

ATTACHMENT D

Pre-Induction of Labor Checklist:

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 Cesarean 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 Cesarean Section privileges)</i>		
Shaded items below may be delayed for medically-indicated induction				
		* 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 x 30 minutes (minimum)		
FHR Assessment Criteria				
		<u>All criteria must be met</u> <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 sec. and less than 60 bpm below baseline within the last 30 min.		
All Criteria Met/Not Met				
		<u>All</u> Checklist Criteria met		

	Checklist Criteria <u>not</u> met, Physician/CNM notified		
<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>			
Nurse Signature _____ Date: _____ Time: _____			