



Nulliparous Term Singleton Vertex

This clinical care checklist is intended to guide care and collect data for a pregnant person who delivers a single, term infant in vertex presentation. ONLY complete this data collection tool if all the following apply:

N: Para 0

S: Singleton birth

T: Infant born at 37 weeks gestation or greater

V: Infant in vertex presentation

Section 1: ADMISSION DETAILS

Patient age: _____ Date of delivery: _____ Gestational age at delivery: _____

Reason for patient admission (*Circle all that apply*)

In active labor

In early labor

Rupture of membranes, not in labor

For induction

For scheduled C-section

Other: _____

Who was the primary labor-management provider? (*Select one*)

OB/GYN

Certified Nurse-Midwife

Other: _____

Maternal Fetal Medicine

OB/GYN with Resident

Family Medicine

Family Medicine with Resident

Section 2: INDUCTION DETAILS (Complete if patient was admitted for induction)

Why was the patient admitted for induction? (*Circle all that apply*)

Maternal hypertensive disease

Polyhydramnios

Elective

Fetal growth restriction

Advanced maternal age

Category II tracing

Maternal diabetes (gestational or pre-existing)

Oligohydramnios

Rupture of membranes (PROM, SROM, prolonged ROM)

LGA/macrosomia

Other maternal medical disease

Decreased fetal movement

Post dates

Other: _____

Which method(s) were used for induction? (*Circle all that apply*)

Cytotec | Cervidil | Cook catheter or Foley bulb | AROM | Pitocin | Dilapan

Section 3: LABOR PROGRESSION

Is the provider unable to augment labor with Pitocin or AROM due to non-reassuring fetal heart rate (NRFHR)?

- ☐ Yes, NRFHR prohibits augmentation despite intrauterine resuscitative measures (*If checked, you do not need to complete this section. Proceed to Section 4: Indication for Cesarean Delivery*).
- ☐ No, NRFHR does not prohibit augmentation (*If checked, proceed with this section*)



Diagnosis: Failed Induction of Labor (all 3 should be present) - Circle one response for each

- | | | | |
|---|----------|----------|----|
| 1. Patient experienced rupture of membranes: | Yes-AROM | Yes-SROM | No |
| 2. Patient received Pitocin for 12-18 hours after rupture of membranes: | Yes | No | |
| 3. Patient is <u>less than</u> 6 cm of dilation: | Yes | No | |

If all three of the above criteria are met, consider Cesarean delivery. Note. At least 24 hours of Pitocin administration after membrane rupture is preferable if maternal and fetal statuses permit.

Diagnosis: Arrest of Dilation (all 3 should be present) - Circle one response for each

- | | | | |
|---|----------|----------|----|
| 1. Patient reached 6 cm dilation or greater: | Yes | No | |
| 2. Patient experienced rupture of membranes: | Yes-AROM | Yes-SROM | No |
| 3. Patient had <u>inadequate cervical change</u> for at least either: | Yes | No | |
| - 4 hrs of adequate uterine activity (e.g. MVUs>200), OR | | | |
| - 6 hrs of Pitocin administration with inadequate uterine activity | | | |

If all three of the above criteria are met, consider Cesarean delivery. Note. As long as fetal and maternal statuses remain reassuring and cervical progress is being made, a slow but progressive latent phase (e.g., >20 hours in nulliparous women or >14 hours in multiparous) is not an indication for Cesarean delivery.

Diagnosis: Arrest of Descent - Circle one response

- | | | | |
|---|-----|----|-----|
| 1. Patient pushed for 3 hours with <u>inadequate</u> fetal descent: | Yes | No | N/A |
|---|-----|----|-----|

If "Yes," consider manual rotation, operative vaginal delivery, or Cesarean delivery as clinically appropriate.

Did the provider who decided to perform a C-section complete the checklist? Yes No

Did the patient have an IUPC placed at any time? Yes No

Was the patient offered operative vaginal delivery? Yes No N/A

Section 4: INDICATION FOR CESAREAN DELIVERY

What was the primary Indication for Cesarean Delivery? - Circle one

Arrest of descent | Arrest of dilation | Cord prolapse | Elective | Failed induction

HSV outbreak | Malpresentation | Non-reassuring fetal heart rate | Placenta previa | Previous uterine surgery

Were there secondary indications? - Circle all that apply

Arrest of descent | Arrest of dilation | Cord prolapse | Elective | Failed induction

HSV outbreak | Malpresentation | Non-reassuring fetal heart rate | Placenta previa | Previous uterine surgery

Other: _____

Provider Signature: