

## Checklist for Labor Dystocia & Arrest

Use this checklist as a quality improvement/communication tool to assist in diagnosing failed induction, labor dystocia or arrest and determining if ACOG/SMFM Criteria have been met, prior to decision to proceed to cesarean section.

Place patient sticker here

Delivery Provider: \_\_\_\_\_ Initials: \_\_\_\_\_

Labor & Delivery RN: \_\_\_\_\_ Initials: \_\_\_\_\_

Date & Time : \_\_\_\_\_

### Failed induction: \_\_\_\_\_

Both boxes should be checked if cervix unfavorable (suggest Bishop Score < 8 for nullips and <6 for multips) :

- Cervical Ripening used (when starting with unfavorable Bishop Scores as noted above).
- Oxytocin administered for at least 12-18 hrs after membrane rupture, without achieving cervical change and regular contractions. \*Note: at least 24 hrs of oxytocin administration after membrane rupture is preferable if maternal & fetal statuses permit

### Latent phase arrest (cervix < 6 cm): \_\_\_\_\_

Both boxes should be checked:

- Oxytocin administered for at least 12-18 hrs after membrane rupture, without achieving cervical change and regular contractions.
- A longer duration of the latent phase is preferable (24 hrs or longer if maternal & fetal statuses permit).

### Active phase arrest (cervix ≥ 6 cm): \_\_\_\_\_

Both boxes should be checked:

- Membranes ruptured (if possible).
- No cervical change after at least 4 hrs of adequate uterine activity (e.g. strong to palpation or MVUs > 200), or at least 6 hrs of oxytocin administration with inadequate uterine activity.

### Second stage arrest (cervix 10 cm / pushing): \_\_\_\_\_

Both boxes should be checked:

- Fetal position known and rotation attempted if OP
- For nulliparous:** 3hr or more of active pushing (4hr with epidural)  
**For multiparous:** 2hr or more of active pushing (3hr with epidural)

- Although not fulfilling the above criteria for failed induction, labor dystocia, or arrest, my clinical judgment deems this cesarean delivery indicated

Based upon:

1. American College of Obstetrics and Gynecology, Society for Maternal-Fetal Medicine. Obstetric care consensus no. 1: safe prevention of the primary cesarean delivery. *Obstet Gynecol.* 2014;123(3):693-711.
2. Spong, C. Y., Berghella, V., Wenstrom, K. D., Mercer, B. M., & Saade, G. R. (2012). 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.*, 120(5), 1181-1193. <https://doi.org/10.1097/aog.0b013e3182704880>