

# Induction of Labour Booking & Management Form

Send to Delivery Suite and LMC																															
Please complete and submit by <b>FAX</b> to 04 806 0847 Delivery Suite LMC booking form is also available on CCDHB Maternity Healthpoint Medical Professionals web page																															
Planned date of IOL:	Woman's name:																														
Preferred dates for IOL:	Contact details:																														
LMC:	DOB: NHI:																														
Best contact:																															
Discussion with LMC required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Back up LMC:																														
Working EDD:	Based on: LMP <input type="checkbox"/> Scan <input type="checkbox"/> Gravida <input type="checkbox"/> Parity <input type="checkbox"/>																														
Name of Obstetrician/team/responsible midwife consulted:	Date:																														
Clinical Indicators for IOL (please tick box)																															
Fetal condition: <input type="checkbox"/>	Maternal condition: <input type="checkbox"/>																														
<input type="checkbox"/> Uncomplicated post-dates pregnancy (> 41 <sup>+0</sup> wks) <i>(NB: post-dates can only be booked 7 days in advance)</i>  For Priming & discussed with ACMM DS: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(NB: Arrange woman to go to DS the night before at 1700 hours)</i>  ACMM to contact LMC to defer priming if Acuity high	Date of Bishop Score: Bishop score: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Score</th> <th>0</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Dilation</td> <td>&lt;1</td> <td>1-2</td> <td>3-4</td> <td>&gt;4</td> </tr> <tr> <td>Length</td> <td>&gt;4</td> <td>2-4</td> <td>1-2</td> <td>&lt;1</td> </tr> <tr> <td>Station</td> <td>-3</td> <td>-2</td> <td>-1, 0</td> <td>+1, +2</td> </tr> <tr> <td>Consistency</td> <td>Firm</td> <td>Medium</td> <td>Soft</td> <td>--</td> </tr> <tr> <td>Position</td> <td>Posterior</td> <td>Midposition</td> <td>Anterior</td> <td>--</td> </tr> </tbody> </table>	Score	0	1	2	3	Dilation	<1	1-2	3-4	>4	Length	>4	2-4	1-2	<1	Station	-3	-2	-1, 0	+1, +2	Consistency	Firm	Medium	Soft	--	Position	Posterior	Midposition	Anterior	--
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IOL for morning at 0700 hours: Yes <input type="checkbox"/> No <input type="checkbox"/>	Team to start IOL: Yes <input type="checkbox"/> No <input type="checkbox"/>																														
Relevant clinical/social details (e.g. BMI > 35, ESOL):																															
Induction of Labour Management																															
Scan reports in file: Yes <input type="checkbox"/> No <input type="checkbox"/>	GBS status: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not known <input type="checkbox"/>																														
Updated Bishop Score:																															
Woman has been informed about the IOL process: Yes <input type="checkbox"/>																															
Pain relief options discussed with the woman: Yes <input type="checkbox"/>																															
Woman has been informed about IOL techniques: Prostin <input type="checkbox"/> Balloon <input type="checkbox"/> ARM <input type="checkbox"/> Syntocinon Infusion <input type="checkbox"/>																															
Woman has been provided information about IOL: Yes <input type="checkbox"/> No <input type="checkbox"/>																															
Additional comments:																															
Completed by (please print):	Date:																														