

ACOG Guidelines Focus on Reducing Primary Cesarean Deliveries

To reduce the number of first-time cesarean deliveries, women should be encouraged to undergo longer labor, according to new guidelines from the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine.

Here are some of the key recommendations:

- * Prolonged latent phase labor is not an indication for cesarean delivery. (>20 hours in nulliparous women, >14 hours in multiparous women)
- * Cervical dilation of 6 cm should be considered the start of active labor. Previously, the threshold was 4 cm.
- * Multiparous women should be allowed to push for 2 hours and nulliparous women for 3 before arrest of labor is diagnosed. Longer durations are permissible, particularly with an epidural.
- * Vaginal delivery with vacuum or forceps in the second stage is an alternative to cesarean delivery, although clinicians need more training.

OB/GYN Allison Bryant, with NEJM Journal Watch, comments: "This evidence-based blueprint is much welcomed, emphasizing safe means to reduce first cesareans; the greatest yield will require rethinking longstanding paradigms of labor disorders and fetal heart rate abnormalities."

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