Appendix 2: Scheduling Form for Inductions and Cesarean Sections

(See next page)


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**  
- 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

**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.

**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

**Scheduled ≥41+0 wks**
- ☐ Scheduled C/S (≥39 wks)
  - ☐ Prior C/S
  - ☐ Breech presentation
  - ☐ Other malpresentation
  - ☐ Patient choice
  - ☐ Other: ___________________________

**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:  

<table>
<thead>
<tr>
<th>Score</th>
<th>Dilatation</th>
<th>Effacement</th>
<th>Station</th>
<th>Consistency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Closed</td>
<td>0-30%</td>
<td>-3</td>
<td>Firm</td>
<td>Posterior</td>
</tr>
<tr>
<td>1</td>
<td>1-2</td>
<td>40-50%</td>
<td>-2</td>
<td>Medium</td>
<td>Midposition</td>
</tr>
<tr>
<td>2</td>
<td>3-4</td>
<td>60-70%</td>
<td>-1, 0</td>
<td>Soft</td>
<td>Anterior</td>
</tr>
<tr>
<td>3</td>
<td>5-6</td>
<td>80%</td>
<td>+1, +2</td>
<td>---</td>
<td>---------</td>
</tr>
</tbody>
</table>

**Total Score:** __________  

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