Appendix M
Spontaneous Labor Algorithm

CMQCC
California Maternal
Quality Care Collaborative

If Maternal or Fetal Medical Indication for Admission: DO NOT USE THIS ALGORITHM

TRIAGE

For Induction of Labor: See Induction Algorithm (if enters active phase, follow arrow)

- Spontaneous Labor
- Intact membranes
- Stable Mother and Baby
- Term, Singleton, Vertex (TSV)

Cervix less than 4 cm

Cervix ≥ 4 cm & in Labor.

*Note: special circumstances such as severe fatigue, multiple triage visits, prolonged latent phase, and difficulty coping may warrant admission before 4 cm.

Home

(if still less than 4 cm)

Walk and Reassess

Admit to L&D

Inadequate Progress First Stage

Adequate Progress First Stage

Depending on assessment; Home, AROM and/or Oxytocin, or Cesarean

(ACOG criteria for Arrest of Labor: at least 6 cm dilation with ruptured membranes, AND at least 4 hours of adequate contractions without cervical change OR 6 hours of oxytocin with inadequate contractions and no cervical change)

Inadequate Progress Second Stage

Adequate Progress Second Stage

AROM and/or Oxytocin if not already done

Vaginal Delivery

Inadequate Progress

Adequate Progress

Operative Delivery or Cesarean Delivery

(ACOG criteria for 2nd Stage Arrest: at least 3 hours of pushing for nulliparas, at least 4 hours of pushing for nulliparas with epidural; at least 2 hours of pushing for multiparas, at least 3 hours of pushing for multiparas with epidural)

Vaginal Delivery

Adapted with permission from Washington State Hospital Association

CMQCC Toolkit to Support Vaginal Birth and Reduce Primary Cesareans