

**Scheduling Form for Induction of Labor and Cesarean Sections**

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

Requesting Physician: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_

Gestational Age on Date of Procedure: \_\_\_\_\_ Date/Time to be admitted: \_\_\_\_\_

**METHOD OF DELIVERY PLANNED:**

Induction: Fetal presentation: \_\_\_\_\_ EFW: \_\_\_\_\_ gms

Bishop Score

	0	1	2	3	
Position	Posterior	Intermediate	Anterior		
Consistency	Firm	Intermediate	Soft		
Dilation	0	1-2	3-4	5-6	
Station	-3	-2	-1 or 0	+1 or +2	<b>Score</b>
Effacement (%)	0-30%	40-50%	60-70%	80% or greater	

*Bishop Score greater than 5 predicts greater than 87% likelihood for vaginal delivery*

Cesarean Delivery:  Primary or  Repeat

**DATING:**

EDC: \_\_\_\_\_ determined by:

US 10-20 weeks

LMP

Known date of conception on \_\_\_\_\_ associated with infertility treatment

Amniocentesis performed on \_\_\_\_\_ Results: \_\_\_\_\_

**REASONS FOR SCHEDULED DELIVERY:**

*Indications for delivery if <39 weeks*

- Abnormal Fetal HR  Abruption
- Cardiovascular Disease  Chronic HTN
- Coagulation Defect  Congenital CV Disorder
- Cord Prolapse  Diabetes
- Fetal Distress  Fetal Malformation
- Gestational DM  Hemorrhage
- HIV Infection  Isoimmunization
- Liver/Biliary Tract Disorder in Preg
- Oligohydramnios  Polyhydramnios
- Poor Fetal Growth  Post Term Pregnancy
- Preeclampsia  Previa
- PROM  Renal Disease in Preg
- Twin or Triplet Delivery  
(including monochorionic diamniotic; dichorionic diamniotic)

*Indications for delivery if >39 weeks*

- Breech Presentation
- Other Mal-presentation
- Prior C/S
- Twin w/out complication
- Macrosomia
- Patient Choice/Social
- Other: \_\_\_\_\_

*Indications for delivery if 36/0- 37/6 weeks*

- Prior Classical C/S

*Indications for delivery if 37/0-38/6 weeks*

- Prior Myomectomy

**SCREENING STATUS**

Group B Strep Status:  Positive  Negative

Hepatitis Status:  Positive  Negative

Blood type: \_\_\_\_\_ RH Status: \_\_\_\_\_ Rubella Status: \_\_\_\_\_

ORDERS: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

