



# Induction Checklist

Addressograph Label  
 Client Label  
 DOB mm/dd/yyyy  
 PHIN/MHSC#  
 HRN

## Indication and Criteria Requiring Induction (May be booked without a consult)

- PROM Date & Time of PROM \_\_\_\_\_ Verified by:  Obviously Ruptured  Nitrazine  Ferning
- Postdates 41 weeks' gestation or greater  Twins 38 weeks' gestation or greater
- Gestational Hypertension  Proteinuria \_\_\_\_\_
- Diabetes Type \_\_\_\_\_ Insulin Required  Yes  No
- Other Maternal Indications (see reverse): \_\_\_\_\_
- Fetal Indications (see reverse): \_\_\_\_\_ **Fetal Assessment/Non-Stress Test** \_\_\_\_\_

## Patient Information

Prenatal Chart on ward

G \_\_\_\_\_ P \_\_\_\_\_ EDC (dates/U/S) \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

Bishop Score: Pre-Cervical Ripening \_\_\_\_\_

Pre-Oxytocin \_\_\_\_\_

Pre-Amniotomy \_\_\_\_\_

Bishop Score	0	1	2
Dilation (cm)	0	1-2	3-4
Effacement (%) or (Thickness in CM)	0-30 (>3)	40-50 (1-3)	60-70 (<1)
Consistency of Cervix	Firm	Med	Soft
Position of OS	Posterior	Mid	Anterior
Station	-3	-2	-1/0

Leopold's Position of the Baby: \_\_\_\_\_

**A score of 6 or less indicates Cervical Ripening prior to oxytocin.**

Type of Cervical Ripening:  Cervidil  Misoprostol  Prepidil  Prostin  Balloon Foley

**A score equal to 7 or greater indicates induction of labour.**

Type of Induction:  Amniotomy  Oxytocin  Misoprostol

## Induction Booking:

Requested Induction Date & Time: \_\_\_\_\_

Consulting Physician (if required): \_\_\_\_\_

Primary Care Provider (PCP)'s Signature

Date/Time

Booked Date & Time \_\_\_\_\_  Patient aware  Primary Care Provider aware

## Induction Day Checklist

- Consent obtained by PCP  Adequate resources available (staffing/space)
- Induction delayed due to  Inadequate Staffing  Space not available  Patient Factors \_\_\_\_\_
- Induction rebooked for (Date & Time) \_\_\_\_\_  Patient aware  PCP aware

Nurse's Signature

Date/Time

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### **Induction of Labour Priority List**

- Induction of labour is indicated when the risk of continuing the pregnancy exceeds the risk associated with induced labour and delivery.
- Consult is required for Midwifery inductions.

The following indications for induction are prioritized according to SOGC (Induction of Labour No 296 Clinical Practice Guideline, Sept 2013).

### **High Priority**

Term pre-labour rupture of membranes with maternal GBS colonization

### **The following high priorities are referred to a tertiary centre wherever possible:**

Preeclampsia  $\geq$  37 weeks GA

Significant maternal disease not responding to treatment

Significant but stable antepartum hemorrhage Chorioamnionitis

Suspected fetal compromise

### **Other indications for induction include:**

Postdates ( $\geq$  41 weeks GA)

Uncomplicated twins  $\geq$  38 weeks

GA Diabetes mellitus

Intrauterine growth restrictions

Gestational hypertension  $\geq$  38 weeks

GA Oligohydramnios

Intrauterine fetal demise

PROM at or near term, GBS negative

Logistical problems (hx of rapid labour/distance to hospital/ weather)

Intrauterine death in a previous pregnancy

Cholestasis of pregnancy

Advanced maternal age  $\geq$  40 years old,  $\geq$  40 weeks' gestation

### **The following indications priorities are referred to a tertiary centre wherever possible:**

Alloimmune disease at or near term

### **Unacceptable Indications for induction include:**

Care provider or patient convenience

Suspected macrosomia (estimated fetal weight greater than 4000 G in a non-diabetic woman)