**OBGYN COVID1-9 ANMC Labor Induction/Cesarean Scheduling Guide**

**Scheduled Inductions of Labor**

* Schedule inductions of labor at the earliest qualifying date\*
	+ E.g. if scheduled induction planned for post-dates schedule at 41 0/7 weeks
* Use the same schedule process for scheduling inductions with labor and delivery RN.
* You may offer elective induction at 39 weeks to the following groups of women:
	+ Those who meet the ARRIVE trial criteria: low risk, singleton, vertex, nulliparous
	+ Advanced maternal age
	+ Women with severe asthma or who take immunosuppressive medications (ex: prednisone)
* You may choose to expedite induction by admitting a patient instead of using outpatient cervical ripening based on labor and delivery census and acuity.

**Scheduled Cesarean Deliveries and External Cephalic Versions**

* Schedule cesarean deliveries at the earliest qualifying date.\*
* Scheduled cesareans may be done on weekends.
* Cesareans: schedule at 8 am and/or noon.
* Use the same schedule process for scheduling cesareans with labor and delivery and the operating room.
* External cephalic versions: schedule at noon and should not overlap with a scheduled cesarean.

\*Please review ANMC Clinical Guidelines and ANTENATAL TESTING GUIDELINES and FLOWSHEET for recommended timing of induction of labor and/or planned cesarean based on clinical indications.

Membrane stripping (Boulvain 2005): One can shorten the length of gestation with outpatient membrane ‘stripping’ without negative infectious outcomes. This could be done weekly at OB CNM or physician discretion starting at 38 weeks.