

CMQCC Labor Dystocia Checklist (ACOG/SMFM Criteria)
1. Diagnosis of Dystocia/Arrest Disorder (all 3 should be present)

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

2. Diagnosis of Second Stage Arrest (only one needed)
No descent or rotation for:

- At least 4 hours of pushing in nulliparous woman with epidural
- At least 3 hours of pushing in nulliparous woman without epidural
- At least 3 hours of pushing in multiparous woman with epidural
- At least 2 hour of pushing in multiparous woman without epidural

3. Diagnosis of Failed Induction (both needed)

- Bishop score ≥ 6 for multiparous women and ≥ 8 for nulliparous women, before the start of induction (for non-medically indicated/elective induction of labor only)
- Oxytocin administered for at least 12-18 hours after membrane rupture, without achieving cervical change and regular contractions. *Note: At least 24 hours of oxytocin administration after membrane rupture is preferable if maternal and fetal statuses permit

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.

Spong CY, Berghella V, Wenstrom KD, Mercer BM, Saade GR. 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.* 2012;120(5):1181-1193.