

Bishop's Score

What You Need to Know Before Your Doctor Induces Labor

Every time your doctor examines your cervix during pregnancy, they are automatically calculating your Bishop's Score. As you get closer to your estimated due date (38-42 weeks), your doctor may want to start checking your cervix at every visit. This is unnecessary and you have the right to refuse. The primary reason they are checking is to determine if you'd be a good candidate for an induction. It will NOT tell you when your labor will begin.

The cervical exam is like your GPS. It can give you an estimate of when you'll arrive and sometimes it's accurate but, more often than not, there are unforeseen changes. Your GPS may say that you'll arrive in 25 minutes, but will you? The GPS is not psychic and neither is your doctor!

Induction can add 24 hours or more to the length of time you're in the hospital, usually confined to the bed, before your labor even begins. All of the early labor that could have been handled easily in the comfort of your home now happens in the hospital, with an IV, monitors and a blood pressure cuff. Induction makes the doctor's life easier but it makes yours harder! The Bishop's Score tells them whether your induction is more likely to be successful or end in the operating room.

The doctor will look at the 5 things in the far left column below and assign points depending on what they find. They then add up the points. If your score is 4 or less, you have a 45-50% chance of a surgical birth. Is that a risk you're willing to take?

Instead of saying "yes" to a cervical exam, try saying something like this: "Thank you for offering suggestions. I trust my body and my baby. If there are any signs of my baby not coping with pregnancy, or when I reach 42 weeks and am overdue, I will be happy to discuss options. For now, I would like to focus on being healthy and patient." *[please feel free to paraphrase]*

Bishop's Score for Induction Success

Source: Modified from Romney S. et al, editors: Gynecology and obstetrics: the health care of women, ed 2, New York, 1981, McGraw-Hill.

Cervix/Baby	Score			
	0	1	2	3
Position	Posterior	Midposition	Anterior	---
Consistency	Firm (nose)	Medium (cheek)	Soft (earlobe)	---
Effacement (%)	0-30	40-50	60-70	>80
Dilation (cm)	Closed	1-2	3-4	>5
Station of the baby	-3	-2	-1	+1, +2

Add 1 for: preeclampsia, each prior vaginal delivery

Subtract 1 for: postdates, 1st pregnancy, premature or prolonged rupture of membranes

Risk of surgical birth (first time birthing person):

0-4 = 45-50% | 5-7 = 10% | 8+ = 1.4%

Risk of surgical birth (previous vaginal birth):

0-4 = 7.7% | 5-7 = 3.9% | 8+ = 0.9%