Introduction
We aimed to investigate if ultrasound measurements of fetal station at the start of the active phase of labour could predict remaining time in labour.

Methods
99 nulliparas with a singleton, cephalic fetus in spontaneous labor at term were included. Fetal head station was measured with transperineal scan as head perineum distance (HPD) and angle of progression (AoP). HPD was categorized with values ≤40 mm vs. >40 mm, and AoP with values <110° vs. ≥110°.

Results
The estimated median time in active labour for HPD ≤40 was 420 min vs. 674 min if HPD was >40 mm and 466 min for AoP <110° and 625 min for AoP ≥110°. Hazard ratio (HR) for spontaneous vaginal delivery was associated to HPD with a shorter duration linked to smaller HPD (HR=1.74, 95% CI 1.07-2.83) and for a wider AoP (HR 1.72, 95% CI 0.95-3.08).

Conclusion
Measuring HPD and AoP at admission in the active phase of labour has the potential to discriminate between normal and slow progress.