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Evidence on: Failure to Progress

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Question: What is Failure to Progress?

Answer: Failure to Progress is an outdated term that refers to slow labor during the first or second stage. The diagnosis of Failure to Progress is one of the most common reasons for Cesareans today, leading to nearly half of all Cesareans in people giving birth for the first time.

Question: Why do so many people have Cesareans for Failure to Progress?

Answer: Until recently, most people in labor were held to a standard called "Friedman's Curve". Friedman's Curve is a graph that doctors and some midwives traditionally used to define a "normal" length of labor. If someone's cervix does not dilate according to this schedule, they could be assigned a diagnosis of Failure to Progress and given a Cesarean.

Question: What is Friedman's Curve?

Answer: In 1955, a physician named Dr. Friedman published a study describing the amount of time it took 500 women to dilate during labor. Although this study was published over 60 years ago, it still served as the basis for how physicians defined normal labor until recently. In 2012-2014, several large physician organizations in the U.S. issued new definitions of normal labor and stated that Friedman's Curve should no longer be used.

Question: What is the average length of labor?

Answer: It is not easy to define an average labor, because each person may have different factors that can shorten or lengthen their labor. For example, giving birth to your first baby, epidural use, having a medical induction, being overweight, or your water breaking before labor begins are all things that can lengthen your labor.

Question: When does a labor become abnormally long?

Answer: The American Congress of Obstetricians and Gynecologists and the Society for Maternal Fetal Medicine in the United States both make a strong recommendation that "Cesarean delivery for active-phase arrest in first stage of labor should be reserved for women ≥ 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." In other words, the appropriate term is now "labor arrest," and people should be at least 6 cm dilated and have no cervical change for 4 to 6 hours before being given this diagnosis.

Question: When does a pushing stage become abnormally long?

Answer: Labor arrest in the second stage can be diagnosed if there has been no improvement in the baby's rotation or descent after:

- ≥ 4 hours in first-time mothers with an epidural
- ≥ 3 hours in first-time mothers without an epidural
- ≥ 3 hours in experienced mothers with an epidural
- ≥ 2 hours in experienced mothers without an epidural

> **"As long as the laboring person and baby are healthy, and as long as the length of labor does not meet criteria of 'labor arrest,' laboring people should be treated as if they are progressing normally."**

American College of Obstetricians and Gynecologists (ACOG), Society for Maternal-Fetal Medicine (SMFM), Caughey, A. B., et al. (2014). "Safe prevention of the primary cesarean delivery." Am J Obstet Gynecol 210:179-193. Click here. (Free full text).

Boyle, A., U. M. Reddy, H. J. Landy, et al (2013). "Primary cesarean delivery in the United States." Obstet Gynecol 122(1): 33-40. Click here.

Friedman, E. A. (1955). "Primigravid labor; a graphicostatistical analysis."Obstet Gynecol 6(6): 567-589. Click here.