Indication	ACOG	RCOG	SOGC	RANZCOG
Fetal	Suspicion of imminent or potential fetal compromise	Presumed fetal compromise	Non-reassuring fetal status	Fetal compromise suspected or anticipated
Maternal / Medical	Shortening of the second stage for maternal benefit	Indications to avoid Valsalva Examples: • cardiac disease Class III or IV, • hypertensive crises, • cerebral vascular disease, • myasthenia gravis, • spinal cord injury	Medical indications to avoid valsalva Examples: • cerebral vascular disease, • cardiac conditions	Maternal effort contraindicated Examples: • aneurysm, • risk of aortic dissection, • proliferative retinopathy, • severe hypertension or • cardiac failure
Obstetric	 Prolonged IInd stage: Nulliparous women: lack of continuining progress for 3 hours with regional anesthesia, or 2 hours without regional anesthesia Multiparous women: lack of continuing progress for 2 hours with regional anesthesia, or 1 hour without regional anesthesia 	 Inadequate progress: Nulliparous women: lack of continuing progress for three hours (total of active and passive second stage of labor) with regional anaesthesia, or two hours without regional anaesthesia Multiparous women: lack of continuing progress for two hours (total of active and passive second stage labour) with regional anaesthesia, or one hour without regional anaesthesia Maternal fatigue/exhaustion 	 Inadequate progress: Adequate uterine activity documented No evidence of cephalopelvic disproportion Lack of effective maternal effort 	Delay in the second stage of labour: There is no clear demarcation as to an appropriate length of time to wait before embarking on instrumental delivery for failure to progress. It is a matter for the clinician and patient given the particular circumstance.

Table I: Indications of Operative Vaginal Deliveries