



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

Patient Name: _____ MR#: _____
Gestational Age: _____ Date of C-section: _____
Time: _____
Obstetrician: _____
Bedside Nurse: _____
Team Member: _____

Indication for Primary Cesarean Delivery:

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

Cervical Ripening used (when starting with unfavorable Bishop scores as noted above). Ripening agent used:
Reason ripening not used if cervix unfavorable:

AND

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

Latent Phase Arrest <6 cm dilation (must fulfill one of two criteria)

Moderate or strong contractions palpated for > 12 hours without 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
Category III FHR tracing
Category II FHR tracing
Prolonged deceleration not responding to measures
Other:
Amnioinfusion for repetitive variable fetal heart rate deceleration
Intrauterine resuscitation efforts such as: Maternal position maternal fluid bolus, administration off O2, scalp stimulation
Decrease or discontinue oxytocin or uterine stimulants
Correct uterine tachysystole

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 the labor dystocia as described above, my clinical judgment deems this cesarean delivery indicated

Team Huddle - Comments Recommendations

Empty box for team huddle comments and recommendations.