**S1 - MISOPROSTOL ONLY PROTOCOL**

- 25mcg misoprostol placed (#1)

  - Wait 3 hours Contracting >3 times in 10 minutes
    - Yes
      - Wait up to 3hrs more with regular assessment for window every 30 minutes. After 3 hours, still contracting >3 times in 10 minutes during entire 3hrs?
        - Yes
          - Initiate oxytocin per protocol
        - No
          - No, there was a window during these 3hrs for 25mcg miso (#2) to be placed
    - No
      - 25mcg miso placed (#2)

      - After last misoprostol, wait 4 hrs before initiating oxytocin

      - This step can be repeated for up to a total of 6 doses of misoprostol and for no more than 24 hours. After 6 doses or 24 hrs of misoprostol use, proceed to oxytocin

- Oxytocin can be initiated 4hrs after placement of last misoprostol
- If patient is ≥4cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor (≥5cm dilated), proceed with active labor protocol.
- If patient is not in active labor after 36 hours from the start of the induction, proceed with cesarean delivery.
- Exams should be performed:
  - Every 3hrs in latent labor if misoprostol being used
  - Every 2-4 hrs in latent labor if oxytocin is being used
  - Every 1-2 hours in active labor
- Notes should be written every 2-4hrs
INDUCTION PROTOCOL

S2 - CERVICAL FOLEY ONLY PROTOCOL

Cervical Foley placement

Foley bulb placement:
- Inflated with 60 cc
- Placed on tension, with tension checked q1hr
- To be removed 12 hours after placement or when falls out

- If cervical Foley cannot be placed at initial exam, a second higher level provider must attempt. If still unable to place, exclude from study.
- In order to call it a failed placement attempt, an attempt must be made with patient placed in stirrups and under direct visualization.
- Oxytocin can be initiated once cervical Foley has fallen out or after 12 hours in place
- If patient is ≥4cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor (≥5cm dilated), proceed with active labor protocol.
- If patient is not in active labor after 36 hours from the start of the induction, proceed with cesarean delivery.
- Exams should be performed:
  - Every 3hrs in latent labor if Foley in place
  - Every 2-4 hrs in latent labor if oxytocin is being used
  - Every 1-2 hours in active labor
- Notes should be written every 2-4hrs
**S3 - COMBINED MISOPROSTOL/FOLEY PROTOCOL**

25mcg misoprostol placed (#1) along with cervical Foley

Foley bulb placement:
- Inflated with 60 cc
- Placed on tension, with tension checked q1hr
- To be removed 12 hours after placement or when falls out

Wait 3 hours. Contracting >3 times in 10 minutes?

Yes

- 25mcg miso placed (#2)
- No, pt had window during these 3hrs for 25mcg miso (#2) to be placed

No

- Wait up to 3hrs more with regular assessment for window every 30 minutes
- After 3 hours, still contracting >3 times in 10 minutes during entire 3hrs?

Yes

- Initiate oxytocin per protocol

No

- 25mcg miso placed (#2)
- After last miso, wait 4 hrs before initiating oxytocin

This step can be repeated for up to a total of 6 doses of misoprostol and for no more than 24 hours. After 6 doses or 24 hrs of misoprostol use, proceed to oxytocin

- If cervical Foley cannot be placed at initial exam, a second higher level provider must attempt. If still unable to place, repeat exam in 1-2hrs from misoprostol placement to reattempt Foley placement.
- In order to call it a failed placement attempt, an attempt must be made with patient placed in stirrups and under direct visualization.
- Remove Foley if still in place after 12hrs from placement. Can continue with misoprostol use after Foley is removed as long as it meets criteria noted above.
- Oxytocin can be initiated 4hrs after placement of last misoprostol, regardless of whether cervical Foley still in situ
- If patient is ≥4cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor (≥5cm dilated), proceed with active labor protocol.
- If patient is not in active labor after 36 hours from the start of the induction, proceed with cesarean delivery.
- Exams should be performed:
  - Every 3hrs in latent labor if misoprostol/Foley being used
  - Every 2-4 hrs in latent labor if oxytocin is being used
  - Every 1-2 hours in active labor
- Notes should be written every 2-4hrs
S4 - COMBINED FOLEY/OXYTOCIN PROTOCOL

Cervical Foley placement & initiation of oxytocin per protocol

Foley bulb placement:
• Inflated with 60 cc
• Placed on tension, with tension checked q1hr
• To be removed 12 hours after placement or when falls out

• If cervical Foley cannot be placed at initial exam, a second higher level provider must attempt. If still unable to place, begin oxytocin without cervical Foley and repeat placement attempt every 1-2hrs
• In order to call it a failed placement attempt, an attempt must be made with patient placed in stirrups and under direct visualization.
• Remove Foley if still in place 12 hrs after placement. Continue oxytocin at this time.
• If patient is ≥4cm dilated and has intact membranes, perform amniotomy
• If patient is in active labor (≥5cm dilated), proceed with active labor protocol.
• If patient is not in active labor after 36 hours from the start of the induction, proceed with cesarean delivery.
• Exams should be performed:
  o Every 3hrs in latent labor if Foley in place
  o Every 2-4 hrs in latent labor if Oxytocin is being used
  o Every 1-2 hours in active labor
• Notes should be written every 2-4hrs
INDUCTION PROTOCOL

Patient is in active labor (≥5cm dilation)

Is patient ruptured?
- Yes
- No

Is pt making ≥1cm cervical change?
- Yes
- No

Continue with current management (expectant or oxytocin)

≥1cm Cervical change?
- Yes
- No

Continue with current management

2 hours

≥1cm Cervical change?
- Yes
- No

Continue until completely dilated

 INITIATE PROTOCOL

Re-examine no more than 2hrs after amniotomy

Perform

≥1cm Cervical change?
- Yes
- No

Continue with current management

≠1cm Cervical change?
- Yes
- No

Initiate and/or continue oxytocin protocol

2 hour

Is IUPC in place
- Yes
- No

Place IUPC and re-assess in 1-2hrs

Adequate contractions?
- Yes
- No

Continue current management and re-assess in 1-2hrs

Initiate/continue to increase oxytocin to achieve adequate contractions

2 hours

1-2 hours

≥1cm Cervical change?
- Yes
- No

Continue with oxytocin

Proceed with CD

If patient is not delivered in 12 hrs after the start of active labor, proceed with cesarean

Exams should be performed:
- every 1-2hrs in active phase
- every 1hr in 2nd stage

Notes should be written:
- every 2hrs in active phase
- every 1hr in 2nd stage