

FIRST STAGE LATENT LABOR: Cervical dilation of 0-6 cm

NORMAL	<ul style="list-style-type: none"> Difficult to define due to challenge of determining the onset of labor No range exists for the new latent labor definition of 0-6 cm per Zhang <ul style="list-style-type: none"> Nulliparas (data exists only for 3-6cm): Median duration of 3.9 hours; 95th percentile 17.7 hours Multiparas (data exists only for 4-6cm): Median duration of 2.2 hours; 95th percentile 10.7 hours Per Friedman: <20 hours in the nullipara, and <14 hours in the multipara from 0-3cm
PROLONGED	<ul style="list-style-type: none"> No range exists for the new latent labor definition of 0-6 cm <ul style="list-style-type: none"> Nulliparas: >18 hours from 3-6cm Multiparas: >10.7 hours from 4-6cm Per Friedman: >20 hours in the nullipara, >14 hours in the multipara from 0-3 cm

FIRST STAGE ACTIVE LABOR: Cervical dilation of 6-10 cm

NORMAL	<ul style="list-style-type: none"> Nulliparas: Median duration of 2.1 hours; 95th percentile 7 hours Multiparas: Median duration of 1.5 hours; 95th percentile 5.1 hours
PROLONGED/ SLOW SLOPE	<ul style="list-style-type: none"> Slow progress from 6-10cm: Presence of labor progress, but duration outside the 95th percentile range of normal (> 7 hours in a nullipara, or > 5 hours in a multipara)
ARREST	<ul style="list-style-type: none"> Dilation of 6 cm or more, with membrane rupture and absence of cervical change for: <ul style="list-style-type: none"> 4 hours OR MORE of adequate UCs (MVUs >200) OR 6 hours OR MORE with Pitocin if UCs inadequate

SECOND STAGE LABOR: Complete dilation to birth of the neonate

NORMAL	<ul style="list-style-type: none"> Nulliparas: <3 hours WITHOUT epidural, <4 hours WITH epidural Multiparas: <2 hours WITHOUT epidural, <3 hours WITH epidural
PROLONGED	<ul style="list-style-type: none"> Presence of descent, but duration outside normal range. Nulliparas: >3 hours without epidural, >4 hours with epidural Multiparas: >2 hours without epidural, >3 hours with epidural
ARREST	<ul style="list-style-type: none"> No (or minimal) descent after good pushing efforts for: <ul style="list-style-type: none"> Nulliparas: >3 hours without epidural, >4 hours with epidural Multiparas: >2 hours without epidural, >3 hours with epidural *NOTE: According to a 2014 retrospective cohort study by Cheng and colleagues, of 42,268 women who delivered vaginally and had normal neonatal outcomes, the 95th percentile duration of second stage labor with epidural anesthesia is more than two hours greater for both nullips and multips (as opposed to one hour) when compared to women in second stage labor without epidural use. Additionally, according to the ACOG/SMFM guidelines, a specific absolute maximum amount of time for the second stage of labor has not been identified.

American College of Obstetrics and Gynecology, Society for Maternal-Fetal Medicine. Obstetric care consensus no. 1: safe prevention of the primary cesarean delivery. *Obstet Gynecol.* 2014;123(3):693-711.

Cheng YW, Shaffer BL, Nicholson JM, Caughey AB. Second stage of labor and epidural use: a larger effect than previously suggested. *Obstet Gynecol.* 2014;123(3):527-535.

Friedman EA. Primigravid labor; a graphicostatistical analysis. *Obstet Gynecol.* 1955;6(6):567-589.

Spong CY, Berghella V, Wenstrom KD, Mercer BM, Saade GR. Preventing the first cesarean delivery: summary of a joint Eunice Kennedy Shriver National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologists Workshop. *Obstet Gynecol.* 2012;120(5):1181-1193

Zhang J, Landy HJ, Branch DW, et al. Contemporary patterns of spontaneous labor with normal neonatal outcomes. *Obstet Gynecol.* 2010;116(6):1281-1287.

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