

Did you know.....6 is the new 4?

FIRST STAGE OF LABOR

- A prolonged latent phase (great than 20 hours in nulliparous women and greater than 14 hours in multiparous women) should not be an indication for cesarean delivery.
- Slow but progressive labor in the first stage of labor should not be an indication for cesarean delivery.
- Cervical dilation **of 6 cm should be considered the threshold for the active phase of most women in labor.** Thus, before 6 cm of dilation is achieved, standards of active phase progress should not be applied.
- Cesarean delivery for active phase arrest in the first stage of labor should be reserved for women at or beyond 6 cm of dilation with ruptured membranes who fail to progress despite 4 hours of adequate uterine activity, or at least 6 hours of oxytocin

administration with inadequate uterine activity and no cervical change.

Did you know.....?

SECOND STAGE OF LABOR

- A specific absolute maximum length of time spent in the second stage of labor beyond which all women should undergo operative delivery has not been identified.
- Before diagnosing arrest of labor in the second stage, if the maternal and fetal conditions permit, allow for the following
 - At least 2 hours of pushing in multiparous women
 - At least 3 hours of pushing in nulliparous women
 - Longer durations may be appropriate on an individualized basis (epidural)
- OVD in the 2nd stage of labor is considered a safe, acceptable alternative to cesarean delivery.
- Manual rotation of the fetal occiput in the setting of fetal malposition in the 2nd stage of labor is a reasonable intervention to consider before moving to OVD or cesarean delivery.