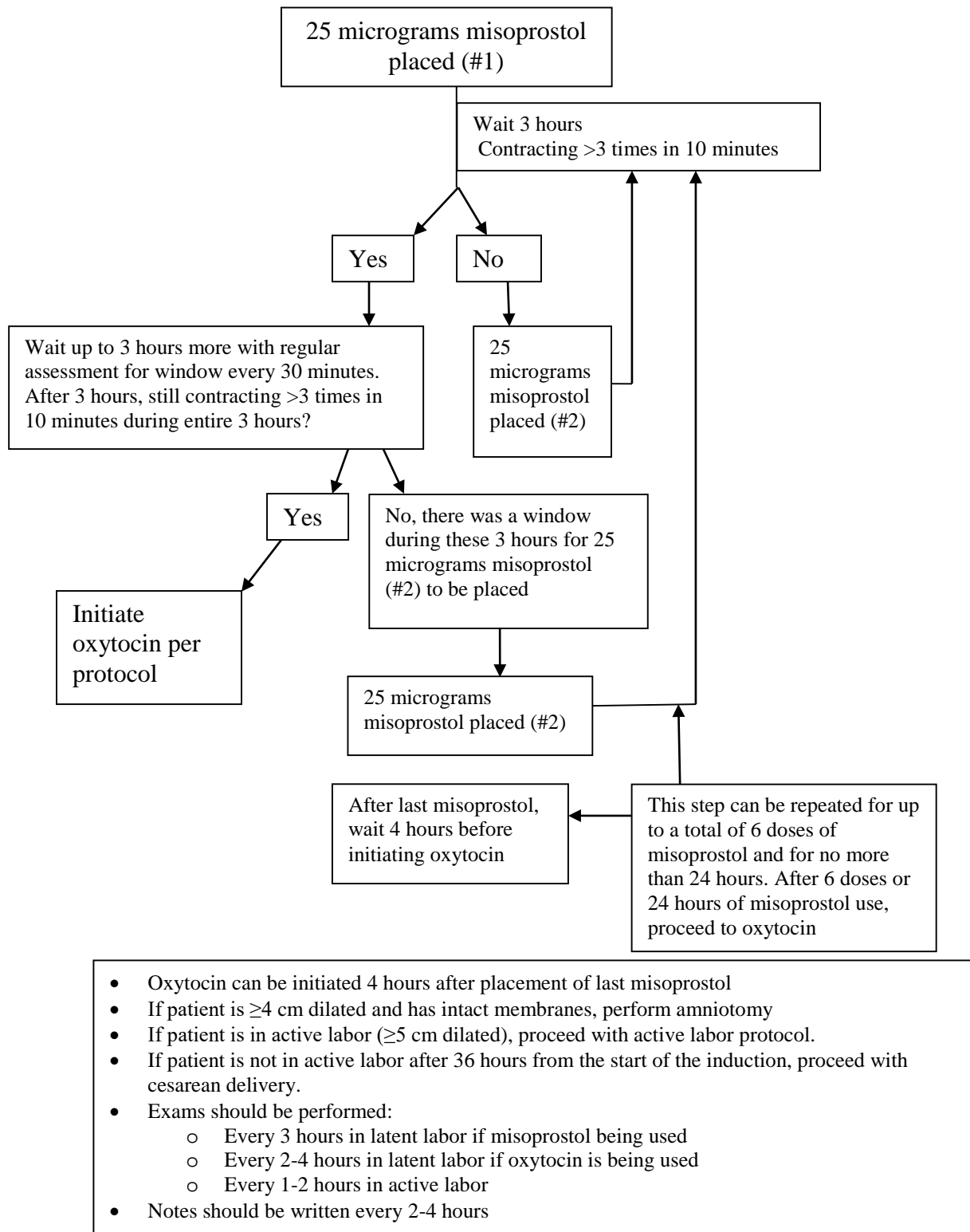


## Appendix 1. Misoprostol-only protocol.

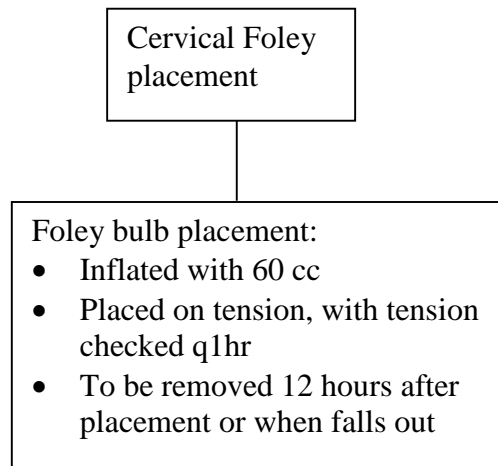


Levine LD, Downes KL, Elovitz MA, Parry S, Sammel MD, and Srinivas SK. Mechanical and pharmacologic methods of labor induction: a randomized controlled trial. *Obstet Gynecol* 2016; 128.

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## Appendix 2. Cervical Foley–only protocol.



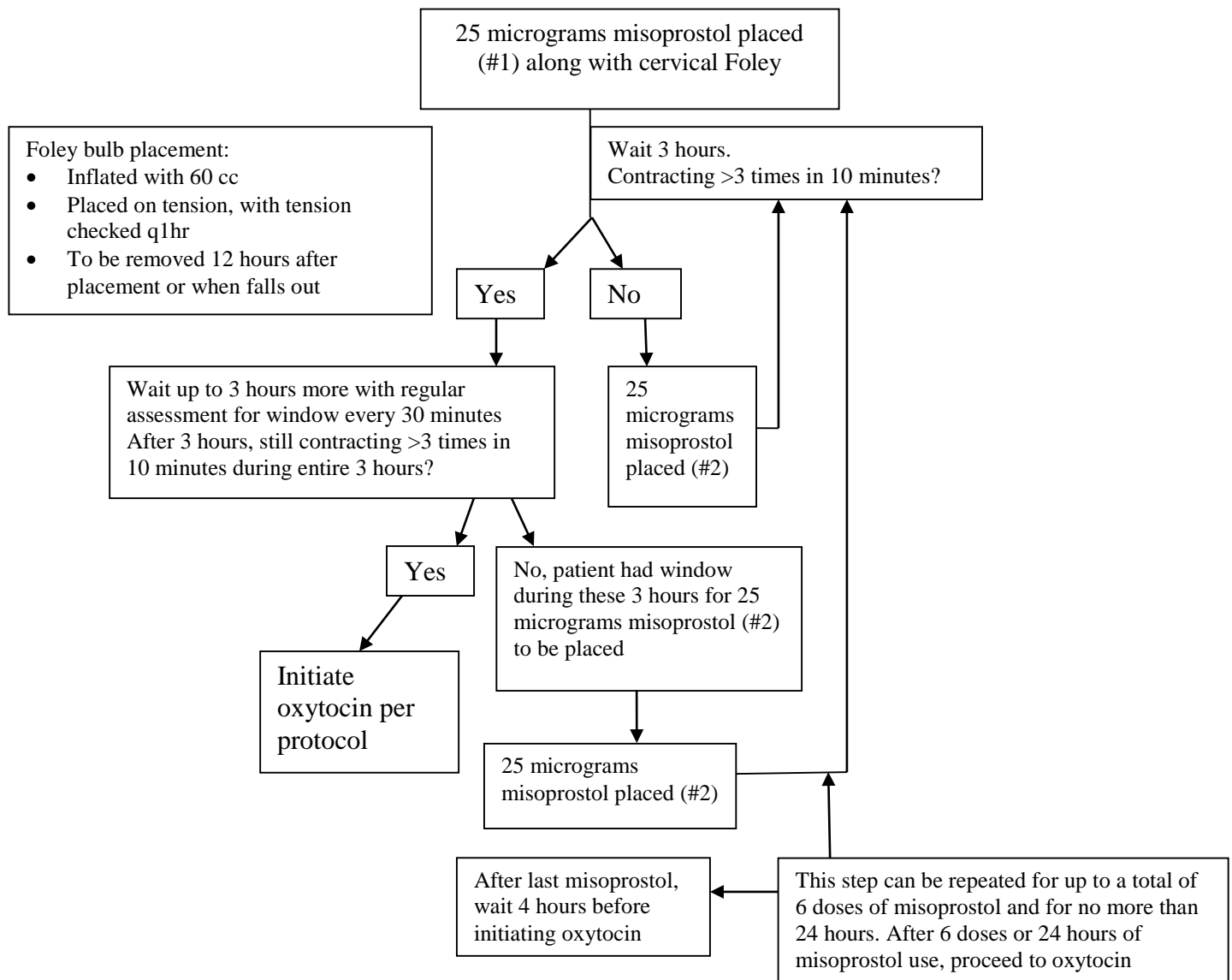
- If cervical Foley cannot be placed at initial exam, a second higher level provider must attempt. If still unable to place, exclude from study.
- In order to call it a failed placement attempt, an attempt must be made with patient placed in stirrups and under direct visualization.
- Oxytocin can be initiated once cervical Foley has fallen out or after 12 hours in place
- If patient is  $\geq 4$  cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor ( $\geq 5$  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

Levine LD, Downes KL, Elovitz MA, Parry S, Sammel MD, and Srinivas SK. Mechanical and pharmacologic methods of labor induction: a randomized controlled trial. *Obstet Gynecol* 2016; 128.

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### Appendix 3. Combined misoprostol and Foley protocol.



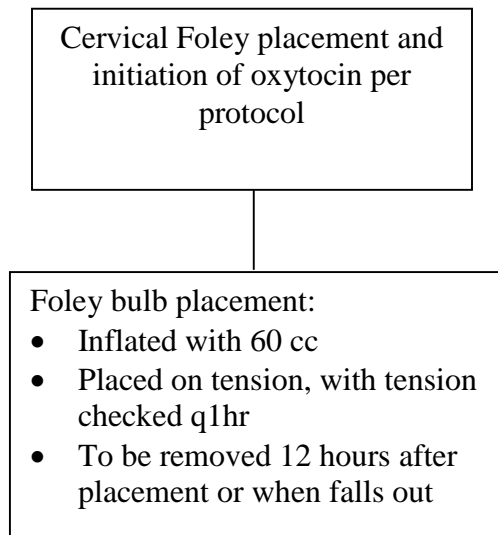
- If cervical Foley cannot be placed at initial exam, a second higher level provider must attempt. If still unable to place, repeat exam in 1-2 hours from misoprostol placement to reattempt Foley placement.
- In order to call it a failed placement attempt, an attempt must be made with patient placed 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  $\geq 4$  cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor ( $\geq 5$  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

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#### Appendix 4. Combined Foley and oxytocin protocol.



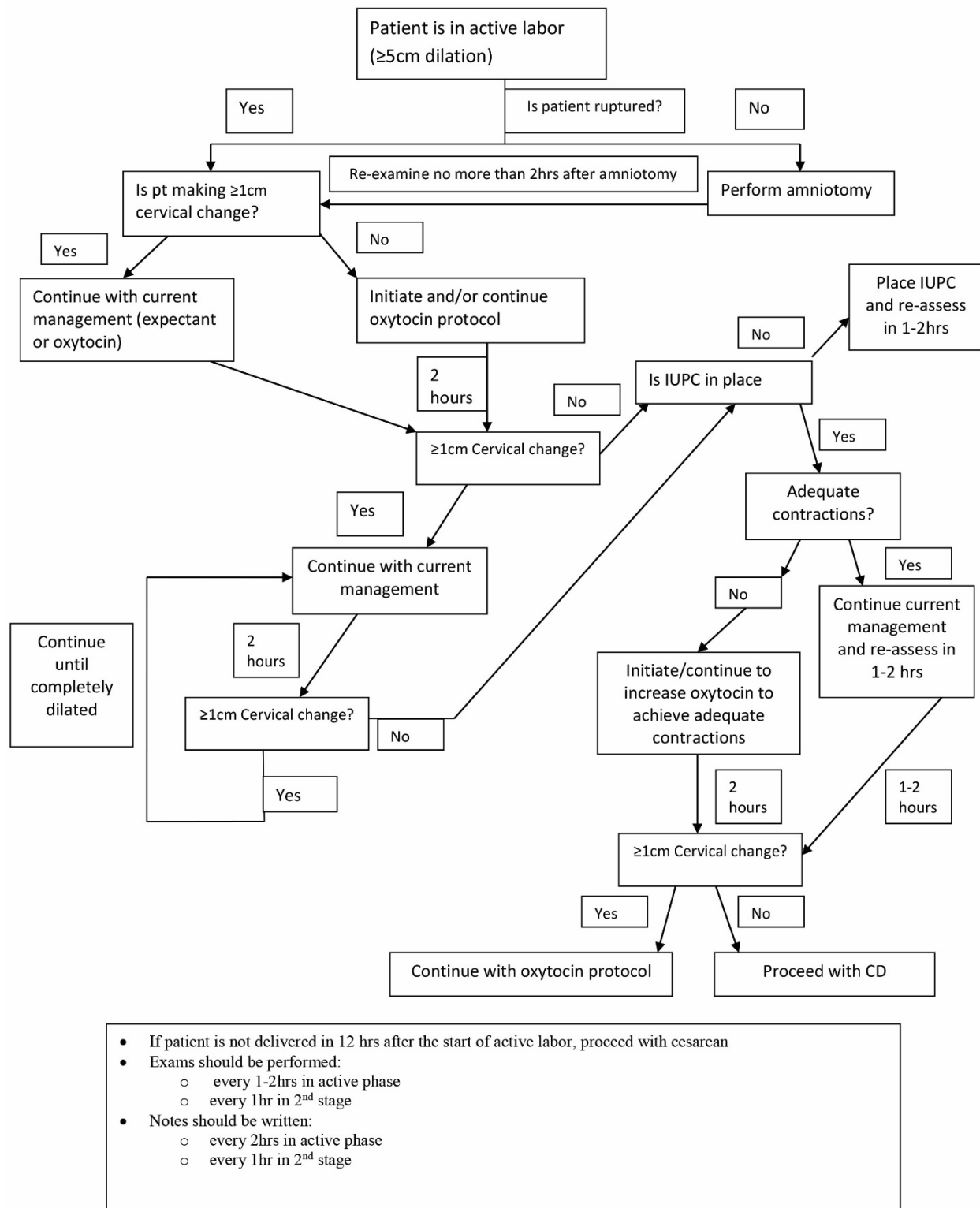
- If cervical Foley cannot be placed at initial exam, a second higher level provider must attempt. If still unable to place, begin oxytocin without cervical Foley and repeat placement attempt every 1-2 hours
- In order to call it a failed placement attempt, an attempt must be made with patient placed in stirrups and under direct visualization.
- Remove Foley if still in place 12 hours after placement. Continue oxytocin at this time.
- If patient is  $\geq 4$  cm dilated and has intact membranes, perform amniotomy
- If patient is in active labor ( $\geq 5$  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

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**Appendix 5. Active phase labor management. IUPC, intrauterine pressure catheter; CD, cesarean delivery.**



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