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Understanding Your Bishop Score

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

	Score			
Cervix/Baby	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 mothers): 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%

Note: If there is no medical necessity for induction, you can say, “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 - you don’t need to memorize this, just use your own words]

What Is the Bishop Score?

The Bishop score is a scoring chart used by doctors and midwives to predict if your body is ready for labor and how likely a labor induction is to result in a successful vaginal delivery.

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Why do Providers Use the Bishop Score?

The Bishop Score is used by doctors and midwives to determine if a pregnant person is a good candidate for labor induction. It does not provide information about when labor will start or when the baby will be born.

What it Predicts

The higher your Bishop score the more likely it is that you'll go into labor on your own. The lower the Bishop Score the more likely it is that, if you are induced, you will have a long, medically managed labor with an increased chance of having a C-section aka surgical birth.

How is the Bishop score performed?

In the last few weeks before your due date your doctor or midwife may want to check your cervix. It's important to remember that it is absolutely NOT a requirement. You can say “no thank you” to the cervical exam. If the doctor or midwife does perform a cervical check and calculates the Bishop score, **they still won't know how soon the baby will arrive**.

What do they look for when they calculate the Bishop score?

The cervical exam will check for dilation, effacement, station of the baby, position of the cervix, and consistency of the cervix. It doesn't take into account the position of the baby, or whether the baby is ready to be born.

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Is induction best for me and my baby?

There's no simple answer to that question but it depends on whether it's a medical induction or an induction for convenience. If you have preeclampsia, gestational diabetes that you have not been able to manage with diet, or another medical condition, induction might be best for you and your baby. Keep in mind that “best” in this context does not mean easiest or fastest or most comfortable

Why wouldn't I want to be able to schedule when my baby is born?

I understand that the uncertainty is difficult. You've been waiting for so long and not knowing when or how labor will start or when the baby will come, can be frustrating and may make you feel anxious. Labor works best when your body and your baby are both ready. It's the way nature has been working forever.

A good labor is like great sex. I know that sounds crazy but what I mean is that when you and your partner are both ready to have a great sexual experience, the sex can be great. But if you or your partner are not interested in having sex, a sexual experience can still happen but it's never going to be great if only one of you wants it.

In the same way, the doctor can give you different types of medication to get labor started but if your body isn't ready your labor is not going to be great for you or for your baby.

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Why would my doctor want to induce labor before my due date?

Being on call as a doctor or midwife or a doula means putting your life on hold for your clients. As a birth doula for 30 years, I've missed many events with my family and friends. I understand how tempting it is for doctors to want to induce their patients so they can have Thanksgiving dinner with their family, go to their sister's wedding, watch their child graduate, or any other event they might have planned. But as tempting as it might be, inducing your labor for their convenience is not what's best for you or your baby.

I've been with clients in labor on Thanksgiving Day and on Christmas Day and they have always been the only client in labor that day even though there are usually half a dozen or more patients in labor and giving birth on any random day or time at that hospital. But on those special holidays we were the only ones at the hospital because doctors had induced as many of their patients as they could so they could spend the holiday with their families.

Should My Labor Be Induced?

It should be your choice unless there's a valid medical reason. A big baby is N OT a medical reason unless you have uncontrolled Gestational Diabetes. It's important to keep in mind that ultrasound can by off by 30% in either direction. An average baby weighs 7.35 pounds which means that an ultrasound for an average baby "might" indicate that the baby weighs anywhere from 5.15 pounds to 9.56 pounds.

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What does the Bishop Score Look Like?

It's a simple table with Position, Consistency, Effacement (%), Dilation (cm), and Station in the first column and zero to three across the top. In each cell it shows what the doctor is looking for and they assign points depending on what they find.

- **Position of your cervix.** If it's is posterior (pointing toward your back) you would not get any points but if it's anterior (pointing toward the front) you'd get two points. If it's in the middle, you'd get one point.
- **Consistency** might be firm, medium, or soft. You would get zero points if it's firm and two if it's soft.
- **Effacement** is measured by the percentage of the length of your cervix. Of course not everyone's cervix is exactly the same, just as our noses and ears are different sizes, so if someone has never examined YOUR cervix before, such as a nurse or a different doctor, it's just their best guess as to what percentage of its original length it is when they examine it.
- **Dilation** is also just their best guess. Sometimes a nurse will say someone is five centimeters dilated and an hour or two later a different nurse will say they're four centimeters dilated. What's the difference? Is the cervix getting less dilated? No, the difference is that the nurses fingers are different sizes and it hard to determine exactly what the dilation is.
- **Station** is how high or low the baby's head is.

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Want to know more?

If you already read the book, "***700 Babies: Expectant Parent's Survival Guide to Hospital Births (2nd Edition)***," you already know why you would want to avoid being induced. If you haven't read the book yet, the links to the pages about induction and the Bishop Score are listed in the Index at the back of the book. There is a lot of information in the book about induction, including what methods might be used, why your doctor might suggest it, and how to avoid or postpone it if it's not medically necessary.

If you prefer learning face to face instead of reading, I'd love to meet you and help you make good decisions about your upcoming birth. You can set up a **free meeting with me** or just **sign up for the classes**.

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