**NTSV/First Cesarean Section Reduction Checklist**

**Early Labor:** *Both should be present*

Latent Labor (<6cm) for 24 Hours

**And Preferably**

Oxytocin administration for at least 12-18 hours following an amniotomy

**Active Labor Arrest:** *Both should be present*

 Cervix at least 6-9 cm dilated, preferably with ruptured membranes

**AND**

 Uterine activity:

* 4 hours: no cervical change & adequate contractions (greater than 200 Montevideo Units (MVU) or strong intensity contractions occurring every 3 minutes

**OR**

* 6 hours: no cervical change & inadequate contractions

**Second Stage Arrest of Labor:**

**** Nulliparous:

* No Epidural- At least 3 hours of effective pushing
* Epidural- At least 4hours of effective pushing

**** Multiparous:

* No Epidural- At least 2 hours of effective pushing
* Epidural- At least 3 hours of effective pushing

**Fetal Heart Rate Abnormality Considerations include but not limited to:**

**** Antepartum testing results that precluded trial of labor, according to Maternal Fetal Medicine recommendations

**** All Cat II and III tracings require documentation of “Any intrauterine resuscitation efforts” including maternal position change, IV fluid bolus, reduction and/or discontinuation of oxytocin infusion, oxygen administration.

**** Cat II tracing should **ALSO** use additional techniques:

* Receiving Oxytocin- Reduce or stop infusion
* Significant variables- Consider amnioinfusion (not required)
* Minimal or absent variability- Elicit stimulation with scalp stimulation or vibroaccustic if no significant decelerations
* Tachysystole - Discontinue or decrease oxytocin or stimulant, IV fluid bolus, Terbutaline