

Appendix A – Other Sample Forms

Form 3: March of Dimes Induction/Cesarean Section Delivery Scheduling Form (Used with permission of the March of Dimes)

Requesting Physician _____ Today's Date _____

Patient's Name _____ Age _____ G _____ P _____

Medical Record # _____ Requested Procedure Date _____ AM PM

Gestational Age on Date of Procedure _____

Method of Delivery Planned: Cesarean delivery: Primary or Repeat

Induction: Fetal presentation _____ EFW _____ gms Bishop Score _____

Reasons for Scheduled Delivery: Check all appropriate indications below

Level 1

- Chorioamnionitis
- Preeclampsia / HELLP
- Abruptio placenta
- Bleeding D/T marginal placenta previa
- Non-reassuring fetal testing
- PROM
- Fetal hydrops / isoimmunization
- Oligohydramnios
- Blood group sensitization
- Fetal compromise (severe IUGR)
- Fetal anomaly
- Maternal medical conditions
- Gestational hypertension
- Multifetal gestation

Level 2

- ≥ 41 weeks gestation / Postterm pregnancy
- Gestational diabetes
- IUGR – reassuring testing
- Fetal demise
- Maternal HIV

Level 3

- Fetal malpresentation / Unstable lie
- History of HSV
- Prior myomectomy
- Prior vertical or T-incision C/S
- Prior C/S - VBAC not indicated
- Macrosomia (EFW greater than 4000 gms)

AND
Gestational age ≥ 39 weeks*

Level 4

- History of rapid labor
- Distance from hospital
- Term with favorable cervix
- Psychological factors
- Maternal request
- Prior C/S
 - Patient declines VBAC
 - VBAC not available

AND
Gestational age ≥ 39 weeks*

Other indication _____

Clinical indications (with supporting data) _____

Confirmation of gestational age:

EDC _____ determined by: Check all that apply

Ultrasound obtained at < 20 weeks on _____ date @ _____ gestational age weeks confirms gestational age

Known date of conception on _____ date associated with infertility treatment

For Level 3 or 4 indications, if EDC was not determined by above methods, then identify documentation of fetal maturity:

Amniocentesis performed on _____ Results: _____

* Provide explanation if scheduling Level 3 or 4 at < 39 weeks _____

Please fax form to _____

Procedure scheduling determination:

- Level 1 or Level 2 indication scheduled as requested
Medically indicated procedure necessitates delivery prior to 39 weeks gestation
- Level 3 or Level 4 procedure scheduled as requested
Gestational age ≥ 39 weeks on scheduled procedure date per ACOG recommendation
- Level 3 or Level 4 procedure scheduling request requires further review
 - Gestational age < 39 weeks on scheduled date of procedure
 - Gestational age or fetal maturity not determined using established criteria

Completed by _____

March of Dimes Scheduling Form Template Adapted from the Ohio Perinatal Quality Collaborative 8/17/09



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This chart is provided for your convenience to assist in calculating the Bishop Score. The final score should be entered on the front of this form where indicated. Vaginal exams should have been performed at least within the last 7 days.

Bishop Score					
Score	Dilation (cm)	Effacement (%)	Station* (-3 to +3)	Cervical Consistency	Cervical Position
0	Closed	0-30	-3	Firm	Posterior
1	1-2	40-50	-2	Medium	Midposition
2	3-4	60-70	-1	Soft	Anterior
3	≥5	≥80	+1, +2	–	–

*Station reflects a -3 to +3 scale-modified from Bishop EH Pelvic Scoring for Elective Induction, *Obstet Gynecol* 1964, 24(267)
Please state -5 to +5 for all other purposes.

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