## Induction of Labour Record

**Reason for induction of labour:**

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**Model of care:**

- **Allergies:** Support person(s): 

**Gravida:** Para:  

- **EDD:** Dates Scan  

**Gestation:** Placental location: 

**Obstetric history:**

**Current medications:**

- **Blood group:** Antibodies:  

**Serology**  

- **Hep B:** Yes No  

**Hep C:** Yes No  

- **HIV:** Yes No  

- **Syphilis:** Yes No  

**Rubella status:**

- **Alerts:**  

- **Whooping cough vaccine given:** Yes No  

- **Influenza vaccine given:** Yes No  

**Birth preferences:**

- **Discussed:** Yes No  

**Risk Factors / Management Plan**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Management Plan</th>
<th>Initials</th>
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</thead>
<tbody>
<tr>
<td>GBS positive</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
<td></td>
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<tr>
<td>Abnormal ultrasound</td>
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</tbody>
</table>

**Risk Factors Management Plan**

- **GBS positive:** Yes No Unknown  

- **Weight:** kg Current BMI: 

- **Diabetes:** Yes No If type: 

- **Abnormal ultrasound finding:** Yes (see report) No  

**Observations on arrival:** document on Antenatal QMEWT

**Urinalysis:**

- **MSU sent?** Yes No  

**Signature Log**

<table>
<thead>
<tr>
<th>Name (print)</th>
<th>Designation</th>
<th>Signature</th>
<th>Initials</th>
<th>Name (print)</th>
<th>Designation</th>
<th>Signature</th>
<th>Initials</th>
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</thead>
</table>

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**Every person documenting in this record must provide their name, signature and initials in the signature log.**
# Induction of Labour Record

**Assessment 1**

- Date: ______ / ______ / ______
- Time: ______ : ______
- Abdominal palpation:
  - Fundus: ........................................................
  - Lie: ........................................................
- Presentation / attitude: ........................................................
- Position: ........................................... Engagement: [ ] Yes [ ] No
- Pre-IOL CTG: [ ] Yes [ ] No
- Post-IOL CTG: [ ] Yes [ ] No
- Bishop score: 0 1 2 3
- Dilatation (cm): [ ] <1 [ ] 1-2 [ ] 3-4 [ ] >4
- Length (cm): [ ] >3 [ ] 2 [ ] 1 [ ] <1
- Station: [ ] -3 [ ] -2 [ ] -1, 0 [ ] +1, +2
- Consistency: [ ] Firm [ ] Medium [ ] Soft
- Position: [ ] Posterior [ ] Mid [ ] Anterior

**Assessment 2**

- Date: ______ / ______ / ______
- Time: ______ : ______
- Abdominal palpation:
  - Fundus: ........................................................
  - Lie: ........................................................
- Presentation / attitude: ........................................................
- Position: ........................................... Engagement: [ ] Yes [ ] No
- Pre-IOL CTG: [ ] Yes [ ] Reviewed by: ____________
- Post-IOL CTG: [ ] Yes [ ] Reviewed by: ____________
- Bishop score: 0 1 2 3
- Dilatation (cm): [ ] <1 [ ] 1-2 [ ] 3-4 [ ] >4
- Length (cm): [ ] >3 [ ] 2 [ ] 1 [ ] <1
- Station: [ ] -3 [ ] -2 [ ] -1, 0 [ ] +1, +2
- Consistency: [ ] Firm [ ] Medium [ ] Soft
- Position: [ ] Posterior [ ] Mid [ ] Anterior

**Total**

<table>
<thead>
<tr>
<th>Treatment:</th>
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<tbody>
<tr>
<td>Plan:</td>
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<td>Comments:</td>
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</table>

**Signature:**

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For illustrative purposes only

Not for download or print
Induction of Labour Record

Assessment 3

Date: ______ / ______ / ______ Time: ______ : ______

Abdominal palpation
Fundus: ___________________________ Lie: ___________________________

Presentation / attitude: ________________________________________________

Position: ___________________________ Engagement: □ Yes □ No

Pre-IOL CTG: Reviewed by: ____________________________________________

Post-IOL CTG: Reviewed by: ____________________________________________

Bishop score
0 1 2 3

Dilatation (cm) □ <1 □ 1-2 □ 3-4 □ >4
Dilatation (cm) □ <1 □ 1-2 □ 3-4 □ >4

Length (cm) □ >3 □ 2 □ 1 □ <1
Length (cm) □ >3 □ 2 □ 1 □ <1

Station □ -3 □ -2 □ -1, 0 □ +1, +2
Station □ -3 □ -2 □ -1, 0 □ +1, +2

Consistency Firm □ Medium □ Soft
Consistency Firm □ Medium □ Soft

Position □ Posterior □ Mid □ Anterior
Position □ Posterior □ Mid □ Anterior

Total

Treatment: __________________________________________________________

Plan: ______________________________________________________________

Comments: __________________________________________________________

Assessment 4

Date: ______ / ______ / ______ Time: ______ : ______

Abdominal palpation
Fundus: ___________________________ Lie: ___________________________

Presentation / attitude: ________________________________________________

Position: ___________________________ Engagement: □ Yes □ No

Pre-IOL CTG: Reviewed by: ____________________________________________

Post-IOL CTG: Reviewed by: ____________________________________________

Bishop score
0 1 2 3

Dilatation (cm) □ <1 □ 1-2 □ 3-4 □ >4
Dilatation (cm) □ <1 □ 1-2 □ 3-4 □ >4

Length (cm) □ >3 □ 2 □ 1 □ <1
Length (cm) □ >3 □ 2 □ 1 □ <1

Station □ -3 □ -2 □ -1, 0 □ +1, +2
Station □ -3 □ -2 □ -1, 0 □ +1, +2

Consistency Firm □ Medium □ Soft
Consistency Firm □ Medium □ Soft

Position □ Posterior □ Mid □ Anterior
Position □ Posterior □ Mid □ Anterior

Total

Treatment: __________________________________________________________

Plan: ______________________________________________________________

Comments: _________________________________________________________
**Induction of Labour Record**

**Document all communication, including telephone communication.**
Add signature, printed name, staff category, date and time to all entries

**MAKE ALL NOTES CONCISE AND RELEVANT**

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(Affix identification label here)

**URN:**

**Family name:**

**Given name(s):**

**Address:**

**Date of birth:**

**Sex:**

☐ M  ☐ F  ☐ I

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Document all communication, including telephone communication. Add signature, printed name, staff category, date and time to all entries. **MAKE ALL NOTES CONCISE AND RELEVANT**

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