

# Pre-Cesarean Huddle Form



The intent of this form/huddle is to define criteria for arrest of dilatation, failed induction and interventions for NRFHT's as defined by the FPQC. It is also meant to explore safe options to prevent cesarean sections in an interdisciplinary setting on the OB unit.

Huddle should occur when a c/s is being considered due to arrest, failed IOL or NRFHT's. Huddles can occur for other reasons as deemed necessary by the providing team.

❖ **Date and time of huddle-** \_\_\_\_\_

❖ **G's and P's and Gestational age-** \_\_\_\_\_ **Current room** \_\_\_\_\_

❖ **ROM time** \_\_\_\_\_ **Last Cervical Exam** \_\_\_\_\_

❖ **Attendees- list names**

Attending physician\*required \_\_\_\_\_

Safety Nurse &/or Charge Nurse\* 1 required \_\_\_\_\_

Bedside provider (CNM/Resident) \*1 required \_\_\_\_\_

Primary RN (if available) \_\_\_\_\_

Anesthesia (if available) \_\_\_\_\_

❖ **Reason for huddle- (circle all that apply)**

C/S being considered    NRFHT    Arrest of Dilatation/Labor Dystocia    Maternal Condition    Failed IOL  
Other \_\_\_\_\_

❖ **FHT agreed upon interpretation at the time of huddle-** Baseline \_\_\_\_\_ Variability \_\_\_\_\_

Decels present (circle all that apply) - Early    Variable    Late    Prolonged

Accels present- Yes / No                      Category of tracing- 1    2    3

❖ **Interventions done thus far (circle all that apply)** - \*Reposition    \*IVF bolus for hypotension    \*O2    \*Terbutaline

\*Decrease Pitocin    \*Stop Pitocin    \*Amnioinfusion for variable decels    \*Remove Cervidil

\*Remove balloon/Cook    \*Vaginal exam/VAS to elicit fetal response for minimal variability

❖ **Birth Outcome:** \_\_\_\_\_

See back of page for Labor Dystocia, Failed IOL and Management of FHR Algorithm.

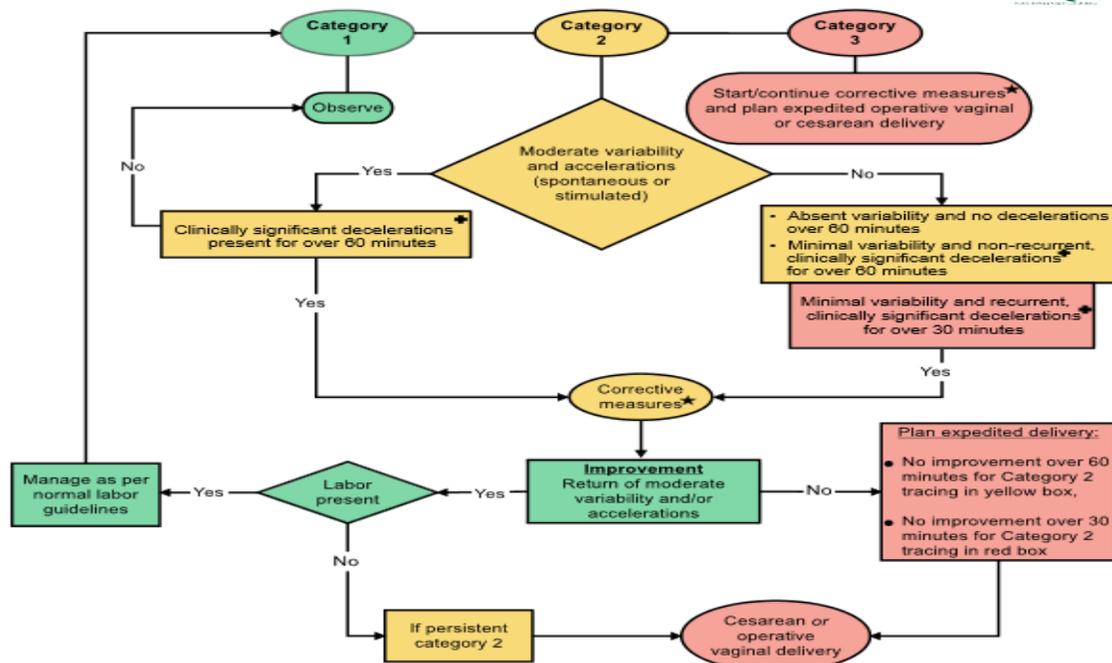
❖ **Labor Dystocia criteria-**

- Less than 6cm – not in labor, does not meet these criteria (cannot call c/s due to Arrest if less than 6 cm, active labor has not been achieved, consider giving more time)
- 6 cm - 9.5 cm dilated- was there at least 4 hours with adequate uterine activity or at least 6 hours with inadequate uterine activity and with oxytocin? If no, does not meet criteria for arrest- consider giving more time.
- If 10cm- Primigravida- was there at least 3 hours or more in second stage- 4 hours with an epidural? If not, does not meet criteria for arrest, consider giving more time. Multiparous- was there at least 2 hours or more in the second stage (without an epidural)?

❖ **Failed IOL Criteria –**

- If <6cm dilated, were there at least 12 hours of oxytocin after rupture of membranes?
- If 6-10cm dilated, was there at least 4h with adequate uterine activity or at least 6h with inadequate uterine activity and with oxytocin?
- If completely dilated, was there 3h or more of active pushing (4h with epidural)?

**Management of Fetal Heart Rate Tracings**



<p>★ Clinically significant decelerations include:</p> <ul style="list-style-type: none"> <li>• Prolonged decelerations</li> <li>• Late decelerations</li> <li>• Variable decelerations lasting 60 seconds and nadir to 60 beats per minute or descent at least 60 beats from baseline</li> </ul> <p>For indeterminate, abnormal tracings:</p> <ul style="list-style-type: none"> <li>• Do not delay delivery if clinically appropriate</li> <li>• If tracing remains category 2, then reassess every 30 minutes</li> <li>• If fetal heart rate tracing improves to category 1, then observe and continue close observation</li> <li>• If the tracing progresses to category 3, then make preparations for expedited delivery as per the top right side of the algorithm</li> <li>• The algorithm does not apply to the very premature fetus</li> </ul>	<p>★ Corrective Measures</p> <ul style="list-style-type: none"> <li>- Examine patient (cord prolapse or rapid labor)</li> <li>- Correct maternal hypotension (lateral positioning, 500 - 1,000 mL bolus isotonic fluid, vasopressor agents)</li> <li>- Improve oxygenation via non-rebreathing face mask</li> <li>- Amnioinfusion for significant, recurrent variable decelerations</li> <li>- Decrease or discontinue oxytocin</li> <li>- Correct uterine tachysystole (terbutaline or nitroglycerin)</li> <li>- If minimal or absent variability, perform fetal stimulation to evaluate for presence of FHR acceleration</li> </ul>
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Adapted from Clark, Am J Obstet Gynecol 2013; Spong, Obstet Gynecol 2012; and Smith et al, CMQCC Toolkit 2016  
Modified from FPQC PROVIDE Initiative Management of Fetal Heart Rate Tracings

Form #: M1383 Revised 2/26/18

Reference:

Spong, C.Y., Berghella, V., Wenstrom, K.D., Mercer, B.M., and Saade, G.R. Preventing the First Cesarean Delivery: Summary of a Joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologists Workshop. Obstet Gynecol. 2012 November; 120 (5): 1181-1193.