Pre-Cesarean Checklist for Labor Dystocia, Failed induction and Fetal Heart Rate Abnormalities

Patient Name: ___________________ MR#: ___________________

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

Gestational Age: ___________ Date of C-section: _____________

Membranes ruptured (if possible), then: ___________________________

Time: __________________________

__ Adequate uterine contractions (e.g. moderate or strong palpation, or > 200 MVU, for ≥ 4 hours) without improvement in dilation, effacement, station or position

Obstetrician: __________________________

Bedside Nurse: __________________________

OR

Team Member: __________________________

__ Inadequate uterine contractions (e.g. < 200 MVU) for ≥ 6 hours of oxytocin administration without improvement in dilation, effacement, station or position

Indication for Primary Cesarean Delivery: __________________________

Failed Induction (must have both criteria if cervix unfavorable, Bishop score < 8 for nullips and <6 for multipps) of four criteria

__ Cervical Ripening used (when starting with unfavorable Bishop scores as noted above). Ripening agent used: __________________________

__ Reason ripening not used if cervix unfavorable: __________________________

__ Nullipara with epidural pushing for at least 4 hours

__ Nullipara without epidural pushing for at least 3 hours

__ Unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered for at least 12-18 hours after membrane rupture." *Note: at least 24 hours of oxytocin administration after membrane rupture is if preferable if maternal and fetal statuses permit

__ Multipara with epidural pushing for at least 3 hours

__ Multipara without epidural pushing for at least 2 hours

Second Stage Arrest

Latent Phase Arrest <6 cm dilation (must fulfill one of fulfilling contemporary criteria for the two

Although not clinical criteria)

Moderate or strong contractions palpated for > 12 hours without

judgment deems this cesarean delivery indicated

Although not
cervical change

____ IUPC > 200 MVU for > 12 hours

*As long as cervical progress is being made, a slow but progressive latent phase e.g. greater without cervical change 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.

**Fetal Heart Rate Abnormalities - Please check if techniques apply:**

<table>
<thead>
<tr>
<th>Antepartum testing results which precluded trial of labor</th>
<th>Amnioinfusion for repetitive variable fetal heart rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category III FHR tracing</td>
<td>deceleration</td>
</tr>
<tr>
<td>Category II FHR tracing</td>
<td>Intrauterine resuscitation efforts such as: Maternal position</td>
</tr>
<tr>
<td>Prolonged deceleration not responding to measures</td>
<td>maternal fluid bolus, administration of O2, scalp stimulation</td>
</tr>
<tr>
<td>Decrease or discontinue oxytocin or uterine stimulants</td>
<td></td>
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</tbody>
</table>

Other: ____________________________

Correct uterine tachysystole

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*Adapted with permission from Miller Children's and Women's Hospital and the California Maternal Quality Care Collaborative (CMQCC).*