

Induction of Labour (IOL) Request Form

Preferred Name: _____		Tel.: _____	
Health Care Provider: _____		Alt Tel.: _____	
REQUESTED DATE OF INDUCTION: _____		PREVIOUS C/S: Yes <input type="checkbox"/> No <input type="checkbox"/> KNOWN INCISION /CLOSURE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
RECOMMENDED METHOD OF CERVICAL RIPENING: <input type="checkbox"/> Foley <input type="checkbox"/> Cervidil <input type="checkbox"/> Gel <input type="checkbox"/> Misoprostol (Inpatient only)		ALLERGIES: _____	
RECOMMENDED IOL METHOD: <input type="checkbox"/> ARM <input type="checkbox"/> Oxytocin			
GBS Status: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> UNKNOWN			
GA at induction: _____		EDC: _____	
		G	T
		P	A
		L	
<input type="checkbox"/> Cervical ripening and IOL process explained to patient and documented		<input type="checkbox"/> IOL information given to patient	
<input type="checkbox"/> Consent documented			
PRIORITY	MATERNAL AND FETAL INDICATIONS FOR IOL		
<input type="checkbox"/> Priority 1 Immediately or within 24 hours of requested induction date	<input type="checkbox"/> Severe Preeclampsia, HELLP Syndrome or Eclampsia at any gestational age <input type="checkbox"/> Preeclampsia, greater than or equal to 34 weeks <input type="checkbox"/> Abnormal fetal surveillance (circle all that apply); Abnormal BPP; Abnormal NST; Abnormal Doppler Flow Studies (indicate findings): decreased / absent / reversed EDF <input type="checkbox"/> EFW less than the 10 th percentile WITH other abnormal FHS parameters, please indicate _____ <input type="checkbox"/> EFW less than the 5 th percentile, otherwise uncomplicated greater than or equal to 37 weeks <input type="checkbox"/> Monochorionic/Diamniotic twins 36-37 weeks <input type="checkbox"/> Significant Maternal medical disease _____ OR <input type="checkbox"/> Fetal complication _____ <input type="checkbox"/> TERM Pre-labour SROM GBS +/- Date/time of SROM _____ <input type="checkbox"/> Patient declined		<input type="checkbox"/> Inpatient
<input type="checkbox"/> Priority 2 Between 24-48hrs from requested induction date	<input type="checkbox"/> Dichorionic/Diamniotic twins, otherwise uncomplicated, 37-38 weeks <input type="checkbox"/> EFW 5 th to 10 th percentile, otherwise uncomplicated greater than or equal to 39 weeks (<i>Suggest inpatient</i>) <input type="checkbox"/> Type 1, Type 2 or GDM on insulin, uncomplicated, 38-39 weeks (<i>Suggest inpatient</i>) <input type="checkbox"/> Gestational hypertension or pre-existing hypertension, with or without medication(s) greater than or equal to 39 weeks, with well controlled BP and NO adverse conditions <input type="checkbox"/> Cholestasis: greater than or equal to 39 weeks with clinical diagnosis OR Bile salts less than 40mmol/L; <input type="checkbox"/> Cholestasis: less than 39 weeks if Bile salts are greater than 40mmol/L (<i>Suggest inpatient</i>) <input type="checkbox"/> Fetal demise, genetic or anatomic indications <input type="checkbox"/> Other: <input type="checkbox"/> Maternal _____ <input type="checkbox"/> Fetal: _____		<input type="checkbox"/> Inpatient OR <input type="checkbox"/> Outpatient
<input type="checkbox"/> Priority 3 Within 2-4 days of requested induction date	<input type="checkbox"/> Gestational diabetes (diet managed) greater than or equal to 39 weeks, otherwise uncomplicated <input type="checkbox"/> AMA (greater than or equal to 40 years), otherwise uncomplicated, greater than or equal to 40 weeks <input type="checkbox"/> Postdates, greater than or equal to 41 weeks <input type="checkbox"/> Pre-pregnancy BMI greater than or equal to 40 kg/m ² , otherwise uncomplicated, greater than or equal to 39-40 weeks BMI= _____ kg/m ² <input type="checkbox"/> VTE or additional thrombotic disorders receiving anticoagulation therapy, greater than or equal to 38 weeks <input type="checkbox"/> Other: <input type="checkbox"/> Maternal _____ <input type="checkbox"/> Fetal: _____		<input type="checkbox"/> Inpatient OR <input type="checkbox"/> Outpatient
OUTPATIENT CRITERIA <input type="checkbox"/> Lives less than 1 hour away <input type="checkbox"/> Adequate transportation <input type="checkbox"/> BPP 8/8 (within 7 days) OR <input type="checkbox"/> NST + AF Assessment (within 48hrs) <input type="checkbox"/> IOL explained <input type="checkbox"/> Demonstrates understanding of information provided			

BISHOP SCORE						
SCORE	DILATATION (cm)	EFFACEMENT (cm)	STATION	POSITION	CONSISTENCY	FAVORABLE CERVIX Greater than or equal to 6 <small>A Bishop score greater than 8, increases the likelihood of vaginal birth similar to that of spontaneous labour. Consider additional cervical ripening to improve Bishop's score prior to additional intervention.</small>
0	Closed	Greater than 3 cm	-3	Posterior	Firm	
1	1-2	2-3cm	-2	Midline	Medium	
2	3-4	1-2cm	-1, 0	Anterior	Soft	
3	Greater than 5	0 cm	+1, +2	----	----	TOTAL SCORE
SCORE						

FOLLOW-UP: <input type="checkbox"/> NST Date: _____ <input type="checkbox"/> BPP Date: _____ <input type="checkbox"/> Additional follow-up items: _____		
ADDITIONAL COMMENTS: _____ _____ _____		
Health Care Provider Name (print)	Health Care Provider Signature	Date (yyyy/mm/dd)



INSERT ORGANIZATIONAL LOGO HERE

PATIENT IDENTIFICATION
INFORMATION

LEGEND:

IOL = Induction of Labour	Tel. = Telephone	Alt. Tel. = Alternate Telephone
C/S = Cesarean Section	ARM = Artificial Rupture of Membrane	GBS = Group B Streptococcus
GA = Gestational Age	EDC = Estimated Date of Containment	BPP = Biophysical Profile
EDF = End Diastolic Flow	IUGR = Intrauterine Growth Restriction	USS = Ultrasound Scan
GDM = Gestational Diabetes Mellitus	BP = Blood Pressure	AMA = Advanced Maternal Age
BMI = Body Mass Index	VTE = Venous Thromboembolism	NST = Non Stress Test
AFI = Amniotic Fluid Index	G = Gravida	T = Term Birth
P = Preterm Births	A = Abortions	L = Living Children
HELLP = Hemolysis Elevated Liver Enzymes Low Platelet Count	FHS = Fetal Health Surveillance	SROM = Spontaneous Rupture of Membrane

