



Don't do a cesarean delivery for the sole indication of failure to progress in the latent phase of laboring women at term with a singleton fetus.

The most effective approach to reducing overall morbidities related to cesarean delivery is to avoid the first cesarean section. Therefore, the expectation that well defined criteria be met before a cesarean is performed for failure of progress in labor, may actually prevent many unnecessary first cesarean sections.

The adequate time of the latent phase of labor appears to be longer than traditionally estimated. The diagnosis of an arrest disorder should not be made before the patient has entered into the active phase of labor. Cervical dilation of 6 cm should be considered the threshold for the active phase of most women in labor.

Cesarean delivery for arrest in the first stage of labor should be reserved for women at or beyond 6 cm of dilation with ruptured membranes who fail to progress despite 4 hours of adequate uterine activity, or at least 6 hours of oxytocin administration with inadequate uterine activity and no cervical change.

American College of Obstetricians and Gynecologists. Safe prevention of the primary Cesarean delivery. Am J Obstet

Gynecol. 2014 Mar;210(3):179-93. PMID: 24565430.

Catherine Y. Spong, Preventing the First Cesarean Delivery: Obstet Gynecol. 2012 November ; 120(5): 1181–1193.

PMID23090537