





Cesarean Deliberation Huddle

These are **minimum** requirements for labor dystocia, if FHT reassuring and the patient is motivated to continue laboring after alternatives have been provided, longer labor intervals can be considered

MR#:	□ Second stage arrest (must fulfill one of the
Gestational Age:	following criteria)
Time/Date of Huddle:	□ Nullipara with epidural pushing for at least 4 hours
Patient & Support:	$\hfill\square$ Nullipara without epidural pushing for at least 3 hours
Delivering Provider:	Second-stage arrest: Duration in minutes:
Bedside Nurse:	OR □ Nullipara with epidural with total second stage of at least 4 hours
Other Huddle Members (CNM, MD2, Resident,	
, , , , ,	Time of complete (10 cms) to start of pushing in minutes:
Charge RN):	List pushing positions utilized:
Indication for Primary Cesarean Delivery:	□ OB Unit Positioning Champions consulted during the labor and/or pushing process
□ Unsuccessful Induction	□ Fetal Intolerance of Labor
	☐ Category III Tracing
 After cervical ripening, unable to generate regular contractions (every 3 minutes) and cervical change after oxytocin administered for at least 24 hours after membrane rupture. 	Category II Tracing (describe) with absence of scalp stimulation and absence of labor progress:
Attempted induction: Duration in hours:	-
Ripening agents used:	
 □ Active phase arrest ≥ 6cm dilation (must fulfill one of the following criteria) Membranes ruptured (if possible), then: 	□ Sufficient time was given for the multidisciplinary team (Patient & Support Person, RN, Resident, Attending) to provide education, alternatives and address any questions and concerns. □ Although not fulfilling current criteria as described above, my clinical judgement deems this cesarean delivery indicated. (Please detail reason in comment below. This case will be reviewed by the OB Quality Committee)
 □ Adequate uterine contractions (e.g. moderate or strong to palpation, or > 200 MVU, for ≥ 4 hours) without improvement in dilation, effacement, station or position; or, 	
□ Inadequate uterine contractions (e.g. < 200 MVU) for ≥ 6 hours of oxytocin administration without improvement in dilation, effacement, station or position	
Active-phase arrest: Duration in hours:	
Patient positioning and birth tools (peanut ball, birth ball etc) were utilized and arrest still persistent:	Comments:
*Inability to use Pitocin does not mean that cesarean is necessary, if FHT is reassuring in the absence of augmentation, then extra patience can be used to await cervical change, particularly in spontaneous labor	