Title: Scheduling of Labor Inductions and Cesarean Sections  
Department: Patient Care Services

1.0 Policy:

1.1 Induction of labor or cesarean delivery prior to 39 completed weeks of gestation will not be scheduled unless there is a medical indication. Medical indications are defined as follows:

### Indication for delivery

**Any gestational age:**

- Severe preeclampsia
- Chorioamnionitis
- Severe intrauterine growth restriction

**Gestational age for induction depends on severity of clinical complications:**

- Maternal issues
  - Hypertensive disease
    - No medications (38-39 weeks)
    - Controlled with medications (37-39 weeks)
    - Uncontrolled (36-37 weeks)
    - Gestational hypertension (37-38 weeks)
    - Mild preeclampsia (37 weeks)
  - Diabetes
    - Vascular disease (37-39 weeks)
    - Poorly controlled (34-39 weeks)
  - Severe obesity (BMI 60 or greater)
  - Significant maternal medical problems, specify:
    - Obstetric issues
      - PPROM (34)
      - Cholestasis (38 weeks)
      - RBC alloimmunization

- Fetal issues
  - Uncomplicated (38-39 weeks)
  - Concurrent conditions (34-37 weeks)
  - Di/di twins (36-37 weeks)
  - Mono/di twins (32-34 weeks)
  - Fetal anomalies, specify:
    - Multiple gestation
      - Di/di twins (38 weeks)
      - Mono/di twins (34-37 weeks)
      - Mono/mono (32-34 weeks)
  - Severe Polyhydramnios (AFI>35 cm)
  - Oligohydramnios, persistent, specify AFI

Notes:

1. EDD must be established using first trimester ultrasound, LMP confirmed by first or second trimester ultrasound
2. Bishop score >=6 required prior to induction of labor
3. Elective inductions of nulliparous patients must not require cervical ripening
4. If earlier delivery planned, document indication or consider amniocentesis for fetal lung maturity
5. Abnormal fetal surveillance suggesting imminent fetal jeopardy
6. May require earlier delivery for more extensive or complicated myomectomy
7. Oligohydramnios, abnormal Doppler studies, maternal risk factors, comorbidity
8. Individualize delivery plans based on specific maternal and fetal concerns
9. May delay delivery to 36-37 weeks if isolated and uncomplicated
10. Earlier delivery may be necessary for severe cholestasis

1.2 The above criteria are included on the Delivery Scheduling Form commonly called the “Boarding Pass” (see Appendix A), a document that will be completed and submitted to Labor and Delivery by the physician prior to scheduling an induction or cesarean section. Questions regarding scheduling will be referred to the Department Manager or Assistant Department Manager.

1.3 Elective inductions may be scheduled at or after 39 completed weeks gestation. Providers are required to obtain permission from the chair or vice chair of OB before performing an elective delivery prior to 39 completed weeks.

1.4 When scheduling an elective induction, it is recommended the nulliparous patient have a Bishop score of 8 or more and a multiparous patient have a Bishop score of 6 or more.

1.5 Elective inductions will not be scheduled for nulliparous patients if cervical ripening is required.

1.6 An "on call system" will be utilized for elective inductions. Patients will be asked to call the L&D unit two hours prior to their scheduled time. Education regarding the risks of inductions and the scheduling process will be given to patients at the time they are scheduled.

1.7 Unit staffing, equipment, and available rooms will be taken into consideration when scheduling inductions, to provide for both safe and quality patient care.
2.0 Scope: Department Specific: Women’s Services

3.0 Definitions: None

4.0 Responsibilities & Procedures

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Actions</th>
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</table>
| RN                | I. Procedure  
|                   | A. On admission the L&D RN will ensure the following are present before initiating induction of labor:  
|                   | a. Completed Delivery Scheduling Form (Boarding Pass)  
|                   | b. Indication for delivery is documented in the electronic medical record.  
|                   | c. Informed consent has been signed by physician.  
|                   | d. Prenatal record and pertinent prenatal labs are available. |
| Physician         | II. Procedure:  
|                   | A. The patient will be counseled about the indications for induction of labor, the agents and methods that will be used to stimulate contractions, and the probability of the need for a repeat induction or cesarean delivery.  
|                   | B. The completed Delivery Scheduling Form – Sparrow OB Services (Boarding Pass) will be sent or faxed to L&D before scheduling an induction of labor.  
|                   | C. Questions related to prioritizing and induction criteria will be determined by the ROGES or private attending physicians in collaboration with the L&D Charge RN (unresolved issues will be communicated to the chair/vice chair of OB Services)  
|                   | D. Collaborative review of scheduled inductions will be done in advance to confirm that appropriate information is documented and to prioritize as necessary  
|                   | E. Orders for method of induction/cervical ripening will be entered upon admission of the patient to OB Services.  
|                   | F. Document in Admission: Gestational age, method of determination of gestational age, indication for delivery, discussion of indication/risks/benefits along with patient’s consent, current Bishop score, fetal presentation, and admission history and physical. |

5.0 Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision #</th>
<th>Changes</th>
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<td>1,2,3 &amp; 4</td>
<td>4/81 6/82 5/83</td>
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<td>07/06</td>
<td>14</td>
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<tr>
<td>03/09</td>
<td>15</td>
<td>Updated, new guidelines added</td>
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<tr>
<td>2/13</td>
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<td>Updated and moved into PPM</td>
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6.0 Related Policies:
7.0 References:
Appendix A

Delivery Scheduling Form – Sparrow Ob Services

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<th>Patient name</th>
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<th>EGA</th>
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<td>□ Induction</td>
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<td>□ Cesarean delivery</td>
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<td>□ Cesarean delivery</td>
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<th>Physician</th>
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<td>Dilation</td>
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<tr>
<td>Consistency</td>
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<tr>
<td>Position</td>
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Indication for delivery (when directed, specify in adjacent comments area)

At or after 39 0/7 weeks:
- Elective³
- Postdates pregnancy (41 weeks)
- Well controlled diabetes
- History of unexplained fetal demise⁴
- Logistic factors, specify

Any gestational age:
- Severe preeclampsia
- Chorioamnionitis
- Severe intrauterine growth restriction⁵
- Nonreassuring antepartum testing
- Fetal death

Gestational age for induction depends on severity of clinical complications:

- Maternal issues
  - Hypertensive disease
    - No medications (38-39 weeks)
    - Controlled with medications (37-39 weeks)
  - Uncontrolled (36-37 weeks)
  - Gestational hypertension (37-38 weeks)
    - Mild preeclampsia (37 weeks)
  - Diabetes
    - Vascular disease (37-39 weeks)
    - Poorly controlled (34-39 weeks)
  - Severe obesity
  - Significant maternal medical problems, specify:
    - Obstetric issues
      - PPROM (34)
      - Cholestasis⁷ (38 weeks)
      - RBC alloimmunization
    - Other, specify

- Fetal issues
  - Fetal growth restriction
    - Uncomplicated (38-39 weeks)
    - Concurrent conditions⁶ (34-37 weeks)
  - Di/di twins (36-37 weeks)
  - Mo/di twins (32-34 weeks)
    - Fetal anomalies⁸, specify:
    - Multiple gestation
      - Di/di twins (38 weeks)
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      - Mo/mo (32-34 weeks)
    - Severe Polyhydramnios (AFI>35 cm)
    - Oligohydramnios, persistent⁹, specify AFI

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Form modified 11/22/11