Pregnancy Touch Point Algorithm #8

Labor Management

Recommendations based on the California Maternal Quality Care Collaborative (CMQCC) Toolkit to support vaginal birth and reduce primary Cesareans

Antepartum education
-Educate patient on value of spontaneous labor
-Shared decision making with patient
-Discuss pain management expectations and RX options for L&D
-Patient educational materials

Consent for delivery during the third trimester

Breech presentation at 36 weeks

Yes

Educate and offer external cephalic version (ECV)

Patient requests elective C section

Yes

Use CMQCC understanding risks of elective C section*

See Document TPA 8 Doc 1

Spontaneous labor

Latent phase
-educate patient on value of limited intervention
-keep patients home as long as possible
-if patient <4cms send home
-Use coping scale instead of pain scale
(CMQCC coping with labor algorithm)*

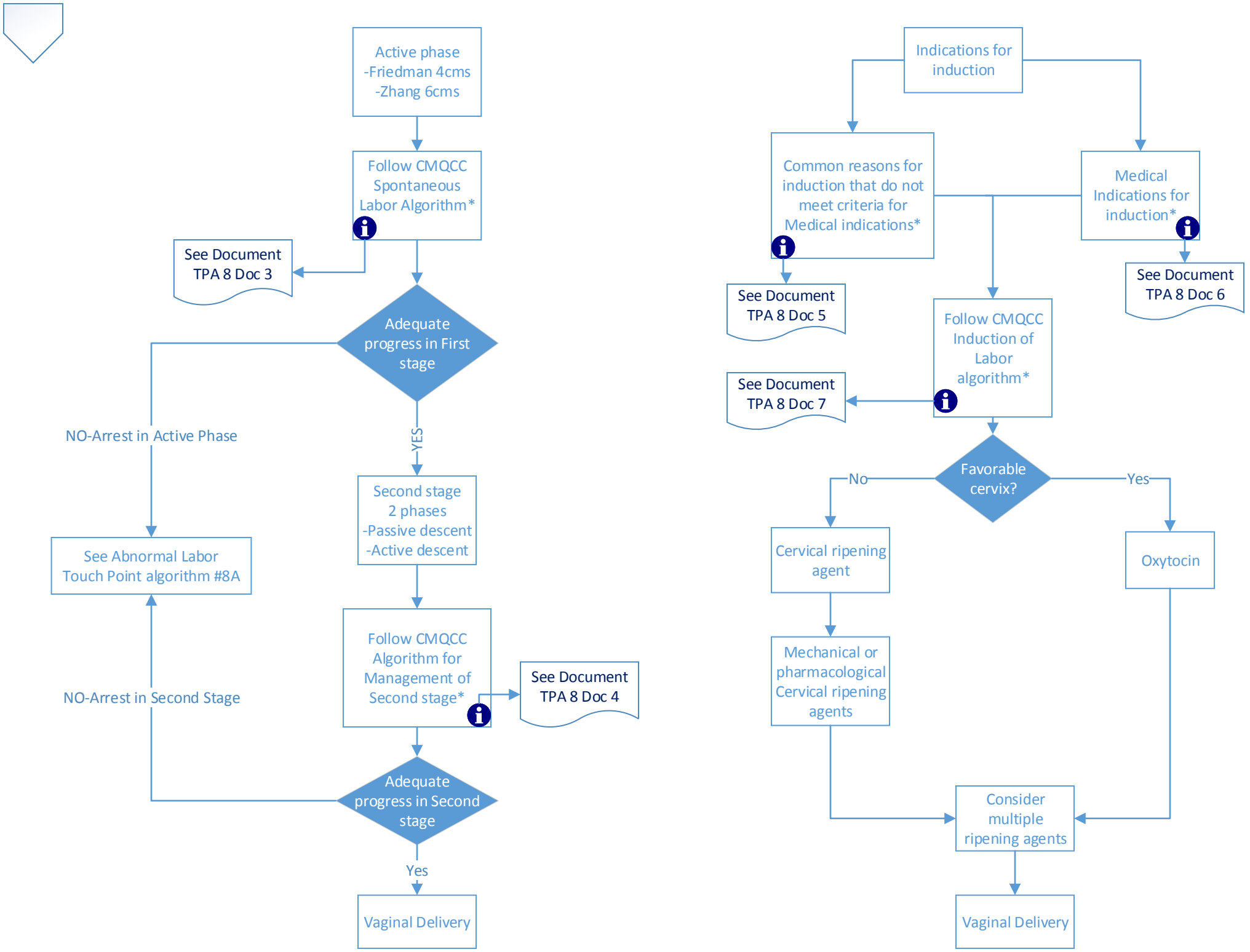
See Document TPA 8 Doc 2

Induction of labor
-Use ACOG/SMFM consensus guidelines for induction of labor

Table 27. Summary of Recommendations for Induction of Labor (ACOG/SMFM Obstetric Care Consensus[9])

ACOG/SMFM Consensus Guidelines for Induction of Labor
Induction of labor before 41+0 weeks should be reserved for women with a maternal or fetal medical indication
Induction of labor at or after 41+0 weeks gestation is advised in order to reduce the risk of cesarean delivery and perinatal morbidity and mortality
Women undergoing induction of labor without a favorable cervix should receive cervical ripening
As long as the maternal and fetal status allow, longer durations of the latent phase (24 hours or longer) should be allowed, and oxytocin should be administered for at least 12-18 hours after rupture of membranes before declaring a "failed induction"

Selection of patients for induction


Active phase
-Friedman 4cms
-Zhang 6cms
Follow CMQCC Spontaneous Labor Algorithm*
See Document TPA 8 Doc 3
Adequate progress in First stage
NO-Arrest in Active Phase
YES
See Abnormal Labor Touch Point algorithm #8A
Second stage
2 phases
-Passive descent
-Active descent
Follow CMQCC Algorithm for Management of Second stage*
See Document TPA 8 Doc 4
NO-Arrest in Second Stage
Adequate progress in Second stage
Yes
Vaginal Delivery
Indications for induction
Common reasons for induction that do not meet criteria for Medical indications*
Medical Indications for induction*
See Document TPA 8 Doc 5
See Document TPA 8 Doc 6
Follow CMQCC Induction of Labor algorithm*
See Document TPA 8 Doc 7
Favorable cervix?
No
Yes
Cervical ripening agent
Oxytocin
Mechanical or pharmacological Cervical ripening agents
Consider multiple ripening agents
Vaginal Delivery