



Patient Safety Checklist ✓

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INPATIENT INDUCTION OF LABOR

Reaffirmed 2014

Date _____ Patient _____ Date of birth _____ MR # _____
 Physician or certified nurse–midwife _____ Last menstrual period _____
 Gravidity/Parity _____
 Estimated date of delivery _____ Best estimated gestational age at delivery _____
 Indication for induction _____

Fetal Presentation (1)

- Vertex
 Other _____
 If other, physician or certified nurse–midwife notified

Estimated fetal weight _____

- Patient has a completed medical history and physical examination
 Known allergies identified _____
 Medical factors that could effect anesthetic choices identified _____
 Pertinent prenatal laboratory test results (eg, group B streptococci or hematocrit) available (2, 3)
 Other special concerns identified (eg, medical problems and special needs): _____
 Patient counseled about risks and benefits of induction of labor (1)
 Consent form signed as required by institution

Bishop Score (see below) (1): _____

Bishop Scoring System

Score	Factor				
	Dilation (cm)	Position of Cervix	Effacement (%)	Station*	Cervical Consistency
0	Closed	Posterior	0–30	-3	Firm
1	1–2	Midposition	40–50	-2	Medium
2	3–4	Anterior	60–70	-1, 0	Soft
3	5–6	—	80	+1, +2	—

*Station reflects a –3 to +3 scale.

Modified from Bishop EH. Pelvic scoring for elective induction. *Obstet Gynecol* 1964;24:266–8.

- Orders received (1)
 Oxytocin
 Cervical ripening

References

1. Induction of labor. ACOG Practice Bulletin No. 107. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2009;114:386–97.
 2. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Antepartum care. In: *Guidelines for perinatal care*. 6th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2007. p. 83–137.
 3. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Perinatal infections. In: *Guidelines for perinatal care*. 6th ed. Elk Grove Village (IL): AAP; Washington, DC: ACOG; 2007. p. 303–48.
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Standardization of health care processes and reduced variation has been shown to improve outcomes and quality of care. The American College of Obstetricians and Gynecologists has developed a series of patient safety checklists to help facilitate the standardization process. This checklist reflects emerging clinical, scientific, and patient safety advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Although the components of a particular checklist may be adapted to local resources, standardization of checklists within an institution is strongly encouraged.

How to Use This Checklist

The Patient Safety Checklist on Inpatient Induction of Labor should be completed by the health care provider at the time of the patient's admission.

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