

# LMC induction of labour request form for uncomplicated post dates woman

Surname: ..... NHI: .....

First Names: .....

Date of Birth: ..... / ..... / ..... Sex: .....

PLACE PATIENT ID HERE

## Women's Health Service

<b>Name:</b>	
<b>LMC:</b>	<b>LMC mobile no:</b>

### Suitability for telephone consult

<input type="checkbox"/> Healthy woman > or = 41 <sup>+1</sup> weeks	<input type="checkbox"/> Booking sheet attached
<input type="checkbox"/> Maternal age less than 40 years	<input type="checkbox"/> Dating scan attached
<input type="checkbox"/> BMI <35 at 41 weeks	<input type="checkbox"/> Normal interval growth
<input type="checkbox"/> No vaginal bleeding from 20 weeks	<input type="checkbox"/> Customised growth chart attached
<input type="checkbox"/> Normal fetal movements	<input type="checkbox"/> Scan performed just prior to 41 week assessment – copy attached
<input type="checkbox"/> Maternal weight gain < 25 kg in pregnancy	<input type="checkbox"/> Woman given written information about IOL
<input type="checkbox"/> Membrane sweep undertaken	<input type="checkbox"/> Bishop score .... (see over page)

If not suitable for telephone consult then arrange an acute assessment unit or clinic review

<b>Midwife providing care during IOL:</b> <input type="checkbox"/> LMC or locum LMC <b>Name:</b> <input type="checkbox"/> Core midwife until labour establishes (dependent on DHB clinical workload) <input type="checkbox"/> Core midwife (handover to team)
Comments:

**NB: During business hours (0730 – 1700 Monday-Friday) the SMO of the proposed day of IOL is contacted for telephone consult. After hours the SMO of the day is called**

<b>IOL authorised by SMO</b> <input type="checkbox"/> SMO for day of IOL <b>OR</b> <input type="checkbox"/> SMO on call current day <b>Name of SMO:</b> ..... <b>Date:</b> .....	
<input type="checkbox"/> Suitable for IOL between 41 <sup>+3</sup> and 42 weeks	Fetal surveillance required : <input type="checkbox"/> CTG <input type="checkbox"/> Scan Freq:
<input type="checkbox"/> Not suitable for telephone booking	<input type="checkbox"/> SMO unable to be contacted <input type="checkbox"/> Text sent <input type="checkbox"/>
<input type="checkbox"/> Urgent obstetric review recommended	<input type="checkbox"/> LMC unable to be contacted <input type="checkbox"/> Text sent <input type="checkbox"/>
<input type="checkbox"/> Acute Assessment Unit review recommended: _____	
Comments:	
<b>IOL date to be booked with the ACMM phone (04) 8060 845 after contact with SMO</b> LMC to complete form and fax through to (04) 8060 847 by midday. Forms received prior to noon will be processed the same day, after noon they will be processed the following day. The ACMM will file this form in the woman's hospital records.	
<b>Signed:</b>	<b>Date faxed/taken to DS:</b>

## The Bishop Score

The Bishop score must be calculated

- The introduction of membrane sweeps may lower the induction of labour rate by as much as 15%
- If the practitioner is unable to reach the woman's cervix this should be documented. A consult with on call medical staff or the assistance of an experienced midwifery colleague should be considered

Score	0	1	2	3
Dilation	< 1 cm	1-2 cm	3-4 cm	>4cm
Length	>4cm	2- 4cm	1-2 cm	<1cm
Station	-3	-2	-1,0	+1, +2
Consistency	Firm	Medium	Soft	----
Position	Posterior	Midposition	Anterior	---