

First Calendar Day/Admission Time \_\_\_\_\_

## 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 4hr \*\*\*
    - OR
    - Inadequate (<200 Montevideo Units or <3/10 minutes despite Oxytocin per protocol) with no cervical change X 6hr\*\*\*

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 95<sup>th</sup> %ile for a normal active labor phase curve and normal outcomes is approximately 8 hrs total time