**Reviewer's report**

**Title:** Study protocol: The Labor Progression Study, LAPS - Does the use of a dynamic progression guideline in labor reduce the rate of intrapartum cesarean sections in nulliparous women? A multicenter, cluster randomized trial in Norway

**Version:** 1  **Date:** 09 Mar 2017

**Reviewer:** Tullio Ghi

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The study protocol is of great interest as one of the key issues of intrapartum care such as the appropriateness in the diagnosis of labor dystocia is reassessed

The randomised comparison between the classical approach suggested by Friedman and the different vision more recently offered by the large Zhang database will provide evidence if the use of different curves of labor progression may impact on the risk of intrapartum Cesarean in the Robson Class I patients (nulliparous at term with spontaneous labor)

My only suggestion is to specify in detail which is the intervention protocol after the diagnosis of labor dystocia in the two groups as this may have a relevant impact on the primary outcome.

It would be mandatory that all the birth Centres will adhere strictly to the same protocol and the same sequence of actions both in the first and in the second stage of labor after diagnosis of prolonged labor has been made with either curve.

The exact sequence of actions should be specified (ie first amniotomy or oxytocin augmentation, which dose of oxytocin and for how long, role of pain relief in patients who are not on epidural, how the prolonged second stage is managed) in order to avoid the all these variables if not uniformly. distributed between the two groups may interfere with the primary outcome.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
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Unable to assess

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