File within 3rd spine

Place patient sticker **within** this box

NHS
Royal Cornwall Hospitals
NHS Trust

Induction of Labour (IOL) Record

Date of admission: Time of admission:

Parity: _____ + _____ EDD: / / 20 Gestation: GBS status: ☐

Indication for induction of labour:

- ☐ IOL patient information leaflet given
- ☐ Risks and benefits of IOL individual to her explained to woman
- ☐ Consent form signed
- ☐ BMI < 40
- ☐ Parity less than 4
- ☐ No contractions palpable
- ☐ If IOL boked for other reasons than post maturity or prolonged SROM evidence of obstetric decision documented (notes/E3/DAU email)
- ☐ No previous LSCS

or

- ☐ Decision for IOL made by a consultant documented (VBAC form / E3)

If all the above boxes ticked proceed with induction of labour.

If not able to tick all boxes please obtain advice from on call consultant or SpR

Pre-Propess CTG Time: *Dawes / Redman analysis must be used for all A/N CTGs

Abdominal palpation:

- ☐ Dawes / Redman criteria met > proceed with Propess
- ☐ Dawes / Redman criteria **not** met - Reason:
  - Action taken:

Name & signature:

Vaginal Assessment	Name & signature:
Cervix: Position	
Consistancy	
Effacement	
Application	
Dilatation	
Membranes	
Presentation	
Station	

If cervix 3cm dilated, fully effaced and well applied to head do not give Propess. Arrange for woman to be transferred to D/S for ARM.

Propess 10mg given: Yes ☐ No ☐

Time given:

Batch No:

>2 hour delay since admission: Yes ☐ No ☐

Post-Propess CTG (minimum 30min) Start time: End time:

Dawes / Redman criteria met

Dawes / Redman criteria **not** met - Reason:
- Action taken:

Name & signature: