Using a Simplified Bishop Score to Predict Vaginal Delivery

To the Editor:

With interest we read the article from Laughon et al on the development of a simplified version of the Bishop score.1 The authors reported that their score has a predictive ability of successful induction that is similar to that of the original score, in nulliparous women with singleton term pregnancies who could have been managed expectantly. They therefore recommend use of the simplified score based on dilation, station, and effacement.

Nearly half a century ago, when Dr. Bishop introduced his cervical assessment score, he called it a tool for “selecting suitable candidates” for labor induction.2 Yet since then, obstetricians have used the score as a major determining factor in the decision whether or not to induce labor. This means that the Bishop score is now in use as a treatment selection score.

Laughon and colleagues have evaluated the ability of the score to predict outcomes under labor induction. However, knowing the clinical value of the score only in the treated patients does not tell us about its performance for outcomes under labor induction. How- ever, knowing the clinical value of the score only in the treated patients does not tell us about its performance for some, but not for all—will that score be useful for selection?3 We therefore believe that the development or updates to the scores that are used to decide labor induction should be based on data that compare induction of labor and expectant management, rather than one arm of the dilemma only.

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S. Katherine Laughon, MD, MS
Epidemiology Branch, NICHD, National Institutes of Health,
Bethesda, MD

Jun Zhang, PhD, MD
MOE and Shanghai Key Laboratory of Children’s Environmental Health,
Xinhua Hospital, Shanghai Jiaotong University School of Medicine,
Shanghai, China

Uma M. Reddy, MD, MPH
Pregnancy and Perinatology Branch,
NICHD, National Institutes of Health,
Bethesda, MD

REFERENCES

In Reply:

We appreciate the comments of Drs. Tajik, Bossuyt, and Mol demonstrating that a pelvic score was associated with time to spontaneous labor.1 The risks and benefits of induction compared with expectant management for women with an unripe cervix is an interesting research question, but not the purpose of our article.2 We investigated whether our simplified score is equivalent to the original Bishop score, not how well the Bishop score can be used for selection of patients for induction. All the women in our study had their cervix assessed before their induction or when they presented in spontaneous labor, and the simplified score performed similarly to the original Bishop score. We do not have data on women with a Bishop score assessment who were then expectantly managed.

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