



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

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_  
Gestational Age: \_\_\_\_\_ Date of C-section: \_\_\_\_\_  
Time: \_\_\_\_\_  
Membranes ruptured (if possible), then: \_\_\_\_\_

**Active Phase Arrest** > 6 cm

dilation (must fulfill one of the two criteria)

\_\_\_\_\_ Adequate uterine contractions (e.g. moderate or strong to Obstetrician:

\_\_\_\_\_ palpation, or > 200 MVU, for ≥ 4 hours) without

\_\_\_\_\_ improvement in dilation, effacement, station or position

Bedside Nurse: \_\_\_\_\_

OR

Team Member: \_\_\_\_\_

\_\_\_\_\_ Inadequate uterine contractions (e.g. < 200 MVU) for

≥ 6 hours of oxytocin administration without

**Indication for Primary Cesarean Delivery:**

\_\_\_\_\_ improvement in dilation, effacement, station or

position

**Failed Induction** (must have both criteria if cervix (must fulfill any one

unfavorable, Bishop score < 8 for nullips and <6 for multips)

**Second Stage Arrest**

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: \_\_\_\_\_

3 \_\_\_\_\_ hours

AND

\_\_\_\_\_ Nullipara with epidural pushing for at least 4 hours

OR

\_\_\_\_\_ Nullipara without epidural pushing for at least

OR

\_\_\_\_\_ Unable to generate regular contractions (every 3 minutes) and hours

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

hours

\_\_\_\_\_ Multipara with epidural pushing for at least 3

OR

\_\_\_\_\_ Multipara without epidural pushing for at least 2

**Latent Phase Arrest** <6 cm dilation (must fulfill one of

fulfilling contemporary criteria for the two criteria)

clinical Moderate or strong contractions palpated for > 12 hours without

**Although** not

labor dystocia as described above, my

judgment deems this cesarean delivery indicated

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:**

- Antepartum testing results which precluded trial of labor
- Amnioinfusion for repetitive variable fetal heart rate
- Category III FHR tracing                      deceleration
- Category II FHR tracing
- Intrauterine resuscitation efforts such as: Maternal position
- Prolonged deceleration not responding to measures
- maternal fluid bolus, administration of O<sub>2</sub>, scalp stimulation
- Decrease or discontinue oxytocin or uterine stimulants
- Other: \_\_\_\_\_
- Correct uterine tachysystole

### **Team Huddle – Comments Recommendations**