Appendix 1. Misoprostol-only protocol.

25 micrograms misoprostol placed (#1)

Wait 3 hours Contracting >3 times in 10 minutes

Yes No

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

Yes No

25 micrograms misoprostol placed (#2)

No, there was a window during these 3 hours for 25 micrograms misoprostol (#2) to be placed

Initiate oxytocin per protocol

25 micrograms misoprostol placed (#2)

After last misoprostol, wait 4 hours 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 hours of misoprostol use, proceed to oxytocin

- Oxytocin can be initiated 4 hours after placement of last misoprostol
- If patient is ≥4 cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor (≥5 cm 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 3 hours in latent labor if misoprostol being used
  - Every 2-4 hours in latent labor if oxytocin is being used
  - Every 1-2 hours in active labor
- Notes should be written every 2-4 hours
Appendix 2. 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 ≥4 cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor (≥5 cm 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 3 hours in latent labor if Foley in place
  - Every 2-4 hours in latent labor if oxytocin is being used
  - Every 1-2 hours in active labor
- Notes should be written every 2-4 hours
Appendix 3. Combined misoprostol and Foley 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

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

Yes
No

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

Yes
No, patient had window during these 3 hours for 25 micrograms misoprostol (#2) to be placed

Initiate oxytocin per protocol

25 micrograms misoprostol placed (#2)

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 hours 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 1-2 hours 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 12 hours from placement. Can continue with misoprostol use after Foley is removed as long as it meets criteria noted above.
- Oxytocin can be initiated 4 hours after placement of last misoprostol, regardless of whether cervical Foley still in situ
- If patient is ≥4 cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor (≥5 cm 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 3 hours in latent labor if misoprostol/Foley being used
  - Every 2-4 hours in latent labor if oxytocin is being used
  - Every 1-2 hours in active labor
- Notes should be written every 2-4hrs


The authors provided this information as a supplement to their article.

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Appendix 4. Combined Foley and oxytocin protocol.

Cervical Foley placement and 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 1-2 hours
- 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 hours after placement. Continue oxytocin at this time.
- If patient is ≥4 cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor (≥5 cm 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 3 hours in latent labor if Foley in place
  - Every 2-4 hours in latent labor if Oxytocin is being used
  - Every 1-2 hours in active labor
- Notes should be written every 2-4 hours
Appendix 5. Active phase labor management. IUPC, intrauterine pressure catheter; CD, cesarean delivery.

- 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