



NTSV CASE REVIEW WORKSHEET: LABOR DYSTOCIA

Champions can use the worksheet below to evaluate practices, determine opportunities, and recognize excellent care. Edit as needed for your site.



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OBI NTSV Case Review Worksheet - Labor Dystocia

Delivery Date: _____ OBI ID# _____ MRN#: _____

Documented Indication for Cesarean Delivery:

- Failed Induction
- Latent Phase Arrest
- Active Phase Arrest
- Arrest of Descent

Actual Indication for Cesarean Delivery:

- Failed Induction
- Latent Phase Arrest
- Active Phase Arrest
- Arrest of Descent

Rupture of Membranes (ROM)

Date/Time _____

Spontaneous Amniotomy

Cervical dilation at ROM _____

Oxytocin

Start Date/Time _____

Total Time On (hr. + min.) _____

Decision for Cesarean

Date/Time _____

Cervical Dilation at Decision _____

ACOG/SMFM Guidance

Failed Induction:

- Cervical dilation <6cm at the decision for cesarean? Yes* No
- Oxytocin administered ≥12hrs after ROM? Yes* No
- Cervical dilation improvement during oxytocin, after ROM? Yes No*

Latent Phase Arrest

- Cervical dilation <6cm at the decision for cesarean? Yes* No
- Documentation of ≥12hrs of adequate** contractions? Yes* No
- Cervical dilation improvement during the ≥12hrs of adequate contractions? Yes No*

Active Phase Arrest

- Cervical dilation ≥6cm at the decision for cesarean? Yes* No
- Cervical dilation improvement during the 4 hours prior to the decision for cesarean with adequate contraction? Yes No*
- Cervical dilation improvement during the 6 hours prior to the decision for cesarean with inadequate contractions? Yes No*
- One of the following:
 - Documentation of ≥4hrs of adequate** contractions after ROM? Yes* No

*Denotes variable option required for compliance

**Defined as ≥200 MVUs for ≥50% of contractions (with IUPC) or moderate or strong (by palpation), during the defined period.

- ≥6hrs of inadequate contractions after ROM with oxytocin? Yes* No

Arrest of Descent Guidance (Second Stage):

- Cervical dilation ≥10cm at the decision for cesarean? Yes* No
- Documentation of ≥3hrs of active pushing? Yes* No

*Clinical Considerations: Adequate** contractions, pushing efforts, time with:*

- Lack of fetal descent Yes* No
- Persistent malposition (e.g., OP, OT) Yes* No
 - Manual Rotation Attempted? Yes* No

Additional Considerations:

Shared decision-making with birthing individual before decision for cesarean Yes No

Clinical findings led to the decision for cesarean birth without meeting ACOG guidance Yes No

Missing information Yes No

Incorrect/Conflicting Indication Yes No

Opportunities identified through case review:

Things that went well:

*Denotes variable option required for compliance

**Defined as ≥200 MVUs for ≥50% of contractions (with IUPC) or moderate or strong (by palpation), during the defined period.

Exploratory questions:

Final Committee Determination:

- Exemplary Appropriate Exploratory Did Not Meet Criteria

*Denotes variable option required for compliance

**Defined as ≥ 200 MVUs for $\geq 50\%$ of contractions (with IUPC) or moderate or strong (by palpation), during the defined period.