Bishop Score	0	1	2	3
Dilation (cm)	0	1–2	3–4	5+
Effacement (length in cm)	3 cm (0–30%)	2 cm (40–50%)	1 cm (60–70%)	0 cm (greater than or equal to 80%)
Station	greater than -3	-2	1 or 0	+1 or lower
Consistency	firm	medium	soft	
Position	posterior	central	anterior	

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Indication(s) Requiring Induction Within 2 Days

Pre-term premature rupture of membranes
 Documented fluid loss
 Litmus/nitrazine pH greater than 6.5 or positive fern test

Gestational diabetes requiring insulin or known diabetes prior to pregnancy
 Falling insulin requirements
 Gestational age greater than 39 weeks

 Alloimmunization at or near term

Intrauterine Growth Restriction
 Without evidence of compromise

Gestational hypertension without adverse conditions.
Minimal criteria of:
 Diastolic BP greater than or equal to 90 mmHg on at least 2 occasions 6 hours apart and/or
 Proteinuria greater than or equal to 300 mg/L per 24 hour collection

 Term PROM (GBS status unknown or positive)

Indication(s) Requiring Induction Within 4–7 Days

Perinatal death
 Previous pregnancy
 Current pregnancy

 Term PROM (GBS status negative)

 Logistic reasons (such as history of precipitous labour and distance to hospital)
 Specify _____

Gestation 40 + 3 with evidence of reassuring fetal status
 Dates confirmed by:
 Early clinical assessments
 Ultrasounds less than 24 weeks

 Chronic disease, essential hypertension, gestational hypertension without adverse conditions
 Gestational age greater then 39 weeks
 Antihypertensive medication greater than 39 weeks

 Other obstetrical/medical condition
 Specify _____

