Pre-cesarean Checklist for Labor Dystocia or Failed Induction

Patient Name:_________________________  MR#: __________________

Gestational Age: ________  Date of C-section: __________;

Time: __________________________________________________________

Obstetrician: ______________________ ; Initial:___________

Bedside Nurse: ______________________ ; Initial:___________

Indication for Primary Cesarean Delivery:

___ Failed Induction (must have both criteria if cervix unfavorable, Bishop Score < 8 for nullips and <6 for multiplets)

___ 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 preferable if maternal and fetal statuses permit

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

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

___ Failed Induction: Duration in hours: __________

Latent-Phase Arrest: Duration in hours: __________

Active-Phase Arrest: Duration in hours: __________

Second-Stage Arrest: Duration in hours: __________

Comments:

*As long as cervical progress is being made, a slow but progressive latent phase e.g. greater 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.

Adapted with permission from Miller Children’s and Women’s Hospital.