

MRN#: \_\_\_\_\_ OBI ID#: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Admission Assessment (anything specific to note?): \_\_\_\_\_

Admission Cervical Exam: \_\_\_\_\_ Planned Delivery Method:  Vaginal  Cesarean

### Cervical Ripening

Agent Used: \_\_\_\_\_ Time(s): \_\_\_\_\_

Agent Used: \_\_\_\_\_ Time(s): \_\_\_\_\_

Rupture of Membranes (ROM):  Spontaneous  Amniotomy

Date/Time: \_\_\_\_\_ Cervical dilation at ROM: \_\_\_\_\_

### Oxytocin (if used)

Start Date/Time: \_\_\_\_\_ Final Stop Time (hr/min, used to calculate total time): \_\_\_\_\_

Maternal Pain Management & Response: \_\_\_\_\_

FHT Interpretation (evolution over time) & Feedback: \_\_\_\_\_

If present, documentation of Cat II FHT Management?:  Yes  No

### Interventions During Labor:

Huddle Time(s): \_\_\_\_\_

Position Change/Maternal Mobility Time(s): \_\_\_\_\_

Decrease/Stop Oxytocin Time(s): \_\_\_\_\_ DC Time: \_\_\_\_\_

IV Fluid Bolus Time(s): \_\_\_\_\_

Amnioinfusion Time(s): \_\_\_\_\_

Tocolytic Time(s): \_\_\_\_\_

Other: \_\_\_\_\_ Time(s): \_\_\_\_\_

### Documented Indication for Cesarean Delivery:

Failed Induction

Latent Phase Arrest

Active Phase Arrest

Arrest of Descent

Abnormal/Indeterminate FHTs

Maternal Request (unplanned)

Planned Cesarean Section

### Actual Indication for Cesarean Delivery:

Failed Induction

Latent Phase Arrest

Active Phase Arrest

Arrest of Descent

**Decision for Cesarean if Done During Labor:**

Date/Time: \_\_\_\_\_ Cervical Dilation at Decision: \_\_\_\_\_

**ACOG/SMFM Guidance for Labor Dystocia:**

Failed Induction:

- |   |                               |                             |
|---|-------------------------------|-----------------------------|
| Cervical dilation <6cm at the decision for cesarean?      | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Oxytocin administered $\geq$ 12hrs after ROM?             | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Cervical Dilation improvement during Oxytocin, after ROM? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

Active Phase Arrest:

- |  |                               |                             |
|--|-------------------------------|-----------------------------|
| Cervical dilation $\geq$ 6cm at the decision for cesarean          | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| One of the following:  |                               |                             |
| Documentation of $\geq$ 4hrs of adequate** contractions after ROM? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| $\geq$ 6hrs of inadequate contractions after ROM with oxytocin?    | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

Arrest of Descent:

- |  |                               |                             |
|--|-------------------------------|-----------------------------|
| Cervical dilation $\geq$ 10cm at the decision for cesarean                           | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Documentation of $\geq$ 3hrs of active pushing?                                      | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| <i>Clinical Considerations: Adequate** contractions, pushing efforts, time with:</i> |                               |                             |
| Lack of fetal descent  | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Persistent malposition (e.g., OP, OT)  | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Manual rotation attempted?   | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

Additional Considerations:

- |   |                               |                             |
|---|-------------------------------|-----------------------------|
| Shared decision-making with birthing individual before cesarean | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Clinical findings prompted cesarean outside ACOG guidance       | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Missing information   | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Incorrect/Conflicting Indication                                | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

**Opportunities Identified through Case Review:**

**Strengths Identified in Case Review:**

**Exploratory Questions:**

**Final Committee Determination:**  Exemplary  Appropriate  Exploratory  Did Not Meet Criteria

\*Denotes variable option required for compliance; \*\*Defined as  $\geq$  200 MVUs for  $\geq$  50% of contractions (with IUPC) or moderate or strong (by palpation), during the defined time period.