

Each components is given a score of 0-2 or 0-3. The highest possible score is 13.

Bishop score					
Parameter\Score	0	1	2	3	Description
<u>Position</u>	Posterior	Intermediate	Anterior	-	The position of the cervix varies between individual women. As the anatomical location of the vagina is actually downward facing, anterior and posterior locations relatively describe the upper and lower borders of the vagina. The anterior position is better aligned with the uterus, and therefore there is an increased likelihood of spontaneous delivery.
Consistency	Firm	Intermediate	Soft	-	In <u>primigravid</u> women the cervix is typically tougher and resistant to stretching, much like a balloon that has not been previously inflated. Furthermore, in young women the cervix is more resilient than in older women. With subsequent vaginal deliveries the cervix becomes less rigid and allows for easier dilation at term.
<u>Effacement</u>	0-30%	31-50%	51-80%	>80%	Effacement is a measure of stretch already present in the cervix. It is analogous to stretching a rubber band; as the rubber band is stretched further, it becomes thinner. This is affected by individual variation and previous surgery such as <u>loop excision</u> for <u>cervical dysplasia</u> or cancer.
<u>Dilation</u>	0 cm	1-2 cm	3-4 cm	>5 cm	Dilation is a measure of the diameter of the stretched cervix. It complements effacement, and is usually the most important indicator of progression through the first stage of labour.
Fetal station	-3	-2	-1, 0	+1, +2	Fetal station describes the position in of the foetus' head in relation to the distance from the <u>ischial spines</u> , which can be palpated deep inside the posterior vagina (approximately 8-10cm) as a bony protrusion. Negative numbers indicate that the head is further inside, above the ischial spines.

Interpretation

A score of 5 or less suggests that labour is unlikely to start without induction. A score of 9 or more indicates that labour will most likely commence spontaneously.^[3]

A low Bishop's score often indicates that induction is unlikely to be successful^[4]. Some sources indicate that only a score of 8 or greater is reliably predictive of a successful induction.

Modified Bishop score

According to the Modified Bishop's pre-induction cervical scoring system, effacement has been replaced by cervical length in cm, with scores as follows- 0>3cm, 1>2cm, 2>1cm, 3>0cm.^[5]

Another modification for the Bishop's score is the modifiers. Points are added or subtracted according to special circumstances as follows:

- One point is added for:
 - 1. Existence of [pre-eclampsia](#)
 - 2. Every previous vaginal delivery
- One point is subtracted for:
 - 1. Postdate pregnancy
 - 2. Nulliparity (no previous vaginal deliveries)
 - 3. PPRM ([premature preterm rupture of membranes](#))

References

1. [^] Bishop EH (August 1964). "Pelvic scoring for elective induction". *Obstet Gynecol* **24**: 266–8. [PMID 14199536](#).
2. [^] Newman RB, Goldenberg RL, Iams JD, *et al.* (September 2008). "[Preterm prediction study: comparison of the cervical score and Bishop score for prediction of spontaneous preterm delivery](#)". *Obstet Gynecol* **112** (3): 508–15. [doi:10.1097/AOG.0b013e3181842087](#). [PMID 18757646](#).
3. [^] Tenore J (2003). "Methods for cervical ripening and induction of labor". *Am Fam Physician* **67** (10): 2123–8. [PMID 12776961](#). [\(Incomplete\) Free Text](#).
4. [^] [Cat.Inist](#)
5. [^] Dutta DC. Text Book of Obstetrics. 6ed. New Central Book Agency. 2001. [ISBN 978-8173811425](#).