

A decision-making tool for pregnant women making choices about having Induction of Labour.

NAME:

URN:

EDD:

Current Gestation:

Indication for having labour induced:

Gestation Range for IOL:

Is an Interpreter required: YES NO

I have read the IOL Decision Aid Guide

YES

NO



<https://www.sunshinecoast.health.qld.gov.au/about-us/news/induction-of-labour>

I have watched the IOL Decision Aid Video

YES

NO



<https://www.sunshinecoast.health.qld.gov.au/about-us/news/induction-of-labour>

I understand what Induction of Labour (IOL) is

NO

YES

My Questions:

Clinician Clarification:

I understand why it has been advised for me to have IOL

NO

YES

My Questions:

Clinician Clarification:

I understand the different ways IOL can be started

NO

YES

My Questions:

Clinician Clarification:

I understand what Induction of Labour (IOL) is

NO

YES

My Questions:

Clinician Clarification:

I understand what will happen when I present to Birth Suite for my IOL

NO

YES

My Questions:

Clinician Clarification:

I understand what I need to do to prepare for my IOL

NO

YES

My Questions:

Clinician Clarification:

A decision-making tool for pregnant women making choices about having Induction of Labour.

<p>I understand what the benefits and success rates are for IOL</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I understand the risks associated with IOL</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I understand the potential changes to my labour and birth that may occur during the IOL process</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I understand the options available to me for pain relief</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>
<p>I know where I can get more information regarding IOL</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>My Questions:</p>	<p>Clinician Clarification:</p>

I believe that I have all the information about my choices and decisions regarding my IOL. YES NO

My Final Questions:

Final Clinician Clarification:

My Choice for commencing Labour is:

Wait for spontaneous labour to start
I understand I have the right to decline IOL and I have signed the Discussion and Partnership Care Plan: Declining Recommended

Proceed with IOL. I understand when, where and how my IOL will be performed.
I have signed the IOL Consent Form with my healthcare provider.

Full Name **Date**

