



## How Do We Safely Reduce Primary Cesarean Deliveries?

# 6

is the new 4

**Patience**  
with pushing

**6 cm is now the threshold for the active phase of labor.**

Criteria for active phase arrest in the first stage of labor:

- ▶ **At or beyond 6 cm of dilation** with ruptured membranes
- ▶ **No cervical change** despite **4 hours** of adequate uterine activity
- ▶ **Or at least 6 hours of oxytocin administration** with inadequate uterine activity and no cervical change.

Criteria for arrest of labor in the second stage, if maternal and fetal conditions permit, allow for:

- ▶ At least **2 hours of pushing in multiparous patients**
- ▶ At least **3 hours of pushing in nulliparous patients**
- ▶ **Longer durations may be appropriate** (4 hours with epidural) as long as progress is being documented

Supporting respectful care for all patients:

The Illinois Perinatal Quality Collaborative (ILPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups to reduce maternal disparities and promote birth equity by ensuring all patients receive safe, high-quality compassionate, and respectful care. For more information on the Promoting Vaginal Birth Initiative and to view the PVB toolkit, visit [ilpqc.org/initiatives/promoting-vaginal-birth-initiative/](http://ilpqc.org/initiatives/promoting-vaginal-birth-initiative/)



## Are you Using ACOG/SMFM Guidelines to Safely Reduce Primary Cesarean Deliveries?

### Failed Induction

- ✓ Oxytocin administered for at least 12-18 hours after membrane rupture, without achieving cervical change and regular contractions
- ✓ Cervical ripening used when starting with unfavorable Bishop score
- ✓ Longer duration of the latent phase, 24 hours or longer if <6cm and maternal and fetal status permits

### Active Phase Arrest

- ✓ Cervix  $\geq$  6cm
- ✓ Membranes ruptured
- ✓ No cervical change after at least 4 hours of adequate uterine activity or at least 6 hours of oxytocin administration with inadequate uterine activity

### Second Stage Arrest

- ✓ Fetal position known and rotated if OP
- ✓ At least 2 hours of pushing in multiparous patients
- ✓ At least 3 hours of pushing in nulliparous patients
- ✓ Longer durations may be appropriate (4 hours with epidural) as long as progress is being documented



## Key Strategies to Promote Vaginal Birth: It Takes a Team



Labor and delivery approaches to optimize vaginal birth and safely reduce primary cesarean delivery



**Cesarean Decision Checklist**



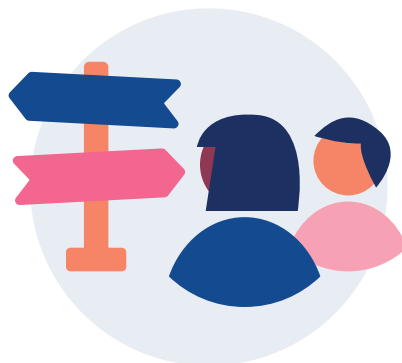
**Cesarean Decision Huddles**



**Educating Patients and Setting Patient Expectations**



**Supporting Nursing Care: Labor Management Support**



**Shared Decision-Making: Bringing Patients In**



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