INDUCTION REQUEST CRITERIA

Patient Tel.

Health-care provider:

REQUESTED DATE OF INDUCTION :
Month by name (yyyy/dd)

Gestational age at date induction requested: (weeks + days)	EDB (yyyy/mm/dd)	G	T	P	A	L

PRIORITY	
❑ **Immédiate** Patient to be admitted	❑ **Out patient** ❑ **In patient**
❑ **1** Induction within 24 hours ❑ **2** Induction within 48 hours ❑ **3** Other	Notify HCP if patient not admitted within specified time.

MATERNAL INDICATIONS

❑ Gestational hypertension:
- ❑ Severe preeclampsia: Diastolic BP greater than 110, proteinuria and adverse condition
- ❑ Mild/moderate preeclampsia: Diastolic BP greater than 90 mm Hg and proteinuria or adverse condition, greater or equal to 37 weeks
- ❑ Gestational hypertension: Diastolic BP greater than 90 mm Hg, NO proteinuria/adverse condition, greater or equal to 39 weeks

❑ Diabetes:
- ❑ Diabetes Mellitus (DM) with complications
- ❑ Type 1 or Type 2 DM (pre-existing) on insulin, greater or equal to 38 weeks
- ❑ Gestational DM on insulin, greater or equal to 38 weeks

❑ Prelabour ROM

❑ Other maternal condition: _____

FETAL INDICATIONS

❑ Post dates (greater than or equal to 41+3 weeks)

❑ Abnormal Fetal Surveillance

❑ SGA/IUGR:
- ❑ EFW less than 10th percentile, plus other abnormal parameters (S/D ratio, medial cerebral artery)
- ❑ EFW less than 10th percentile, otherwise uncomplicated, greater than or equal to 38 weeks
- ❑ Flattening of growth curve

❑ Oligohydramnios:
- ❑ No 2 x 2 cm pocket

❑ Other fetal condition:

PLANNED METHOD

Cervical status: Dilatation: _____ Effacement: _____ Station: _____ Position: _____ Consistency: _____

❑ Cervical ripening ❑ ARM ❑ Oxytocin ❑ To be assessed

❑ Plan of care if failed induction:

COMMENTS/FOLLOW-UP

Documentation: ❑ U/S ❑ Labs ❑ Consultation ❑ Other: _____

❑ Induction booklet provided (if appropriate)

Signature (Health Care Provider) Date (yyyy/mm/dd)

* Fax or send form(s) to Birthing Unit.

Legend: SGA Small for gestational age; S/D Systolic / Diastolic; IUGR Intra Uterine Growth Restriction; ARM Artificial rupture of membrane; EFW Estimated fetal weight