

## INTERDISCIPLINARY GUIDELINE

B-00-16-10010 – Booking IOL

### Induction of Labour (IOL): Booking Process

#### Related Documents and Resources:

1. [B-00-07-10030](#) – Induction of Labour/Augmentation of Labour/Contraction Stress Test: Oxytocin Administration in the Maternity Centre
2. [B-00-07-10027](#) – Induction of Labour with Dinoprostone (Cervidil®) Vaginal insert

#### Skill Level: Specialized

Maternity Centre Staff – RNs, Unit Coordinators

### PRACTICE GUIDELINE

1. All inductions must be booked using the Induction of Labour-Booking Form (OB106 (R.Feb-11) – [Appendix B](#)
2. All information on the form must be provided or the IOL will not be booked. Fax form with relevant documents to Fetal Monitoring (FM) Clinic 604 806-9081
3. The FM UC will request the FM RN to review the request. The RN initials the right upper corner of the booking form once reviewed.
4. The UC then enters the details for the date requested in the IOL binder at the front desk. Highlight relevant information, such as request for “in patient” Cervidil® IOL. Outpatient IOL patients are booked in the FM Clinic for 12:30 hrs on the requested date and advised to call in the a.m. for a more precise time.
5. Family Physicians are able to book low risk IOL i.e. Term PROM with CONFIRMATION and postdates at 41+3/40 weeks gestation.
6. RMs may submit IOL form for low risk IOL. Obstetrician consult is required. (see algorithm, [Appendix A](#))
7. High risk IOL are booked only by an Obstetrician. (See IOL Booking form, [Appendix B](#)).
8. The number of IOL initiated daily is determined by the urgency of the medical indications as well as the availability of hospital resources. Initiation of IOL occurs 7 days per week.
9. When an IOL is delayed:
  - Notify the relevant care provider
  - Document the reason for delay documented in the patient chart.
  - The patient MUST have a non-stress test (NST) performed and/or ultrasound.
  - Postdates patients usually have an ultrasound done at 41/40 weeks gestation.
  - Notify the care provider immediately of any atypical or abnormal findings on NST or any other issues e.g. decreased fetal movement that the patient has observed. In these instances, the patient is to remain in hospital until appropriate action can be taken by the care provider.

## INTERDISCIPLINARY GUIDELINE

**B-00-16-10010 – Booking IOL**

10. When the NST and ultrasound are normal and a patient is discharged to await recall for IOL, appropriate education must take place and the details documented. Ensure patient has been instructed about how to do fetal monitoring counting and has been given a Fetal Monitoring Count sheet.
11. Delayed IOL patients require daily NST unless otherwise specified by an Obstetrician until the patient goes into labour on her own or IOL takes place. Ultrasound is done twice a week for post-dates patients over 41 weeks gestation and whenever medically indicated.

### References:

1. Crane, J (2001). Induction of Labour at Term. SOGC Clinical Practice Guideline No. 107 August. Accessed May 2013 <http://www.sogc.org>
2. Liston, R, Sawchuk, D, Young, D. (2007) Fetal Health Surveillance; antepartum and intrapartum consensus guideline. Journal of Obstetrics and Gynaecology Canada. 29:9 Suppl 4. Accessed May 2013 <http://www.sogc.org>

### Persons/Groups Consulted:

Maternity Safety and Quality Council  
Perinatal Directions Committee

### Developed By:

CNE Maternity Centre

### Date of Creation/Review/Revision:

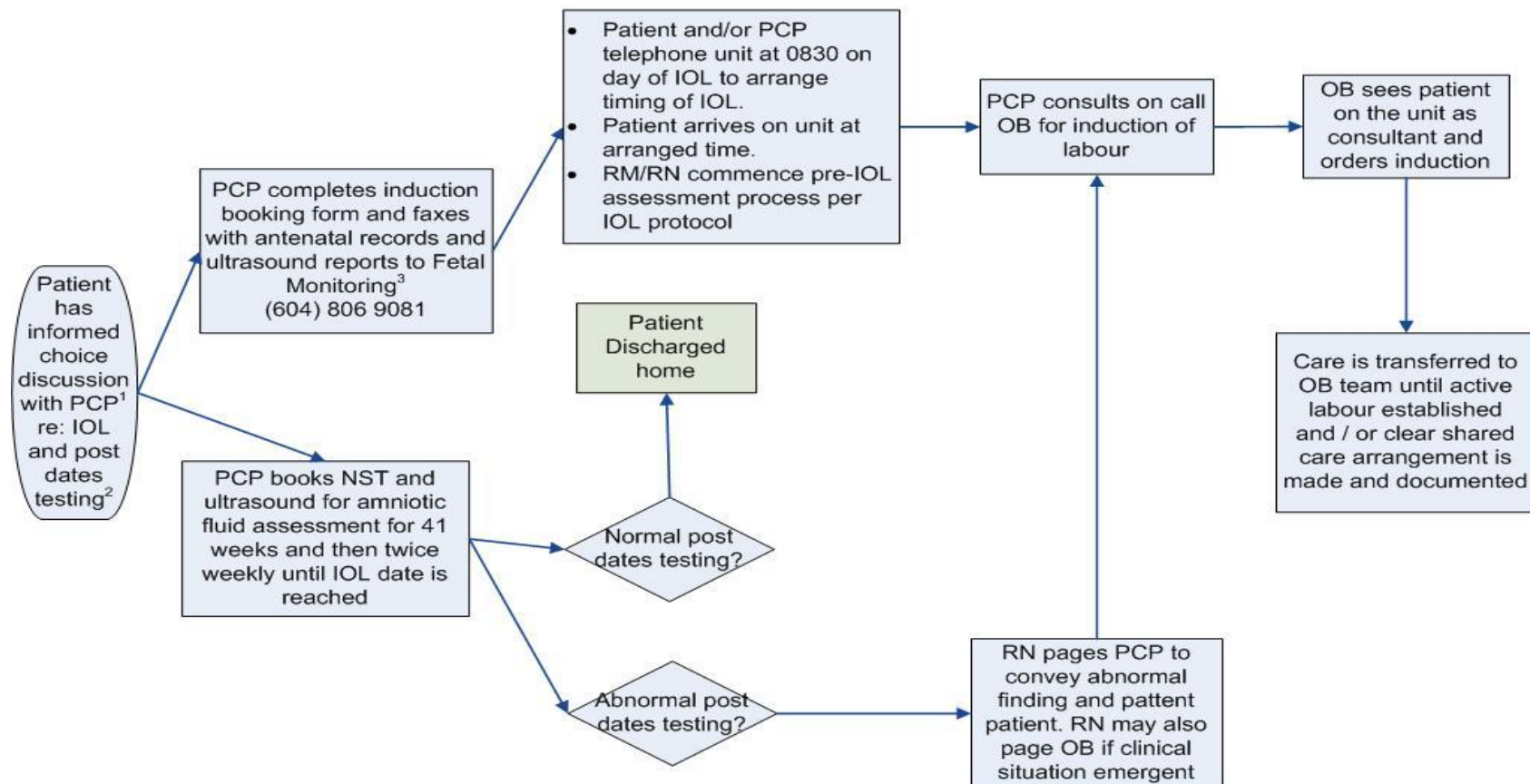
May 2013

## INTERDISCIPLINARY GUIDELINE

### B-00-16-10010 – Booking IOL

#### Appendix A

Protocol for low-risk, post dates midwifery patients electing induction between 41 +3 and 42 weeks gestation



1 PCP - Registered Midwife OR Family Doctor without induction prescribing privileges

2 If patient declines induction until after 42 completed weeks, Obstetrician (OB) consult should be arranged off site in OB's office

3 PCP encouraged to notify OB of possible consult for IOL on call the day of scheduled induction

# INTERDISCIPLINARY GUIDELINE

**B-00-16-10010 – Booking IOL**

## Appendix B



### INDUCTION OF LABOUR - BOOKING FORM

Complete Booking Form and fax with all relevant documentation to the Fetal Monitoring Clinic  
FAX: 604-806-9081 PHONE: 604-806-2434

Date: \_\_\_\_\_ Requested Induction Date: \_\_\_\_\_

Print clearly or type form \*All information must be provided or Induction will not be booked\*

Patient Name: _____	Home phone: _____
PHN: _____ DOB: _____	Cell: _____
Primary Physician/Midwife: _____	Contact No: _____
Physician Responsible for Induction: Dr. _____	

PRIORITY	Features	Score 0	Score 1	Score 2	Score 3
<input type="checkbox"/> 1: within 8 hours	Station in relation to spines cm	3	- 2	-1	+1, +2
<input type="checkbox"/> 2: within 24 hours	Cervix Dilation (cm)	0	1 to 2	3 to 4	4
<input type="checkbox"/> 3: within 72 hours	Length	3	2	1	0
	Consistency	Firm	Medium	Soft	
	Position	Posterior	Mid	Anterior	
<b>BISHOP SCORE:</b> (below 7 is unfavourable)					
G _____ T _____ P _____ A _____ L _____					

Gestational Age (GA) at date of induction: \_\_\_\_\_ weeks

☐ EDC by LMP: \_\_\_\_\_

☐ EDC by U/S: \_\_\_\_\_

☐ Dating ultrasound confirms LMP dating\*

**\*If dates are discordant with ultrasound date, use ultrasound date. Attach dating ultrasound.**

**LOW RISK INDUCTIONS** by approved Family Physician

☐ TERM Premature Rupture of Membranes (PROM) with CONFIRMATION

☐ Meconium present

Date & Time of PROM: \_\_\_\_\_

GBS Status: ☐ Positive ☐ Negative ☐ Unknown

☐ POSTDATES (41<sup>3</sup> weeks on: \_\_\_\_\_ )

**HIGHER RISK INDUCTIONS** may ONLY be booked by an OBSTETRICIAN

<input type="checkbox"/> Abnormal/Atypical Non-stress Test	<input type="checkbox"/> Maternal Disease (specify)
<input type="checkbox"/> Diabetes 39 weeks or more	<input type="checkbox"/> Severe oligohydramnios (DVP less than 20 mm)
<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> GDM on insulin	<input type="checkbox"/> Moderate oligohydramnios (DVP 20 mm or more)
<input type="checkbox"/> Fetal Anomaly	<input type="checkbox"/> Previous Scar with term PRPM and/or postdates
<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> Pre-existing (essential) hypertension
<input type="checkbox"/> Intrahepatic Cholestasis of Pregnancy 37 weeks or more	<input type="checkbox"/> Twins 38 weeks or more
<input type="checkbox"/> IUGR	<input type="checkbox"/> Other: (specify & provide supporting documentation)
<input type="checkbox"/> Severe IUGR (EFW and/or AC less than 3 <sup>rd</sup> percentile)	Other Information:
<input type="checkbox"/> Moderate IUGR (AC more than the 3 <sup>rd</sup> percentile BUT less than 5 <sup>th</sup> percentile)	

**INDUCTION METHOD:** ☐ Cervidil (out patient) ☐ Oxytocin ☐ ARM ☐ Cervidil (inpatient)

Form No. OB106 (R. May 9-13)