

Vaginal Delivery / Induction Planning Checklist for Critically-Ill Patients

Last Updated: _____ Date/Time for Next Update: _____

Suggested Participants: OB Care Provider, OB Nursing, ICU Care Provider, ICU Nursing, OB Anesthesia, Neonatology

Clinical Question	Response	
Active Critical Care Issues		
Indication for Induction/Delivery		
Maternal Medical / Surgical History		
Candidate for Vaginal Delivery	Yes	No
Last Ultrasound for Presentation	Date:	Findings:
Last Vaginal Exam	Date:	Exam:
Prior Vaginal Delivery	Yes	No
Prior Cesarean Delivery	Yes	No
Need for Neuraxial Analgesia	Yes	No
Anticoagulation Plan		
Current IV Access		
Consented for Cesarean	Yes	No
Consented for Hysterectomy	Yes	No
Surrogate Decision Maker		
Fetal Issues		
Gestational Age		
Last Estimated Fetal Weight		
Last Betamethasone Administration		
Need for GBS Prophylaxis	Yes	No
Need for Magnesium Infusion	Yes	No
Labor Planning		
Need for Cervical Ripening	Yes	No
Need for Oxytocin Challenge	Yes	No
Plan for Cervical Ripening	Cook Balloon	Misoprostol
Plan for Oxytocin during Ripening	Yes	No
Continuous Monitoring During Ripening	Yes	No
Plan for Fetal Scalp Electrode	Yes	Routine Indications
Plan for Intrauterine Pressure Catheter	Yes	Routine Indications
Concerns about Early Amniotomy	Yes	No
Modified Oxytocin Titration	Yes	No

Delivery Planning		
Plan for Patient Positioning		
Plan for Forceps-Assisted Delivery	Yes	Routine Indications
Risk for Shoulder Dystocia	Yes	No
Plan to Delay Cord Clamping	Yes	No
Plan to Collect Cord Blood	Yes	No
Plan to Collect Cord Gases	Yes	No
OB Attending for Delivery	Name:	Pager:
OB Assistant for Delivery	Name:	Pager:
Time to Call OB in House	Beginning of Induction	Active Labor
Time to Call OB to ICU	Active Labor (6 cm)	Full Dilation
Plan for Updating NICU Attending		
Hemorrhage Planning		
Most Recent CBC	H/H:	Platelets:
Most Recent Coagulation Studies	INR/PTT:	Fibrinogen:
Candidate for Methergine	Yes	No
Candidate for Hemabate	Yes	No
Candidate for Tranexamic Acid	Yes	No
Need for Crossmatched Blood in ICU	Yes	No
Candidate for Interventional Radiology	Yes	No
OR for Hemorrhage Management	OR1 (Hybrid with IR)	OR 7/8 (Surgical)
Additional Delivery Planning		
Additional Contingency Plans	Yes	No
Additional Personnel Needed	Yes	No
Outstanding Clinical Questions	Yes	No
Time for Next Huddle Discussed	Yes	No
Notes		