Failure to Progress or Failure to Wait?

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Introducing the EBB Research Team!

Disclaimer

- Watching this webinar does not mean that we have entered into a patient-care provider relationship
- Nothing in this course shall be construed as medical advice
- Talk with a care provider before putting this information into practice
- Content is not guaranteed to be 100% accurate or up to date
- Content warning: discussion of racism and eugenics

Failure to Progress

Translation and Closed Captions

- Closed Caption in English will be accessible during the live training. CC in English and Spanish will be accessible in the recording housed in the Academy.
- Please wait a moment while we make sure they are turned on and functioning.

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You're welcome to take a few screenshots to share on social!
Tag us @ebbirth

Failure to Progress

How many of you were told that your labor was progressing too slowly? Were you diagnosed with Failure to Progress?

Failure to Progress

Have you seen ”Failure to Progress” diagnoses happen to your clients?

Failure to Progress

This webinar will help you learn the evidence on the diagnosis of Failure to Progress

How will today’s webinar work?

We will cover:

1. History of the FTP diagnosis
2. Recent research on this topic
3. 5 factors can that influence the length of labor

*Plus a bonus advocacy method!

Failure to Progress

In about an hour…

Failure to Progress

What is Failure to Progress?

- Failure to progress is diagnosed when a healthcare provider states that labor is taking longer than it should
- There are different definitions around the world and so rates vary

Failure to Progress

How Often Is FTP Diagnosed?

- In the U.S., FTP is the top reason for unplanned primary (first) Cesarean deliveries:
  - "Abnormally slow or protracted labor accounts for 25-55% of all Cesarean deliveries"
- In planned home births, FTP is the number one reason for transfer to the hospital:
  - Rates at home births hover around ~4%

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History and Background

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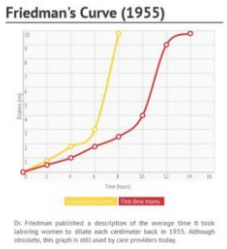
What is the History of This Diagnosis?

- Dr. Friedman's 1955 study serves as the basis for this diagnosis
- Followed the labors of 500 white patients giving birth at Sloane Memorial Hospital in NYC
- Dr. Friedman plotted their labors on a curve
  - Cervical dilation over time → partograph



Friedman, 1955

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What Did Dr. Friedman's Study Show?

- The average length of time it took patients to get from 0-4 cm was 8.6 hours
- Once they reached 4cm, labor sped up and they dilated an average of 3cm/hour
- The average length of time it took to get from 4cm to 10cm was 4.9 hours
- The average length of the pushing phase was 1 hour

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Did anything strike you about Dr. Friedman's study?

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Segregation Era Medicine

- Black patients could not be admitted to white facilities
- This start of this changing was not until the mid 1960s when Medicare was formed

Important Notes on This Research:

- By today's standards, this research is unethical because of the many invasive vaginal exams performed on sedated/sleeping patients
- Epidurals, which are known to slow down labor, were not used at the time
- Forceps were commonly used, which means that babies were pulled out when they were still higher in the pelvis

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Does Friedman's Study Still Apply Today?

- Population giving birth is older and heavier now
- Epidurals have replaced heavy sedation (twilight sleep not used)
- The forceps + episiotomy method is extremely rare

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If so many people are being diagnosed with Failure to Progress, could it be that we are using the wrong definitions?

Failure to Progress

Newer Research

Failure to Progress

What Led To a Change In the Diagnosis?

- In the early 2010s, there was a public health push to lower the Cesarean rate in the U.S.
- This was accompanied by some major shifts in defining "normal" and "abnormal" labor
- Researchers noticed that labor usually speeds up at 6cm (you may have heard "6 is the new 4")

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What is the Evidence for the Change?

- Study of > 62,000 people who gave birth in 19 U.S. hospitals:
  - Most people did not dilate rapidly starting at 4cm
  - Instead, labor sped up around 6cm
  - This was true for those giving birth for the first time and those who had given birth before
  - Before 6cm, many people (again, both first-timers and not) went long periods without any dilation
  - These people went on to give birth vaginally to healthy babies

Zhang et al. 2010

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2014: Safe Prevention of the Primary CS

- New labor progress guidelines were published by ACOG and SMFM
- The new definition of "normal" is longer and there is more room for flexibility
- Medications, inductions, etc.
- New terms and definitions
- Labor Arrest vs. Failure to Progress

ACOG et al. 2014

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What is Normal Anyway?

- If we continue to apply Friedman's Curve to birthing people today, we are saying that half of all people have "abnormally slow" labors
- But if such a large proportion are "abnormal", we might just be using the wrong definitions!
- Using Friedman's Curve creates an expectation for people giving birth for the first time to dilate much faster than today's average

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Any New Research since 2014?

- In a 2018 study, researchers reviewed labor records to see if the new guidelines were being followed:
  - Of the Cesareans that occurred because of a Failure to Progress diagnosis, over half did not meet the new guidelines
  - Care providers were less likely to follow the new guidelines if they were attending a birth on weekend (vs. a weekday)
  - In the Cesarean births where the new definitions were used, there was no increase in adverse outcomes for the birthing person or baby

Alrais, et al. 2018

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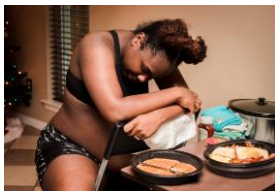
Additional New Research

In 2016, researchers in Italy carried out a prospective study with ~400 participants:

- Half the patients had standard care based on Friedman's Curve
- The other half had a new model of care based on the ACOG/SMFM guidelines



Ragusa et al. 2016

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What Happened?

- Those in the old model of care group had slightly over twice the Cesarean rate compared to the newer model of care group (22% vs. 10%)
- Those in the newer model of care group had less interventions overall
- The average length of labor was the same in both groups

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A 2020 Study on Medical Inductions

- Investigators looked at the medical records of 591 primary Cesareans that occurred after medical inductions of labor
- About 80% of the "failed inductions" diagnosed were not adherent to the new guidelines
- Cesarean deliveries were inversely correlated with adherence
- Health outcomes for the birthing people and their babies were not different between adherent and non-adherent groups

Escobar et al. 2020

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What's the Bottom Line?

1. Doctors are not always following the new guidelines
2. When they do, the Cesarean rate is lower without negative impacts on the birthing person or baby

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Five Factors

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Can you think of reasons that the length of labor and birth would be different for different people?

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5 Factors That Influence the Length of Labor

1. Prior vaginal birth
2. Position of the baby in pelvis
3. Medications in labor
4. Mobility of the person in labor
5. Pelvic mobility and shapes

PLUS: A Bonus Advocacy Method!

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1. History of Prior Vaginal Birth or Not

Numerous studies have shown that active labor progresses faster (on average) for people who have given birth before:

- Reflected in the new 2014 guidelines and 2010 study by Zhang et al.
- Friedman's original 1955 study also showed a different curve for first-time birthing people vs. those who have given birth before

Zhang et al. 2010; Friedman 1955

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2. Position of baby in pelvis

This is also called "Fetal Positioning"

Certain fetal positions can slow labor:

- Right or Left "OP" – Occiput Posterior (back of baby's head touches back of pelvis)
- "Asynclitic" (baby's head is tilted)

"OA" - anterior

"OP" - posterior

OP-Senecal et al. 2005
Asynclitic-Malvasi 2015

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3. Medications in Labor

- Epidural (Regional Anesthesia)
  - Research shows that epidurals can lengthen labor and pushing
- Medical induction
  - Inductions can also lengthen labor, particularly if the baby is high or there has been no prior cervical change

Epidural-Frigo et al. 2011; AnimSomuah et al. 2011
Induction-Sheiner et al. 2002; Vahratian et al. 2005

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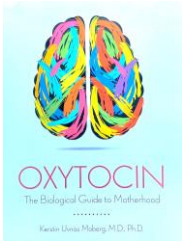
3. Medications in Labor

- Pitocin Augmentation is when Pitocin is used during labor
  - If labor is progressing slowly
  - Sometimes in combination with an epidural
  - Pitocin can speed up inductions of labor



Bugg et al. 2013

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4. Mobility of the Person in Labor

- Upright positions allow for help from gravity!
- Being confined to bed and putting weight on the sacrum can increase pain and slow labor
- Pelvis-opening positions are still possible in bed with a peanut ball!

Lawrence et al. 2013; Gupta et al. 2012

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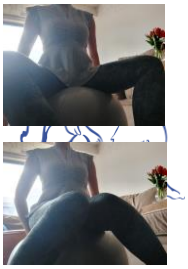
- Many people think of the pelvis as solid and inflexible, but the pelvis is a joint that can move and open!
  - Relaxin hormone
  - Allows for movement & opening
  - Less stability
  - Scar tissue, muscle tension, emotions and nervous system state can impact mobility



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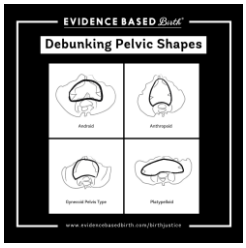
5. Pelvic Mobility and Shapes

- We have talked about this one a lot lately!
- Historically, the Caldwell-Moloy theory of **4 static pelvic shapes** is taught to medical, nursing, and midwifery students



Caldwell et al. 1933

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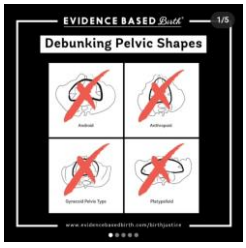

Caldwell et al. 1933

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5. Pelvic Mobility and Shapes

- This classification system has led to forced sterilizations, mandatory cesarean sections, and stereotypes about who can birth vaginally – by race
  - Scientific racism and eugenics
- 2015 study demonstrates that pelvises are a 'nebulous cloud of variation' in terms of shapes and size

Photo by Alex on Unsplash

Kuliukas et al. 2015

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What is the Bottom Line for the 5 Factors?

1. Whether the person has given birth before
2. Fetal positioning in Pelvis
3. Medications in labor
4. Mobility of the person in labor
5. Pelvic mobility and shapes

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Bonus: Advocacy Method!

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Bonus: Advocacy Method!

1. "Is this an emergency?"
2. Have the definitions in hand
3. Ask for time with "Yes, and" statements
4. Make sure your support team (doula, birth partner(s) know this strategy!

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What's your number one takeaway? Post it in the chat box!

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Today we covered:

1. History of the FTP Diagnosis
2. Recent Research on FTP
3. 5 Factors That Influence the Length of Labor

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Evidence Based Birth® Resources

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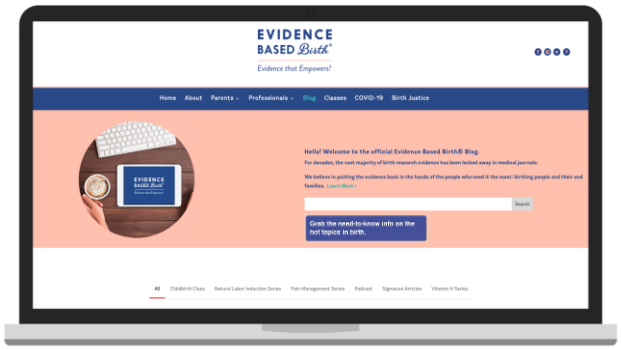

Evidence Based Birth® Podcast

- **EBB 221** – The Evidence on Birthing Positions
- **EBB 196** – Pelvic Biomechanics and Movement in Labor
- **EBB 188** – Birthing A Posterior-Positioned Baby
- **EBB 75** - Birth In Twilight Sleep-The Experiences of Rebecca's Mom
- **EBB 55** – Advocating for Evidence Based Care
- **EBB 45** – How Do Peanut Balls Support Labor
- **EBB 16** – Movement and Positions

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- Doulas
- Childbirth educators
- CPMs, CNMs, CMs
- Midwifery Bridge Certificate

How to Join at the Reduced Rate?

How to Join at the Reduced Rate?

Where can professionals learn more?

Question & Answer

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