Pre-cesarean Checklist for Labor Dystocia or Failed Induction

Patient Name: ___________________  MR#: ____________

Gestational Age: _______  Date of C-section: ________;

Time: ________________________________

Obstetrician: ______________________  ; Initial: ________

Bedside Nurse: ____________________  ; Initial: ________

Indication for Primary Cesarean Delivery:

____ Active Phase Arrest > 6 cm Dilation (must fulfill one of the two criteria)

- Membranes ruptured (if possible), then:
  - Adequate uterine contractions (e.g. moderate or strong to palpation, or > 200 MVU for ≥ 4 hours) without improvement in dilation, effacement, station or position
  - OR
  - Inadequate uterine contractions (e.g. < 200 MVU) for ≥ 6 hours of oxytocin administration without improvement in dilation, effacement, station or position

____ Second Stage Arrest (must fulfill any one of four criteria)

- Nullipara with epidural pushing for at least 4 hours
  - OR
- Nullipara without epidural pushing for at least 3 hours
  - OR
- Multipara with epidural pushing for at least 3 hours
  - OR
- Multipara without epidural pushing for at least 2 hours

____ Although not fulfilling contemporary criteria for labor dystocia as described above, my clinical judgment deems this cesarean delivery indicated

- Failed Induction: Duration in hours: ____________
- Latent-Phase Arrest: Duration in hours: ____________
- Active-Phase Arrest: Duration in hours: ____________
- Second-Stage Arrest: Duration in hours: ____________

Comments:

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*As long as cervical progress is being made, a slow but progressive latent phase e.g. greater than 20 hours in nulliparous women and greater than 14 hours in multiparous women is not an indication for cesarean delivery as long as fetal and maternal statuses remain reassuring. Please exercise caution when diagnosing latent phase arrest and allow for sufficient time to enter the active phase.

Adapted with permission from Miller Children’s and Women’s Hospital.