

## Pre-cesarean Checklist for Labor Dystocia or Failed Induction

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_

Gestational Age: \_\_\_\_\_ Date of C-section: \_\_\_\_\_;

Time: \_\_\_\_\_

Obstetrician: \_\_\_\_\_ ; Initial: \_\_\_\_\_

Bedside Nurse: \_\_\_\_\_ ; Initial: \_\_\_\_\_

\_\_\_\_\_ **Active Phase Arrest  $\geq 6$  cm Dilation (must fulfill one of the two criteria)**

Membranes ruptured (if possible), then:

\_\_\_\_\_ Adequate uterine contractions (e.g. moderate or strong to palpation, or  $\geq 200$  MVU, for  $\geq 4$  hours) without improvement in dilation, effacement, station or position

OR

\_\_\_\_\_ Inadequate uterine contractions (e.g.  $< 200$  MVU) for  $\geq 6$  hours of oxytocin administration without improvement in dilation, effacement, station or position

\_\_\_\_\_ **Second Stage Arrest (must fulfill any one of four criteria)**

\_\_\_\_\_ Nullipara with epidural pushing for at least 4 hours

OR

\_\_\_\_\_ Nullipara without epidural pushing for at least 3 hours

OR

\_\_\_\_\_ Multipara with epidural pushing for at least 3 hours

OR

\_\_\_\_\_ Multipara without epidural pushing for at least 2 hours

\_\_\_\_\_ **Although not fulfilling contemporary criteria for labor dystocia as described above, my clinical judgment deems this cesarean delivery indicated**

\_\_\_\_\_ Failed Induction: Duration in hours: \_\_\_\_\_

Latent-Phase Arrest: Duration in hours: \_\_\_\_\_

Active-Phase Arrest: Duration in hours: \_\_\_\_\_

Second-Stage Arrest: Duration in hours: \_\_\_\_\_

**Comments:**

### Indication for Primary Cesarean Delivery:

\_\_\_\_\_ **Failed Induction (must have both criteria if cervix unfavorable, Bishop Score  $< 8$  for nullips and  $< 6$  for multips)**

\_\_\_\_\_ Cervical Ripening used (when starting with unfavorable Bishop scores as noted above). Ripening agent used:

\_\_\_\_\_ Reason ripening not used if cervix unfavorable: \_\_\_\_\_

AND

\_\_\_\_\_ Unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered for at least 12-18 hours after membrane rupture." \*Note: at least 24 hours of oxytocin administration after membrane rupture is preferable if maternal and fetal statuses permit

\_\_\_\_\_ **Latent Phase Arrest  $< 6$  cm dilation (must fulfill one of the two criteria)**

\_\_\_\_\_ Moderate or strong contractions palpated for  $> 12$  hours without cervical change

OR

\_\_\_\_\_ IUPC  $> 200$  MVU for  $> 12$  hours without cervical change

\*As long as cervical progress is being made, a slow but progressive latent phase e.g. greater than 20 hours in nulliparous women and greater than 14 hours in multiparous women is not an indication for cesarean delivery as long as fetal and maternal statuses remain reassuring. Please exercise caution when diagnosing latent phase arrest and allow for sufficient time to enter the active phase.

Adapted with permission from Miller Children's and Women's Hospital.