Bishop Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no scoring table

The Bishop score summarizes one digital cervical examination in five components (dilation, effacement, station, consistency, and position) and a total, classic range 0 to 13, proposed by Edward Bishop in 1964 to judge readiness for induction. Length-based modified versions and a simplified three-component version have different ranges, and favorable thresholds are guideline conventions that differ by country, so the total alone is uninterpretable. Defensible charting records the indication, the examiner and time, the five findings in their units, the version and total, method-specific facts, and the plan with its reassessment.

Indication and gestational age the reason to induce comes first
Do: state the indication, gestational age and dating, parity, and that the indication, not the score, decided whether to induce.
Pitfall: "Bishop 3, induction deferred" with no indication; the score used as the reason to induce or to wait.

Examiner, time, and consent findings are examiner-dependent
Do: name the examiner and role, the examination time, and the patient's agreement; keep serial exams as separate entries.
Pitfall: an unattributed score; a second examiner's total silently replacing the first.

Five findings in their units components before the total
Do: dilation in cm; effacement as percent or length in cm, stated; station on thirds or cm scale, stated; consistency; position.
Pitfall: "cervix 2 cm long" scored as a percentage; a station read in centimeters entered as a Bishop third.

Version named, total computed classic 0 to 13, modified, or simplified
Do: write the version (classic, named length-based modified, simplified Laughon, or local variant) and the total with its maximum.
Pitfall: "Bishop 5" with no version; a modified total trended against a classic baseline.

Membranes, scar, and contraindications what the score cannot encode
Do: membrane status, presentation, tracing category, prior uterine surgery, placental site, cerclage, allergies, method contraindications.
Pitfall: a prior cesarean absent from the entry, so the ripening choice cannot be reconstructed.

Convention named, then the plan the number is not the order
Do: attribute favorable or unfavorable to the guideline or unit pathway; state the method and the reasons beyond the score; record consent.
Pitfall: "Bishop 4, misoprostol" as if the number chose the drug; a universal threshold asserted with no source.

Reassessment and the record both examinations stay
Do: repeat per the method protocol with new time, examiner, findings, version, and total; describe the change; say where it lives.
Pitfall: "improved 2 to 8" with the baseline findings gone; a flowsheet field mixing versions.

Before the note is signed

- [ ] Indication and gestational age stated first
- [ ] Examiner, time, and consent recorded
- [ ] Five findings charted in their units
- [ ] Version named with the total
- [ ] Membranes, scar, contraindications documented
- [ ] Threshold attributed, plan reasoned beyond score
- [ ] Reassessment charted with both exams

Drafting with AI

Give it the facts: the indication and gestational age, the examination time and examiner, the five findings in the units assessed, the version and total, membrane status and any prior uterine surgery or contraindication, the method chosen and why, the consent discussion, and the reassessment plan.

"Draft Bishop score documentation: nullipara 41 weeks 3 days; exam 19:40 by CNM: 1 cm, 30 percent, station -3, firm, posterior; classic total 1 of 13; membranes intact, no uterine scar, Category I tracing; transcervical balloon chosen with consent; reassess at expulsion."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

Five findings	Name the version	No universal cutoff	Not a cesarean predictor
one exam, in their own units	classic, modified, or simplified	conventions differ by guideline	the indication decides induction

Bishop Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scoring table or guideline table.

Setting: | Patient (initials): | Date: | Clinician:

Indication + gestational age: | Version used (classic / modified / simplified):

Indication and induction decision
Indication for induction · gestational age and dating method · parity · the decision to induce rests on the indication, not on the cervical findings

Examination time, examiner, and consent
Date and time of the digital examination · examiner name and role · the patient's agreement to the examination · serial examinations kept as separate entries with each examiner named

Five findings, in their units
Dilation in cm · effacement as a percentage, or cervical length in cm, stating which · station on the thirds scale or the centimeter scale, stating which · consistency · position · findings recorded before the total

Version named and total
Classic five-component score, 0 to 13 · length-based modified version, named · simplified Laughon score, 0 to 9 · a named local variant · total written with its maximum

Membranes, fetal status, and method factors
Membrane status · presentation · fetal heart rate tracing category · prior cesarean or uterine surgery · placental site · cerclage · allergies and any contraindication to a ripening method

Reading under a named convention, and plan
Favorable or unfavorable attributed to the guideline or unit pathway that sets the threshold · method chosen (mechanical, pharmacologic, combination, amniotomy and oxytocin, expectant) · reasons beyond the score · counseling and consent recorded

Reassessment and record
Repeat examination per the method protocol with new time, examiner, five findings, version, and total · change described with both examinations retained · where the entry and the flowsheet total are stored

Clinician (name and credentials): | Signature: | Date: