

(Patient Sticker)

## Delivery Analysis and Scheduling Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ G \_\_\_ P \_\_\_ EDC: \_\_\_\_\_

Requested Date of Procedure: \_\_\_\_\_ Gestational Age on Date of Procedure: \_\_\_\_\_

Desired Method of Delivery:  Induction of Labor  Cesarean

**(Circle all indications that apply below)**

<b>Category I</b>		
Approved medical indications for early term (37 0/7 through 38 6/7 weeks of gestation) delivery		
Maternal Indications	Fetal Indications	Obstetric Indications
Antiphospholipid Syndrome (649.3)	ABO Isoimmunization (656.21)	Abruption Placenta (641.20)
Chronic Hypertension (642.2)	Chorioamnionitis (658.40)	Antepartum Hemorrhage/Bleeding(641.8)
Chronic Pulmonary Disease	Fetal Abnormality(655.81)	Chronic Hypertension with super imposed preeclampsia (642.7)
Coagulopathy Defect (641.30)	Fetal Chromosomal Anomaly (655.11)	Gestational Hypertension (642.30)
Coagulopathy Disorders (649.3)	Fetal CNS anomaly (655.01)	Maternal /Fetal Hemorrhage (656.0)
Congenital Heart Defect (658.41) Heart Disease (648.61)	Fetal Damage due to Disease (655.41)	Mild Preeclampsia (642.4) Severe Preeclampsia/HELLP (642.5) / Eclampsia (642.6)
Current Cancer	Fetal Damage due to Drugs (655.51)	Multiple gestation (651.5) Multiple gestation with loss (651.6)
Diabetes Mellitus (648.01)	Fetal Damage due to Radiation (655.61)	Oligohydramnios (658.01)
Epilepsy/ Seizure Disorder (649.4)	Fetal Damage due to Virus (655.31)	Placenta Previa (641.01)
Gastroenteric Diseases/ Disorders	Fetal Demise-Singleton (656.41)	Placental Previa Hemorrhage (641.11)
Hematological disorder	Fetal Distress (656.3)	Premature Rupture of Membranes (658.10)
HIV (042) Asymptomatic HIV infection status (V08)	Intrauterine Growth Restriction(656.51)	Prolonged Rupture of Membranes (658.21)
Hypertension Non-Specified (642.9)	Non-Reassuring fetal antepartum testing (659.73)	Polyhydramnios (657.00)
Liver Disease(646.71)	RH Isoimmunization (656.11)	Quadruplets (651.2) Quadruplets with loss (651.5)
Previous Stillborn (V23.5)		Triples (651.1) Triples with fetal loss (651.41)
Prior Classical Cesarean Delivery (654.81)		Twins (651.01) Twins with fetal loss (651.3)
Prior Myomectomy Entering Endometrial Cavity		Uncontrolled Gestational Diabetes (648.80)
Renal Disease (646.21)		Unstable lie (652.01) Multiple gestation with malpresentation (652.61)
		Vasa Previa (663.51)
<b>Category II</b>		
Approved medical indications for full term delivery (39 0/7 weeks of gestation through 40 6/7 weeks of gestation)		
Fetal Malpresentation/ Unstable Lie	History of Herpes Simplex Virus or Active Infection	
<b>Category III</b>		
Non-medical indications for delivery.		
Maternal Request	Favorable Cervix	History of Rapid Labor
Distance From Hospital	Psychosocial Factors (Specify Below)	Repeat Cesarean Delivery

Clinical/Other Indications/Supporting Data: \_\_\_\_\_

**\*\*\*\*Include first ultrasound report and Updated H&P which includes documentation of indication for delivery**

