Appendix L
Labor Duration Guidelines

FIRST STAGE LATENT LABOR: Cervical dilation of 0-6 cm

NORMAL	Difficult to define due to challenge of determining the onset of labor • No range exists for the new latent labor definition of 0-6 cm per Zhang o Nulliparas (data exists only for 3-6cm): Median duration of 3.9 hours; 95th percentile 17.7 hours o Multiparas (data exists only for 4-6cm): Median duration of 2.2 hours; 95th percentile 10.7 hours • Per Friedman: <20 hours in the nullipara, and <14 hours in the multipara from 0-3cm
PROLONGED	• No range exists for the new latent labor definition of 0-6 cm o Nulliparas: >18 hours from 3-6cm o Multiparas: >10.7 hours from 4-6cm • Per Friedman: >20 hours in the nullipara, >14 hours in the multipara from 0-3 cm

FIRST STAGE ACTIVE LABOR: Cervical dilation of 6-10 cm

NORMAL	• Nulliparas: Median duration of 2.1 hours; 95th percentile 7 hours • Multiparas: Median duration of 1.6 hours; 95th percentile 5.1 hours
PROLONGED/ SLOW SLOPE	• Slow progress from 6-10cm: Presence of labor progress, but duration outside the 95th percentile range of normal (> 7 hours in a nullipara, or > 5 hours in a multipara)
ARREST	Dilation of 6 cm or more, with membrane rupture and absence of cervical change for: • 4 hours OR MORE of adequate UCs (MVUs >200) OR • 6 hours OR MORE with Pitocin if UCs inadequate

SECOND STAGE LABOR: Complete dilation to birth of the neonate

NORMAL	• Nulliparas: <3 hours WITHOUT epidural, <4 hours WITH epidural • Multiparas: <2 hours WITHOUT epidural, <3 hours WITH epidural
PROLONGED	Presence of descent, but duration outside normal range. • Nulliparas: >3 hours without epidural, >4 hours with epidural • Multiparas: >2 hours without epidural, >3 hours with epidural
ARREST	No (or minimal) descent after good pushing efforts for: • Nulliparas: >3 hours without epidural, >4 hours with epidural •Multiparas: >2 hours without epidural, >3 hours with epidural *NOTE: According to a 2014 retrospective cohort study by Cheng and colleagues, of 42,268 women who delivered vaginally and had normal neonatal outcomes, the 95th percentile duration of second stage labor with epidural anesthesia is more than two hours greater for both nullips and multips (as opposed to one hour) when compared to women in second stage labor without epidural use. Additionally, according to the ACOG/SMFM guidelines, a specific absolute maximum amount of time for the second stage of labor has not been identified.

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