







SLOW PROGRESSION OF LABOUR

During labour, we monitor your 'progression of labour'. This refers to how quickly your cervix is dilating and the rate your baby is coming down into the birth canal.

It is important to diagnose and treat **slow or halted labour** because a long labour can put you and your baby at risk for things like Caesarean delivery, operative delivery, chorioamnionitis (infection), postpartum hemorrhage, fetal compromise, and neonatal intensive care unit (NICU) admission.

This handout outlines risk factors for slow labour and some ways that we manage a slow labour.

Risk Factors for Slow Labour

-  first vaginal birth
-  maternal obesity
-  large fetus
-  direction your baby is facing
-  advanced reproductive age of birthing parent
-  cephalopelvic disproportion (the baby's head does not fit through the maternal pelvis)

Labour can be unpredictable. However, we typically expect a certain amount of cervical change every few hours.

slow labour progress

certain changes to the baby's heart rate

Labour Augmentation

The health care team can perform **artificial rupture of membranes** ("AROM") (breaking your waters for you), and/or give you **medications such as oxytocin** or misoprostol to help your body produce stronger, more predictable contractions. See our handout "**Induction of Labour**" to learn more.

We cannot continue labour with oxytocin or misoprostol, and can't help the labour progress.

Your health care team may recommend a **Caesarean delivery** for 'failure to progress'.

if labour still does not progress

Please see our other handouts "**Induction of Labour**", "**Assisted Vaginal Birth**", "**Episiotomy**" and "**Caesarean Delivery**" for more specific information on some of the management strategies that can be used to support labour.

References

- Lee L, Dy J, Azzam H. Management of Spontaneous Labour at Term in Healthy Women. J Obstet Gynaecol Can. 2016;38(9):843-865.
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