Spontaneous Labor or Active Labor Checklist
Use for Term (>= 37 wks gestation) Singleton Vertex (TSV) Spontaneous Labor patients and Induction of Labor Patients who go into Active Labor

First Stage:
Gravida ____________ Para ____________

1) Patient Type:
- Term, singleton, vertex (TSV) spontaneous labor patient
- Induction patient who entered active labor
- Other (specify) ____________________________

2) Triage Determination: (check all that apply)
- Home: patients can be sent home if cervix is less than 4 cm, membranes are intact, reactive NST/FHR category I (if uterine contractions present) confirmed by 2 practitioners (RN, MD, DO, CNM), and adequate pain control with appropriate outpatient interventions as needed.
- Held in observation: Patients can be observed for cervix 4 – 5 cm without change x 2-4 hours, less than 80% effacement, reactive NST/FHR category I (if uterine contractions present), contractions less than 3/10 minutes, or inadequate pain control
- Admitted to Labor and Delivery (check all that apply):
  - Cervix 4cm or greater
  - Membranes ruptured
  - Non-reactive NST/FHR (category II or III)
  - Inadequate pain control
  - Contractions equal to or more than 3/10 minutes
  - Other: ____________________________

First Stage Labor Progress:
- Progresses to second stage labor (if Yes, skip to second stage below)
- Cesarean delivery for concern for fetal and/or maternal well-being. Describe ____________________________
- Cesarean delivery for first stage labor arrest under 6 cm (in latent labor, additional time and interventions may be needed in order to diagnose an arrest of labor before 6cm. Consider AROM and/or Oxytocin administration)
- Cesarean delivery for first stage labor arrest 6 cm or greater (all criteria present)
  - Yes □ No □ Membranes ruptured (if feasible)
    - Arrest of Cervical Dilation and Uterine Activity documented as:
      - □ Adequate (>200 Montevideo units or palpably strong > q 3 minutes when not feasible to rupture membranes) with no cervical change X 4 hr ***
      - OR □ Inadequate (<200 Montevideo Units or <3/10 minutes despite Oxytocin per protocol) with no cervical change X 6 hr ***

Maximum cervical dilation reached: _______ Time: _________ Calendar day of labor reached maximum cervical dilation (circle one): 1 2 3
Calendar day of delivery (circle one): 1 2 3/Time of delivery ____________________________
STOP HERE if first stage cesarean delivery

Second Stage:
- Yes □ No □ Assessment of descent and position of presenting part at least every 1-2 hrs
  - Calendar day of delivery (circle one): 1 2 3

Delivery Type:
- □ Vaginal delivery (no forceps nor vacuum used)
- □ Forceps or vacuum vaginal delivery. If checked, state indication ____________________________
- □ Cesarean delivery for concern for fetal and/or maternal well-being. Describe ____________________________
- □ Cesarean delivery for second stage arrest (see considerations below). If checked, state indication ____________________________

Considerations for second stage operative vaginal delivery and cesarean section (if presenting part not on perineal floor: +4 or lower): Time from complete dilation/***(check indication)
- □ Nulliparous with epidural - 4 hrs
- □ Nulliparous without epidural - 3 hrs
- □ Multiparous with epidural - 3 hrs
- □ Multiparous without epidural – 2 hrs
  - OR
  - □ Total time from complete dilation 5 hours or greater
  - □ Greater than 2 hrs, adequate pattern, no descent

*Passive descent (laboring down) is included in these time periods
**Each may need an additional hour if occiput posterior position and rotation of greater than 45 degrees toward anterior has been previously achieved.

*** Clinical judgment is needed to determine safe upper limit of total time allowed in active phase >=6cm to < 10cm. Per the Zhang et al partogram at 6cm the 95th %’ile for a normal active labor phase curve and normal outcomes is approximately 8 hrs total time.