Learning Objectives

At the end of lecture students will be able to:

- ➢Define labour
- ➢Define 3 stages of labour
- ➢Outline steps of management of:
  - 1st Stage of labour
  - 2nd stage of labour
  - 3rd stage of labour

What is labour?

Onset of regular painful uterine contractions at least **1/10**minutes leading to:

- Cervical dilatation & effacement
- Descent of foetal presenting part
- Delivery of foetus & placenta

1st Stage of Labour

From onset of regular uterine contractions till complete dilation of cervix

- **Duration**
  - Nullipara 8 hour
  - Multipara 5hours

- Latent
- Active

Diagnosis of Labour

- **History**
- Booked/Un-booked
- **Risk factor**
- Uterine contraction (intermittent, regular & painful
- Show-loss of mucous plug from cervix
- Sudden loss of fluid from vagina
- **Abdominal Examination**
  - Uterine contraction (**frequency, duration & intensity**)
  - Lie, presentation, liquor, fetal heart rate, Estimated weight of baby

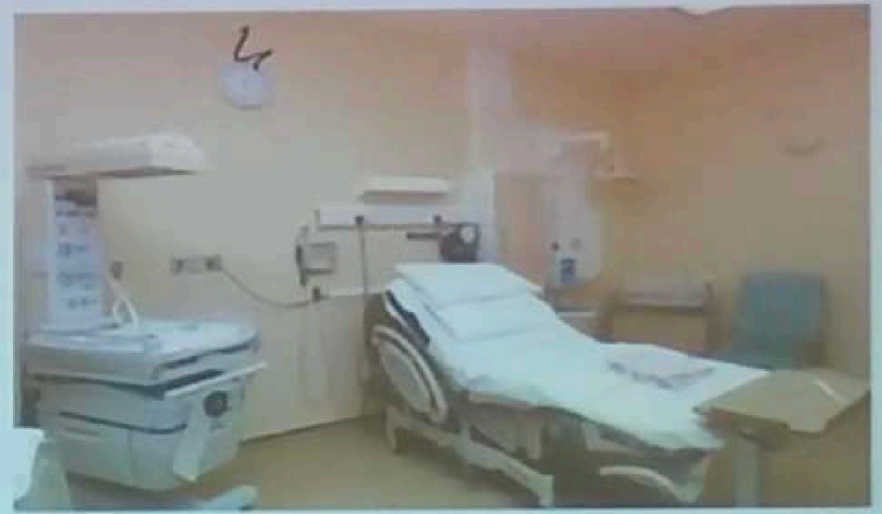
Investigations

Blood group
Complete examination of blood
Blood sugar level
HBSAg
Anti-HCV
Complete Examination of Urine

CATAGORIZE THE PATIENT INTO:
LOW RISK / HIGH RISK

Preparation of Patient

- Counselling
- Explanation of procedure & position
- Choice of analgesia
- Comfortable environment



Progress of Labour

1. Abdominal examination

Frequency, intensity, duration of uterine contractions

3-5/ 10minutes, **40-50** sec, of moderate to severe intensity

2. Pelvic Examination

Dilatation of cervix

Rate of dilatation of cervix: 1 cm/ hour

Repeat pelvic examianatiom2-4 hours apart

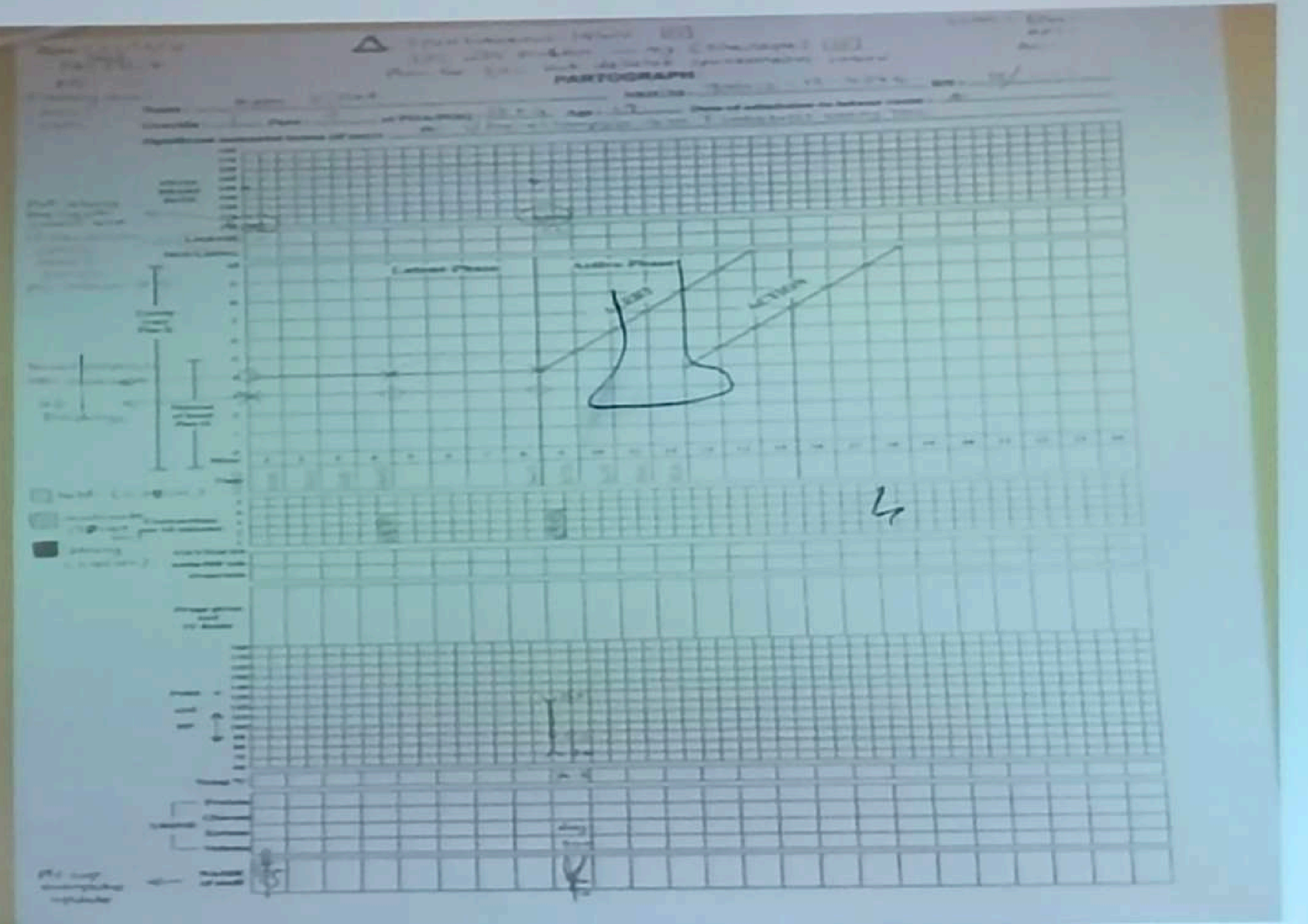
Decent of presenting part

Rule of fifth-Abdominal examination

Station of presenting part-Pelvic examination

Descent of Presenting part

5/5	4/5	3/5	2/5	1/5	0/5
Completely above	Sinciput *High* Occiput *Easily felt*	Sinciput *Easily felt* Occiput *Felt*	Sinciput *Felt* Occiput *Just felt*	Sinciput *Felt* Occiput *Not felt*	None of head palpable


PARTOGRAPH

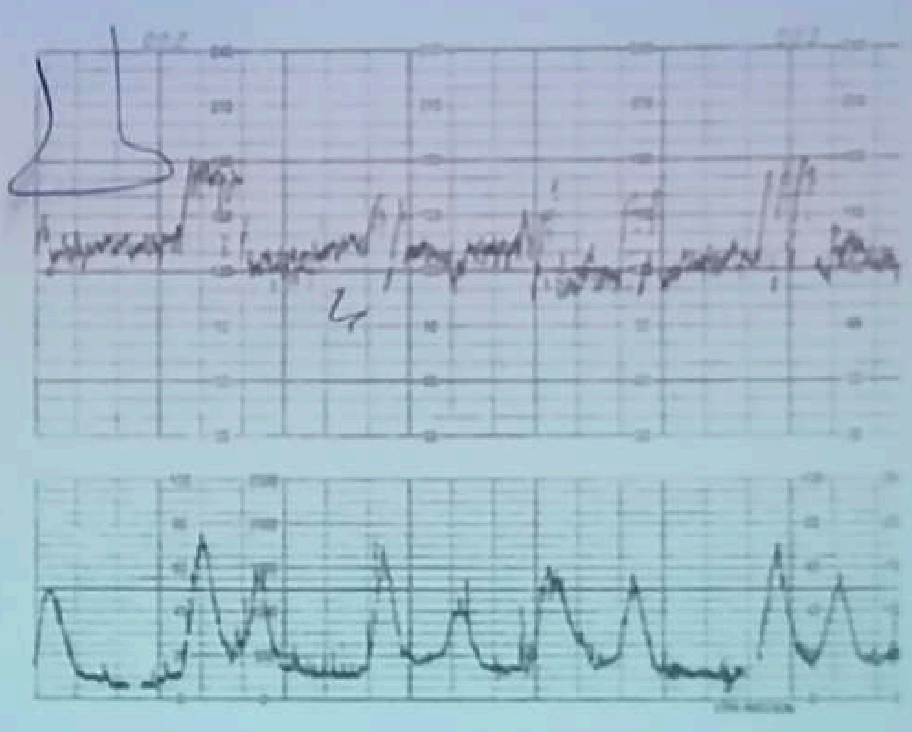
Cardiotocograph (CTG)

Rate **110-160**bpm

Variability **5-25** bpm

Absence of deceleration

Acceleration **2/20** min



Fetal Monitoring

Cardiotocograph (CTG)

- Normal
- Non reassuring
  - -if one feature is non-reassuring
- Pathological-if 2 or more features are non-reassuring

Foetal blood sampling

- Normal PH – 7.25-7.30
- Suspicious 7.2 – 7.25

< 7.2 (first stage),

<7.15 (second stage) – Severe acidosis

WHY

- To **accelerate** the progress of labour
- To see the **colour of liqour**
- To see the **amount of liqour** for rough assessment of liqour
- Presence of **meconium or blood** indicate possibility of fetal compromise
- For application of **scalp electrode**

Second Stage of Labour

Definition

Full dilatation of cervix till delivery of baby.

Duration

- Primigravida – 2 hours
- Multigravida – 1 hour

If epidural analgesia-Add 1 hour

Maternal & Fetal Response to Second Stage of Labour

Maternal

- Uterine contraction (3-5/10min at 70-80mmHg)
- Urge to bear down
- Maternal exhaustion

Fetal

FHR affected

1. Head compression
2. Decrease in utero placental blood flow.

Active Management of 3rd Stage of Labour

- Prophylactic uterotonic treatment (Oxytocin 10IU)
  - At delivery of anterior shoulder
  - Intravenous/Intramuscular
- Early cord clamping
- Controlled cord traction

to deliver the placenta by **Brandt Andrews method**