



Primary Indication for Cesarean Delivery Adherence to ACOG/SMFM Labor Dystocia Criteria

Latent Phase Arrest	<ul style="list-style-type: none"> • Rupture of membranes • No improvement in cervical dilation • Cervical dilation of < 6 cm • Moderate or strong contractions on palpation were present for ≥ 12hr without improvement in cervical dilation* <ul style="list-style-type: none"> ○ Up to 20 hours is appropriate if the maternal and fetal status allow
Active Phase Arrest	<ul style="list-style-type: none"> • Rupture of membranes • No improvement in cervical dilation ** • Cervical dilation of ≥ 6 cm with: <ul style="list-style-type: none"> ○ ≥ 4 hours of adequate uterine contractions ○ OR ≥ 6 hours of oxytocin administration with inadequate uterine contractions
Arrest of Descent	<ul style="list-style-type: none"> • Rupture of membranes • Second stage of labor with ≥ 3 hours of pushing in a nulliparous patient
Failed Induction	<ul style="list-style-type: none"> • Rupture of membranes • Cervical dilation of < 6 cm and oxytocin administration for ≥ 12-18 hours after rupture of membranes

*Because ACOG/SMFM does not clearly define latent phase arrest, OBI uses the CMQCC definition.

**OBI recognizes that cervical change may happen with change in effacement, dilation, and or fetal station. To allow for clarity in data abstraction, cervical change will be measured only as a change in cervical dilation.

Resources

- American College of Obstetricians and Gynecologists (College), Society for Maternal-Fetal Medicine, Caughey, A. B., Cahill, A. G., Guise, J. M., & Rouse, D. J. (2014). Safe prevention of the primary cesarean delivery. American journal of obstetrics and gynecology, 210(3), 179–193. <https://doi.org/10.1016/j.ajog.2014.01.026>.
- California Maternal Quality Collaborative. Pre-Cesarean Checklist for Labor Dystocia or Failed Induction. <https://www.cmqcc.org/content/appendix-j-pre-cesarean-checklist-labor-dystocia-or-failed-induction>.