

Bishop Score

Item	Options	Points
Cervical dilation	Closed: 0 cm	0
	1-2 cm: Os admits a fingertip to about 2 cm	1
	3-4 cm: Cervix 3 to 4 cm open	2
	5 cm or more: 5-6 cm in the ACOG table	3
Cervical effacement	0-30%: Thick, little or no thinning	0
	40-50%: About half thinned	1
	60-70%: Mostly thinned	2
	80% or more: Paper thin	3
Fetal station	-3: High, well above the spines	0
	-2: Above the ischial spines	1
	-1 or 0: Near or at the spines	2
	+1 or +2: Below the spines	3
Cervical consistency	Firm: Feels like the tip of the nose	0
	Medium: Partly softened	1
	Soft: Feels like the lips	2
Cervical position	Posterior: Tilted toward the sacrum	0
	Midposition: In line with the vagina	1
	Anterior: Tilted forward, easy to reach	2

Interpretation

0-5	Unfavorable. Unripe cervix: induction without ripening is less likely to lead to vaginal birth. The provider usually considers mechanical or pharmacologic cervical ripening first, per protocol.
6-7	Intermediate. Borderline cervix: many trials still class 6 as unfavorable. The provider weighs ripening versus oxytocin using the full clinical picture.
8-13	Favorable. Ripe cervix: the chance of vaginal birth after induction approaches that of spontaneous labor. Induction can often start without a ripening agent, per the provider's orders.

Total score: _____ Date: _____ Assessed by: _____

Edward H. Bishop, 1964. Sources: ACOG Practice Bulletin No. 107: Induction of Labor (Table 1); AAFP: Cervical Ripening and Induction of Labor (2022); Bishop EH. Pelvic Scoring for Elective Induction (1964) - Embryo Project, ASU.

Free calculator and full guide: nursingscales.com/bishop-score/ · Educational material; does not replace clinical judgment or facility protocols.