

Online Supplementary Material

Nicholson JM, Yeager DL, Macones G. A preventive approach to obstetric care in a rural hospital: association between higher rates of preventive labor induction and lower rates of cesarean delivery. *Ann Fam Med*. 2007;5:310-319.

<http://www.annfammed.org/cgi/content/full/5/4/310/DC1>

Supplemental Appendix 2. X-Factors and Timing of Induction

X-Factor	When to Induce
Cocaine abuse (any kind)	At 38 weeks' gestation*
Borderline oligohydramnios (AFI 5-7)	At the time of diagnosis (if ≥ 38 weeks, 0 days' gestation*)
Impending/threatened preeclampsia (excess term weight gain) (systolic BP > 140 mm Hg or diastolic BP > 84 mm Hg)	At the time of diagnosis (if ≥ 38 weeks, 0 days' gestation*)
Cervical dilatation ≥ 4 cm	At the time of diagnosis (if ≥ 38 weeks, 0 days' gestation)
Increasing or severe depression	At the time of diagnosis (if ≥ 38 weeks, 0 days' gestation)
Actual or high risk for domestic abuse	At the time of diagnosis (if ≥ 38 weeks, 0 days' gestation)
3 or more visits to antepartum unit	At the time of occurrence (if ≥ 38 weeks, 0 days' gestation)
Indication for nonstress testing	At the time of occurrence, instead of nonstress testing (if ≥ 38 weeks, 0 days' gestation)

AFI = amniotic fluid index; BP = blood pressure.

* Assumes excellent dating with sonogram between 6 and 20 weeks.

Explanation for use: X-factors are risk factors for which there is a known short latent period between identification of the factor and development of obstetric complications. The use of X-factors does not require calculation. If a patient is beyond 37 weeks, 6 days' gestation and an X-factor is identified, preventive labor induction is immediately scheduled. If a patient with an X-factor has a modified cervical Bishop score of less than 6, she is offered prostaglandin E₂ before the start of oxytocin.