

Pre-cesarean Checklist for Labor Dystocia or Failed Induction

Patient Name:	MR#:	Active Phase Arrest > 6 cm Dilation (must fulfill one of the two criteria)	
Gestational Age:	Date of C-section:;	Membranes ruptured (if possible), then:	
Time:		Adequate uterine contractions (e.g. moderate or strong to palpation, or > 200 MVU, for ≥ 4 hours) without improvement in dilation, effacement, station or position	
Obstetrician:; Initial:		OR	
Bedside Nurse:; Initial:		Inadequate uterine contractions (e.g. < 200 MVU) for > 6 hours of oxytocin administration without improvement in	
Indication for Prin	nary Cesarean	dilation, effacement, station or position	
 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:		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 labo 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:	

*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.

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