

Scheduling Form for Induction of Labor and Cesarean Sections

McLaren Boarding Phone Number: 810-342-2279 McLaren Boarding Fax Number: 810-342-2218

Name: _____ Phone: _____

OB Provider: _____ Primary Care Provider: _____

Type of Delivery Planned: Induction Cesarean Section Date/Time to be admitted: _____

DATING

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

EDC Based on: US 10-20 weeks; Doppler FHT+ for 30 weeks; + hCG for 36 weeks

EDC by LMP Combination of the above criteria: _____ (details)

Fetal Lung Maturity test result: _____ Date: _____

By ACOG guidelines, women should be 39 weeks or greater before an elective (no indication) delivery. A mature fetal lung test in the absence of clinical indication is not considered an indication for delivery before 39 weeks.

INDICATION

Obstetrical and Medical Conditions (OK if <39 weeks)

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Fetal HR | <input type="checkbox"/> HIV Infection |
| <input type="checkbox"/> Abruptio | <input type="checkbox"/> Isoimmunization |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Liver/Biliary Tract Disorder in Preg |
| <input type="checkbox"/> Chronic HTN | <input type="checkbox"/> Oligohydramnios |
| <input type="checkbox"/> Coagulation Defect | <input type="checkbox"/> Polyhydramnios |
| <input type="checkbox"/> Congenital CV Disorder | <input type="checkbox"/> Poor Fetal Growth |
| <input type="checkbox"/> Cord Prolapse | <input type="checkbox"/> Post Term Pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preeclampsia |
| <input type="checkbox"/> Fetal Distress | <input type="checkbox"/> Previa |
| <input type="checkbox"/> Fetal Malformation | <input type="checkbox"/> PROM |
| <input type="checkbox"/> Gestational DM | <input type="checkbox"/> Renal Disease in Preg |
| <input type="checkbox"/> Gestational HTN | <input type="checkbox"/> Twin or Triplet Delivery |
| <input type="checkbox"/> Hemorrhage | <input type="checkbox"/> Other: _____ |

Scheduled C/S (>39 wks)

- Breech Presentation
- Other Malpresentation
- Patient Choice
- Prior C/S
- Prior Classical C/S
- Prior Myomectomy
(may be earlier with fetal lung maturity test)
- Twin w/out Complication
(OK ≥39 weeks)
- Other:

Elective Induction (> 39 weeks)

- Macrosomia
- Patient Choice/Social
- Other: _____

SCREENING STATUS

Group B Strep Status Positive Negative

Hepatitis Status Positive Negative

Blood Type _____ Rh Status _____ Rubella Status _____

PLAN OF CARE: _____

Physician Signature: _____ Date/Time: _____

