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**Induction of Labor**

Stimulation of uterine contractions (with Oxytocin or Prostaglandin) for the purpose of accomplishing vaginal birth before the spontaneous onset of labor (i.e. no contractions, or contractions without cervical change).

**Elective Induction:** Means without clear medical or obstetrical indication. (e.g., no indication given, macrosomia/Large for Gestational Age or patient or physician desire.)

**Augmentation of Labor:** Stimulation of ineffective uterine contractions after the spontaneous onset of labor (Refer to Pre-Augmentation Checklist)

Do not initiate Induction / Cervical Ripening, if checklist cannot be completed.

Y	N		Initials	Comments
		Physician / CNM order for induction		
		Physician with Caesarean Section privileges aware of induction, is readily available and this is documented in the medical record ( <i>if order written by physician or CNM without Caesarean Section Privileges</i> )		
<b>*Shaded* items below may be <u>delayed</u> for medically-indicated induction</b>				
		* H&P (physician L&D admission form) on chart, completed no more than 7 days prior to induction and updated within 24 hours of admission.		
		* Prenatal (PN) Record on chart		
		* Adequacy of pelvis documented (H&P or PN Record)		
		* Estimated fetal weight or fundal height documented (H&P or PN Record)		
		Induction indication documented		
		Gestational age documented		
		Induction consent form signed by patient		
		Cervical exam or Bishops score documented		
		Fetal presentation assessed and documented		
		EFM x30 minutes (minimum)		
<b>FHR Assessment Criteria</b>				
		<b><u>All criteria must be met</u></b> <input type="checkbox"/> Moderate variability present <input type="checkbox"/> No late decelerations in last 30 minutes <input type="checkbox"/> No more than 2 variable decelerations greater than 60 seconds and less than 60 bpm below baseline within the last 30 minutes.		
<b>All Criteria Met / Not Met</b>				
		<u>All</u> Checklist Criteria met		
		Checklist Criteria <u>not</u> met, Physician / CNM notified		
<b><i>Written order and documentation should be completed by physician / CNM if criteria are not met and physician / CNM decides to proceed with induction</i></b>				
Nurse Signature _____			Date: _____	Time: _____

