



Valley Medical Center

Induction Priority

Patients will be at least 39 0/7 weeks gestation by ACOG dating criteria or have documented fetal lung maturity or have medical conditions that outweigh risk of pulmonary immaturity

Immediate Admission and Evaluation for Delivery:

- Non-reassuring fetal status at greater than or equal to 35 0/7 weeks
 - Non-reactive non stress test greater than 40 minutes
 - Spontaneous decelerations
 - Reactive positive CST
 - Category III tracings
 - Abnormal UA Doppler with absent or reversed diastolic flow
 - BPP less than or equal to 4
 - Severe oligohydramnios (AFI \leq 5 with ultrasound report)
- Chorioamnionitis
- Severe pre-eclampsia (ACOG criteria)
- PROM at 35 0/7 weeks gestation or more
- IUGR (below the 3rd percentile with ultrasound report)
- IDDM with significant maternal or fetal complications

High Priority:

- Greater than or equal to 42 0/7 weeks
- IDDM greater than or equal to 40 0/7 weeks (class B or worse)
- Induction with laminaria or Foley catheter

Medium priority:

- Maternal medical disorders
- Fetal demise
- Fetal malformation requiring immediate or urgent specialty coordination
- Mild pre-eclampsia (ACOG criteria)
- IUGR less than the 10th percentile but greater than the 3rd percentile (with ultrasound report)
- IDDM 38 0/7-40 0/7 weeks (class B or worse)
- Decreasing AFI levels 5-8 (ultrasound report required)
- Multiple gestation greater than or equal to 38 0/7 weeks
- History of previous fetal demise
- Gestational age greater than 41 0/7 weeks but less than 42 0/7 weeks

Purely Elective (Requires Bishop Score greater than or equal to 6):

- History of rapid labor
- Lives remote from hospital
- Social reasons
- Macrosomia

ACOG criteria – PIH definitions

Mild –

- Blood pressures equal to or greater than 140/90 after 20 0/7 weeks gestation with previously normal blood pressures.
- Proteinuria – Greater than 300 mg but less than 5 gm of protein in a 24 hour urine specimen.

Severe –

- Blood pressures equal to or greater than 160 mm Hg systolic or 110 mm Hg diastolic on 2 occasions at least 6 hours apart while on bed rest.
- Proteinuria of 5 gm or more in 24 hours.
- Oliguria of less than 500 mL in 24 hours.
- Cerebral or visual disturbances.
- Pulmonary edema or cyanosis.
- Epigastric or right upper quadrant pain.
- Impaired liver function.
- Thrombocytopenia or evidence of hemolysis.
- Fetal growth restriction in the setting of preeclampsia.

Diabetes Classification

The White classification, named after Priscilla White^[2] who pioneered research on the effect of diabetes types on perinatal outcome, is widely used to assess maternal and fetal risk. It distinguishes between gestational diabetes (type A) and diabetes that existed before pregnancy (pregestational diabetes). These two groups are further subdivided according to their associated risks and management.^[3]

There are 2 classes of gestational diabetes mellitus (diabetes which began during pregnancy):

- **Class A₁**: gestational diabetes; diet controlled
- **Class A₂**: gestational diabetes; insulin controlled

The second group of diabetes which existed before pregnancy can be split up into these classes:

- **Class B**: onset at age 20 or older or with duration of less than 10 years
- **Class C**: onset at age 10-19 or duration of 10–19 years
- **Class D**: onset before age 10 or duration greater than 20 years
- **Class F**: diabetic nephropathy
- **Class R**: proliferative retinopathy
- **Class RF**: retinopathy and nephropathy
- **Class H**: ischemic heart disease
- **Class T**: prior kidney transplant

An early age of onset or long-standing disease comes with greater risks, hence the first three subtypes.