

Transitions Doula Service

Pregnancy • Labor • Postpartum

birthworks



Heidi Streufert, CD

7101 Ladd Circle
Frederick, MD 21703

Home: 301.624.2439
Mobile: 240.601.5312

"If you believe you can, you probably can. If you believe you won't, you most assuredly won't."

- Denis Waitley

¹ National Center for Health Statistics, Hyattsville, Maryland

² Glantz, C. MD MPH. "Labor Induction Rate Variation in Upstate New York: What Is the Difference?" Birth. Volume 30, Issue 3 (2003): 168.

heidi@transitionsdoula.com
http://transitionsdoula.com

Bishop's Score for Labor Induction

The following tool is used to determine the likelihood that an induction of labor will result in a vaginal delivery. It is important to discuss the reasons your care provider feels an induction is in the best interests of your baby and yourself. The incidence of labor induction in the United States has increased from only 1% in 1980 to over 20% in 2001.¹ Along with this trend there has been no decrease in neonatal or maternal morbidity attributable to induction, and an increase in the rate of surgical deliveries. In nearly one out of four inductions performed, there is no medical indication indicated.²

Medical indications for induction of labor include:

- Chorioamnionitis (infection in the membranes surrounding the baby)
- Severe Pre-eclampsia/HELLP Syndrome
- Prolonged pre-labor ruptured membranes
- Pregnancy-induced hypertension
- Diabetes

Calculating Your Score³

For each measure of cervical ripeness, record the corresponding score in the boxes to the right. Then add or deduct points as indicated for each of the conditions listed below the table. Finally, calculate the **TOTAL** of the recorded scores.

Cervix	Score				Record Each Score Below
	0	1	2	3	
Position	Posterior	Mid-position	Anterior	--	
Consistency	Firm	Medium	Soft	--	
Effacement (%)	0-30	40-50	60-70	>80	
Dilation (cm)	0 (closed)	1-2	3-4	>5	
Station (descent)	-3	-2	-1/0	>+1	

- Prior Vaginal Deliveries (add 1 point for each)
- Pre-eclampsia/HELLP (add 1 point)
- Post-dates Pregnancy (subtract 1 point)
- First Vaginal Delivery Attempt (subtract 1 point)
- Pre-term/Prolonged Rupture of Membranes (subtract 1 point)

³ Romney S et al, editors. Gynecology and Obstetrics: The Health Care of Women, 2nd Ed. New York, 1981, McGraw-Hill.

TOTAL

Interpreting Your Score

A score of greater than 8 means your chances for a successful vaginal delivery are high. A score of lower than 4 is a contra-indication for induction of labor unless prostaglandins are used first, to prepare the cervix. Your care provider may combine different methods to stimulate labor including prostaglandin gels or inserts, intravenous pitocin, artificial rupture of membranes, or Cytotec® (*misoprostol*) in order to increase your chances of a successful vaginal delivery. Discuss all of your options with your midwife or doctor and be sure you understand the benefits, risks, alternatives, and the difference in outcomes for expectant management (waiting for spontaneous labor) versus actively intervening to start labor in your unique situation.