ACOG/SMFM Guidelines

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.

Delivery Provider: ________________________ Initials: ________
Labor & Delivery RN: ________________________ Initials: ________
Date & Time: ____________________________

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

- Cerclage 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 8 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

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