

(Patient Sticker)

Delivery Analysis and Scheduling Form

Patient Name: _____ DOB: _____ G ____ P ____ EDC: _____

Requested Date of Procedure: _____ Gestational Age on Date of Procedure: _____

Desired Method of Delivery: ☐ Induction of Labor ☐ Cesarean

(Circle all indications that apply below)

Category I

Approved medical indications for early term (37 0/7 through 38 6/7 weeks of gestation) delivery

| Maternal Indications | Fetal Indications | Obstetric Indications |
|--|--|---|
| Antiphospholipid Syndrome (649.3) | ABO Isoimmunization (656.21) | Abruptio Placenta (641.20) |
| Chronic Hypertension (642.2) | Chorioamnionitis (658.40) | Antepartum Hemorrhage/Bleeding(641.8) |
| Chronic Pulmonary Disease | Fetal Abnormality(655.81) | Chronic Hypertension with super imposed preeclampsia (642.7) |
| Coagulopathy Defect (641.30) | Fetal Chromosomal Anomaly (655.11) | Gestational Hypertension (642.30) |
| Coagulopathy Disorders (649.3) | Fetal CNS anomaly (655.01) | Maternal /Fetal Hemorrhage (656.0) |
| Congenital Heart Defect (658.41) Heart Disease (648.61) | Fetal Damage due to Disease (655.41) | Mild Preeclampsia (642.4) Severe Preeclampsia/HELLP (642.5) / Eclampsia (642.6) |
| Current Cancer | Fetal Damage due to Drugs (655.51) | Multiple gestation (651.5) Multiple gestation with loss (651.6) |
| Diabetes Mellitus (648.01) | Fetal Damage due to Radiation (655.61) | Oligohydramnios (658.01) |
| Epilepsy/ Seizure Disorder (649.4) | Fetal Damage due to Virus (655.31) | Placenta Previa (641.01) |
| Gastroenteric Diseases/ Disorders | Fetal Demise-Singleton (656.41) | Placental Previa Hemorrhage (641.11) |
| Hematological disorder | Fetal Distress (656.3) | Premature Rupture of Membranes (658.10) |
| HIV (042) Asymptomatic HIV infection status (V08) | Intrauterine Growth Restriction(656.51) | Prolonged Rupture of Membranes (658.21) |
| Hypertension Non-Specified (642.9) | Non-Reassuring fetal antepartum testing (659.73) | Polyhydramnios (657.00) |
| Liver Disease(646.71) | RH Isoimmunization (656.11) | Quadruplets (651.2) Quadruplets with loss (651.5) |
| Previous Stillborn (V23.5) | | Triplets (651.1) Triplets with fetal loss (651.41) |
| Prior Classical Cesarean Delivery (654.81) | | Twins (651.01) Twins with fetal loss (651.3) |
| Prior Myomectomy Entering Endometrial Cavity | | Uncontrolled Gestational Diabetes (648.80) |
| Renal Disease (646.21) | | Unstable lie (652.01) Multiple gestation with malpresentation (652.61) |
| | | Vasa Previa (663.51) |

Category II

Approved medical indications for full term delivery (39 0/7 weeks of gestation through 40 6/7 weeks of gestation)

| | | |
|-------------------------------------|---|--|
| Fetal Malpresentation/ Unstable Lie | History of Herpes Simplex Virus or Active Infection | |
|-------------------------------------|---|--|

Category III

Non-medical indications for delivery.

| | | |
|------------------------|--------------------------------------|--------------------------|
| Maternal Request | Favorable Cervix | History of Rapid Labor |
| Distance From Hospital | Psychosocial Factors (Specify Below) | Repeat Cesarean Delivery |

Clinical/Other Indications/Supporting Data: _____

****Include first ultrasound report and Updated H&P which includes documentation of indication for delivery

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Fetal maturity confirmation was confirmed by the following method:

- ☐ Based on assisted reproductive technologies dating
- ☐ Ultrasound measurement at less than 20 weeks of gestation supports full term (39 0/7 weeks of gestation through 40 6/7 weeks of gestation)
- ☐ Fetal heart tones have been documented as present for 30 weeks by Doppler ultrasonography.
- ☐ It has been 36 weeks since a positive serum or urine human chorionic gonadotropin pregnancy test result.

Bishop Score: Circle factors that are present at start of induction.

☐ Non-applicable (Scheduled C-section, medically indicated delivery)

| Factor | 0 | 1 | 2 | 3 |
|-------------------|-----------|--------------|----------|------------------------------|
| Dilation (cm) | Closed | 1 - 2 | 3 - 4 | Greater Than or Equal to 5 |
| Effacement (%) | 0 - 30% | 40 - 50% | 60 - 70% | Greater Than or Equal to 80% |
| Station | -3 | -2 | -1 / 0 | +1 / +2 |
| Consistency | Firm | Medium | Soft | ----- |
| Cervical Position | Posterior | Mid-Position | Anterior | ----- |

Bishop Score Total: _____

1. A high bishop score (defined as greater than 5 for multiparous patients or greater than or equal to 8 for nulliparous patients) indicates a similar likelihood of vaginal birth whether labor is spontaneous or induced.
2. A bishop score less than 6 is associated with a higher rate of failed induction of labor, particularly in nulliparous women. The increased risk of cesarean delivery secondary to labor induction is almost entirely confined to nulliparous women with an unfavorable cervix. For nulliparous women with a Bishop score of less than 6, the cesarean section rate approaches 50%.

Other Factors: Yes/No Adequate Pelvis _____ EFW < 4500 grams _____ EFW > 4500 grams

Patient Education: ☐ Patient reviewed risk and benefits ☐ Patient signed Consent for Induction of Labor Form

Physician Signature Time Date