Appendix R

Induction of Labor Algorithm

**INDUCTION**
Per ACOG guidelines, induction of labor before 41 weeks should only be performed if there is a maternal or fetal medical indication to do so. If 39 - 41 weeks without a medical indication for induction of labor, do so only with a favorable cervix.

**Unfavorable Cervix:**
Bishop Score ≤ 8 for Nulliparas, ≤ 6 for Multiparas (proceed only if medical indication for induction exists)

- Mechanical or Pharmacological Cervical Ripening
  - No Cervical Change
    - Repeat with Different Method
    - No Response Consider Oxytocin Trial
      - Home (if appropriate) or Cesarean.
        (*Note: ACOG guidelines state that failed induction in the latent phase can be avoided by allowing for longer durations of the latent phase, 24 hours or more)
  - If successful, follow right side of algorithm (favorable cervix)
    - See active labor partogram and/or labor duration guidelines
  - Cervix < 6 cm, UNABLE To AROM and No Cervical Change with 24 Hours Oxytocin
    - Consider Home if Elective and/or Medically Stable

**Favorable Cervix:**
Bishop Score ≥ 8 for Nulliparas, ≥ 6 for Multiparas

- Initiate Oxytocin
  - Cervical Change, and Cervix ≥ 6cm
    - See active labor partogram and/or labor duration guidelines
    - Continue/Start Oxytocin And Consider ROM
    - AROM and No Cervical Change for 12-18 hours of Oxytocin. (*Note: 24 hours of oxytocin is preferable if fetal and maternal statuses permit)
  - Cervical Change, but Cervix < 6 cm
    - Proceed to Cesarean

**Failed Induction**