Induction of Labor Checklist

Yes	No	
❑	❑	1. Indication for Induction listed below
❑	❑	2. Pelvis is clinically adequate
❑	❑	3. Estimated Fetal Weight ≤5000 gm in non-diabetic or ≤4500gm in diabetic mother (within past week)
❑	❑	4. Gestational age documented
❑	❑	5. Physician with cesarean privileges is aware of the induction and readily available
❑	❑	6. Status of cervix is assessed and documented
❑	❑	7. Fetal presentation is known (and addressed in documentation if non-cephalic)
❑	❑	8. Maternal HIV and Group B Streptococcus status known
❑	❑	9. Risks, benefits and alternatives have been discussed by physician and patient consents
❑	❑	10. Absence of contraindications (see below)

If ALL the above answers are **YES**, complete the remainder of the document. Otherwise, physician to clarify.

Contraindications to Labor Induction

Yes	No		Yes	No	
❑	❑	Previous non-low transverse uterine surgery	❑	❑	Umbilical cord prolapsed
❑	❑	More than 2 previous Cesarean sections	❑	❑	Complete placenta previa present
❑	❑	Active or prodromal symptoms of herpes	❑	❑	Vasa previa present

If ALL the answers to the contraindications to labor induction are **NO**, complete the remainder of the document.

Indication for Induction

Yes	No		Yes	No	
❑	❑	Placental abruption	❑	❑	Chorioamnionitis
❑	❑	Fetal demise	❑	❑	Gestational hypertension
❑	❑	Premature rupture of membranes	❑	❑	Preelampsia, eclampsia
❑	❑	Postterm pregnancy			
❑	❑	Maternal/fetal compromise; specify: _____			

❑ ❑ **For inductions not medically indicated, confirmation of gestation of at least 39 weeks is documented.**

If no box is marked **YES** in this section, physician (resident or attending) to clarify. Proceed with induction when checklist is completed.
Document deviation from the checklist due to unexpected circumstances such as fetal intolerance to labor, tachysystole, etc., in the medical record.

All portions of this document may be completed by the physician prior to admission

_____ _____ _____

Physician Signature Date Time