

ACOG Key Labor Definitions

Measure	Source/	Specifications for Denominator and Numerator
Labor	Uterine contractions resulting in cervical change (dilation and/or effacement) Phases: Latent phase – from the onset of labor to the onset of the active phase Active phase – accelerated cervical dilation typically beginning at 6 cm	Avoid the term ‘prodromal labor’. Can be spontaneous in onset, spontaneous in onset and subsequently augmented, or induced
Spontaneous Onset of Labor	Labor without the use of pharmacologic and/or mechanical interventions to initiate labor Does not apply if AROM is performed before the onset of labor	May occur at any gestational age
Induction of Labor	The use of pharmacologic and/or mechanical methods to initiate labor. Examples of methods include but are not limited to: Artificial rupture of membranes, balloons, oxytocin, prostaglandin, laminaria, or other cervical ripening agents	Still applies even if any of the following are performed: Unsuccessful attempts at initiating labor The use of pharmacologic and/or mechanical methods to initiate labor following spontaneous ruptured membranes without contractions
Augmentation of Labor	The stimulation of uterine contractions using pharmacologic methods or artificial rupture of membranes to increase their frequency and/or strength following the onset of spontaneous labor or contractions following spontaneous rupture of membranes.	Does not apply if Induction of Labor is performed

Menard MK, Main EK, Currihan SM. Executive summary of the reVITALize Initiative: standardizing obstetric data definitions. *Obstet Gynecol* 2014;124:150-153.

(appendix 3: http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/AOG/A/AOG_124_1_2014_05_28_MENARD_14-107_SDC3.pdf)

Discussion to help clarify Induction versus Augmentation:

- In the setting of SROM: if any contractions+oxytocin = augmentation; if absolutely no contractions+oxytocin=induction (rare).
- Otherwise in the setting of contractions/labor without ROM we go with the definition of labor as: Uterine contractions resulting in cervical change (dilation and/or

effacement). No labor+oxytocin=induction, otherwise it is augmentation.

- For protracted latent phase: if there is no change of dilation or effacement and oxytocin is used then it is induction; if there is slow changing but protracted rate of change then addition of oxytocin is augmentation (labor is cervical dilation or effacement with contractions).
- For the above examples, for oxytocin, one can substitute “misoprostol” or “vaginal prostaglandin” or “foley catheter placed in cervix” or other methods for cervical ripening or stimulation of contractions including AROM. (N.B. cervical ripening=induction)

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