



[PLACE PATIENT LABEL HERE]

First Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Surname: \_\_\_\_\_ Ph: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ NHI#: \_\_\_\_\_  
 Ward/Clinic: \_\_\_\_\_ Consultant: \_\_\_\_\_

## Induction of labour booking form

To arrange an IOL please complete this form fully and email to the following address for scheduling  
 North Shore [NSH.IOL@waitematadhb.govt.nz](mailto:NSH.IOL@waitematadhb.govt.nz) or Waitakere [WTH.IOL@waitematadhb.govt.nz](mailto:WTH.IOL@waitematadhb.govt.nz)

IOL requested by	Requestor contact number	Date of request
SMO approval by	LMC	Discussed with LMC <input type="checkbox"/> Yes <input type="checkbox"/> No
EDD	Parity	Previous Caesarean <input type="checkbox"/> Yes <input type="checkbox"/> No
Gestation proposed for IOL	Preferred date	Preferred site <input type="checkbox"/> NSH <input type="checkbox"/> WTH
Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No	Language _____	

### Indication from national IOL consensus

<input type="checkbox"/> 41 – 42 weeks	<input type="checkbox"/> SGA – High Risk	<input type="checkbox"/> Maternal age >40 at 40 weeks
<input type="checkbox"/> Pre-eclampsia >37 weeks	<input type="checkbox"/> SGA – Low risk	<input type="checkbox"/> Twins >36 weeks or >37 weeks
<input type="checkbox"/> Hypertension >37 weeks	<input type="checkbox"/> Prolonged SROM	<input type="checkbox"/> GDM 40 weeks / Type 2 39 weeks

### Other cumulative factors affecting decision

<input type="checkbox"/> Booking BMI >35	<input type="checkbox"/> IVF pregnancy	<input type="checkbox"/> Antepartum haemorrhage
<input type="checkbox"/> Maternal age >35	<input type="checkbox"/> Fetal condition	<input type="checkbox"/> Maternal condition
<input type="checkbox"/> Weight gain >20kgs	<input type="checkbox"/> Slowing of growth	<input type="checkbox"/> Uncontrolled diabetes
<input type="checkbox"/> Other _____		

### Other factors to consider when arranging IOL (Social issues/transport etc.)

### Triage staff use only

Aligns with National guidelines for indication and gestation <input type="checkbox"/> Yes (book) <input type="checkbox"/> No (Clinical review)			
<input type="checkbox"/> Booked date _____	<input type="checkbox"/> Woman aware	<input type="checkbox"/> LMC aware	<input type="checkbox"/> Interpreter booked

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