

For Optional Use

DAILY SCHEDULED DELIVERIES

Facility Name _____ Month/Year _____

Day	Scheduled Deliveries							
	<i>Deliveries <39 weeks</i>				<i>Deliveries ≥ 39 0/7 weeks</i>			
	I → vag	I → C/S	Sch. C/S	SB	I → vag	I → C/S	Sch. C/S	SB
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I → vag: Induction to vaginal delivery I → C/S: Induction to C/S

Sch. C/S: Scheduled C/S SB: Stillbirth