Abnormal labour

By

Asmaa kadhim

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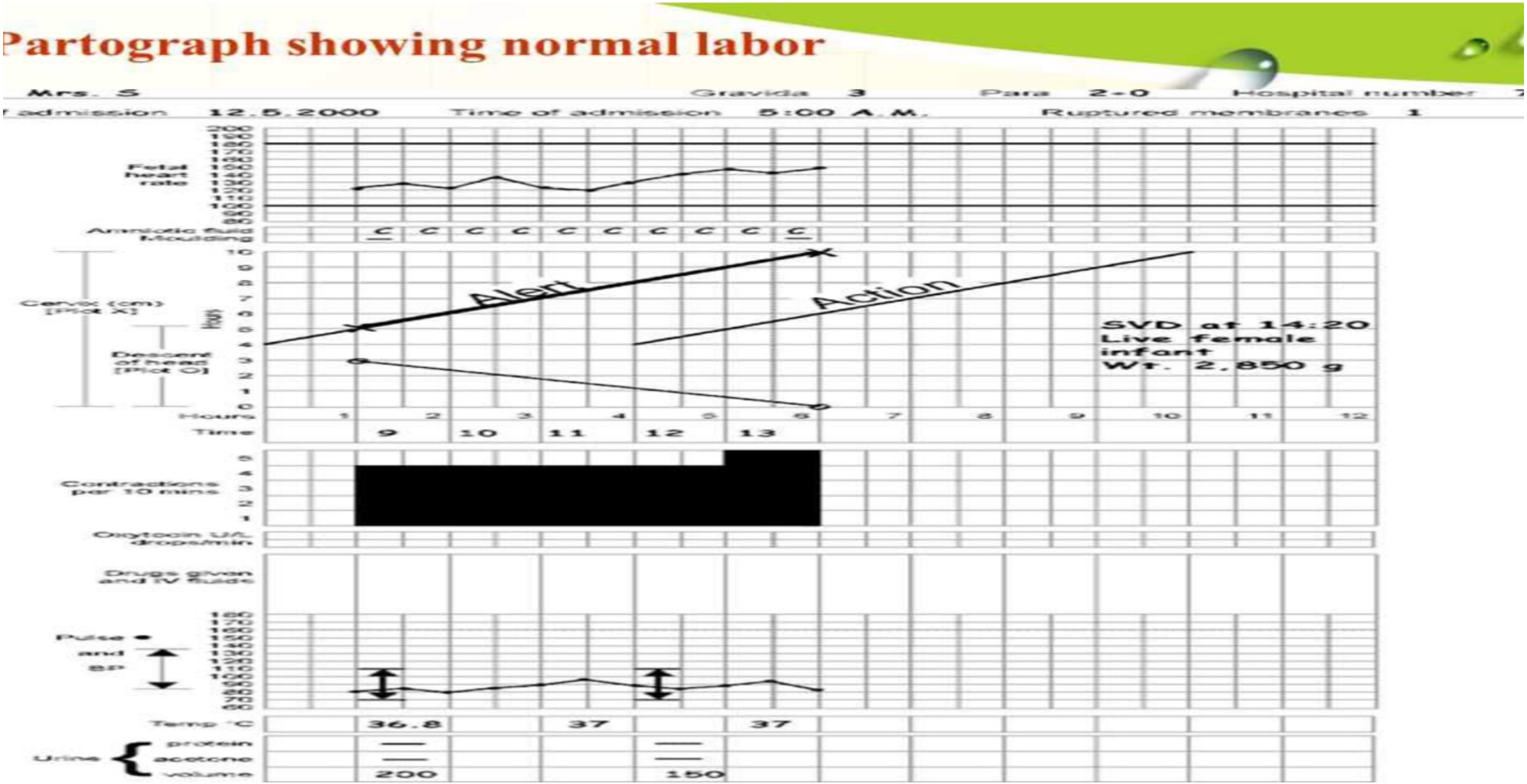
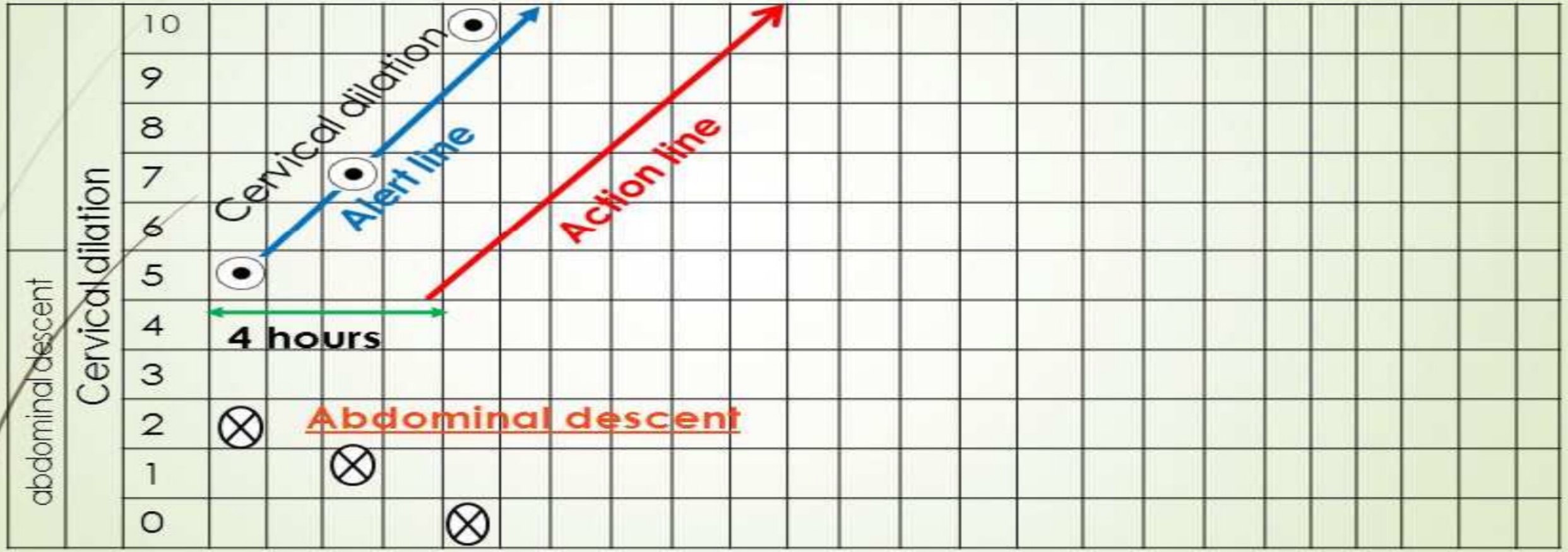
Partograph showing normal labor



E.g.: cervical dilation was 5cm when the partogram was started. See how the action and alert lines have been drawn



Abnormal labor

Labor considered abnormal when there is :

abnormal progress

Fetal distress -

Induction of labor -

Malpresentation -

Multiple pregnancy -

Scarred uterus -

Abnormal progress of labor

Slow progress of labour

1st stage

- Prolonged latent phase
- active phase abnormality
  - Primary dysfunctional labor
  - Secondary arrest of labor

2nd stage

- Secondary arrest

Obstructed labour

Rapid progress of labor

- (precipitated labour)

Causes of abnormal progress of labour

Related to the 3 Ps

1-power (uterine contraction)

2-passeges

- bone (maternal pelvis)
- soft tissue (uterus , cervix ,vagina &perineum)

3-passanger (fetus)

- abnormal fetus
- malposition and
- malpresentation

Prolonged latent phase

Duration of latent phase difficult to be determined

Begin from starting labour till 4 cm cervical dilatation

Prolonged latent phase is more common in primigravida

Usually due to inefficient uterine contraction

Usually managed conservatively by reassurance , analgesia ,mobilization .

ARM & oxytocin may result in poor progress later on and increase CS rate

Partogram should not be commenced until beginning of active phase

active phase abnormality

<u>primary dysfunctional labor</u>

There is slow progress of labor of less than 2 cm/ 4 hrs

Common cause is inefficient uterine contraction

could be due to CPD

<u>Secondary arrest of labor</u>

labor begin & progressed normally then slowed

Usually occur at 7 cm dilatation

Management

Ensure maternal &fetal wellbeing

Further action taken according to the cause

Inadequate contraction

ARM if not yet ruptured

2hrs later if no contraction , start oxytocin gradually with monitoring

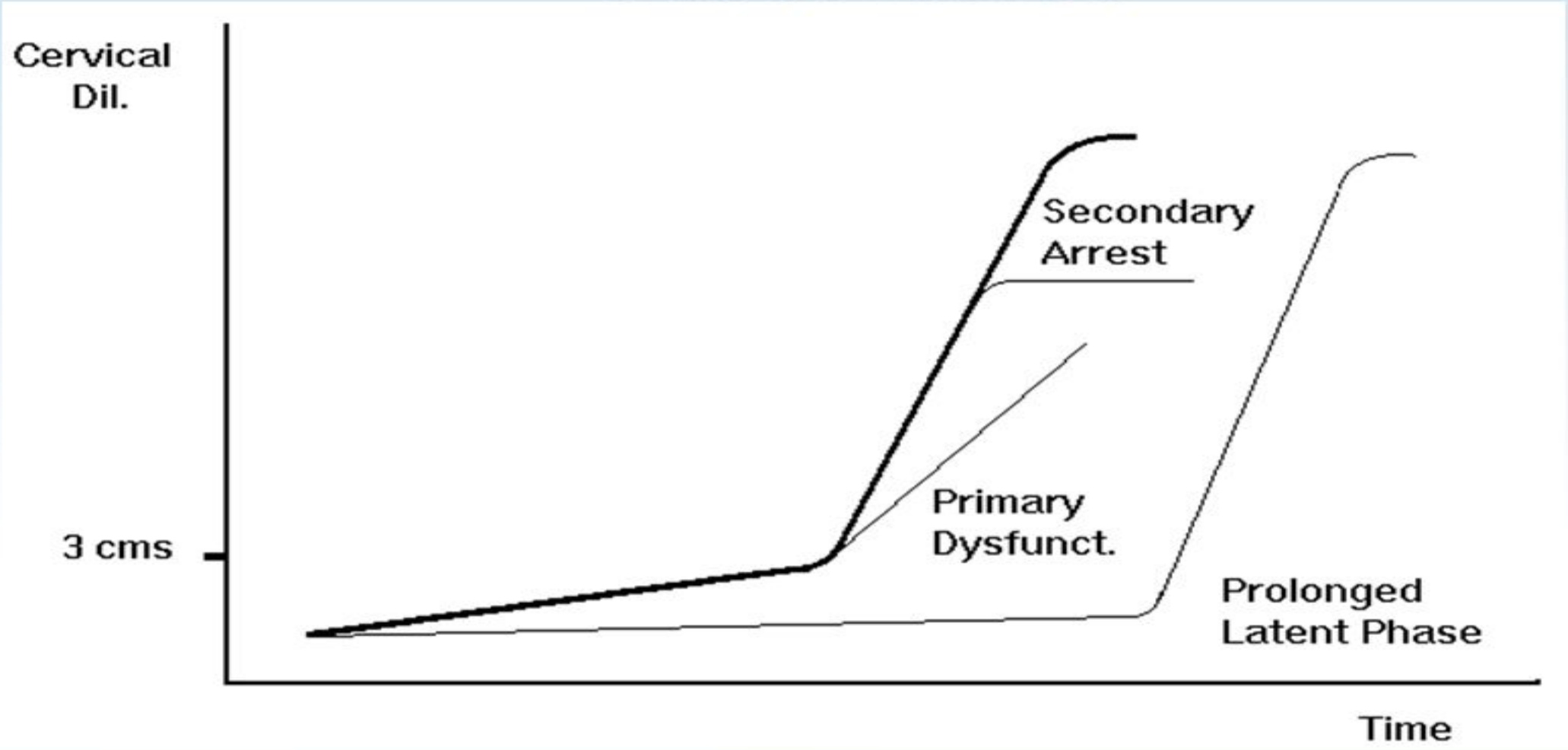
If there is no progress after 4 hrs of efficient

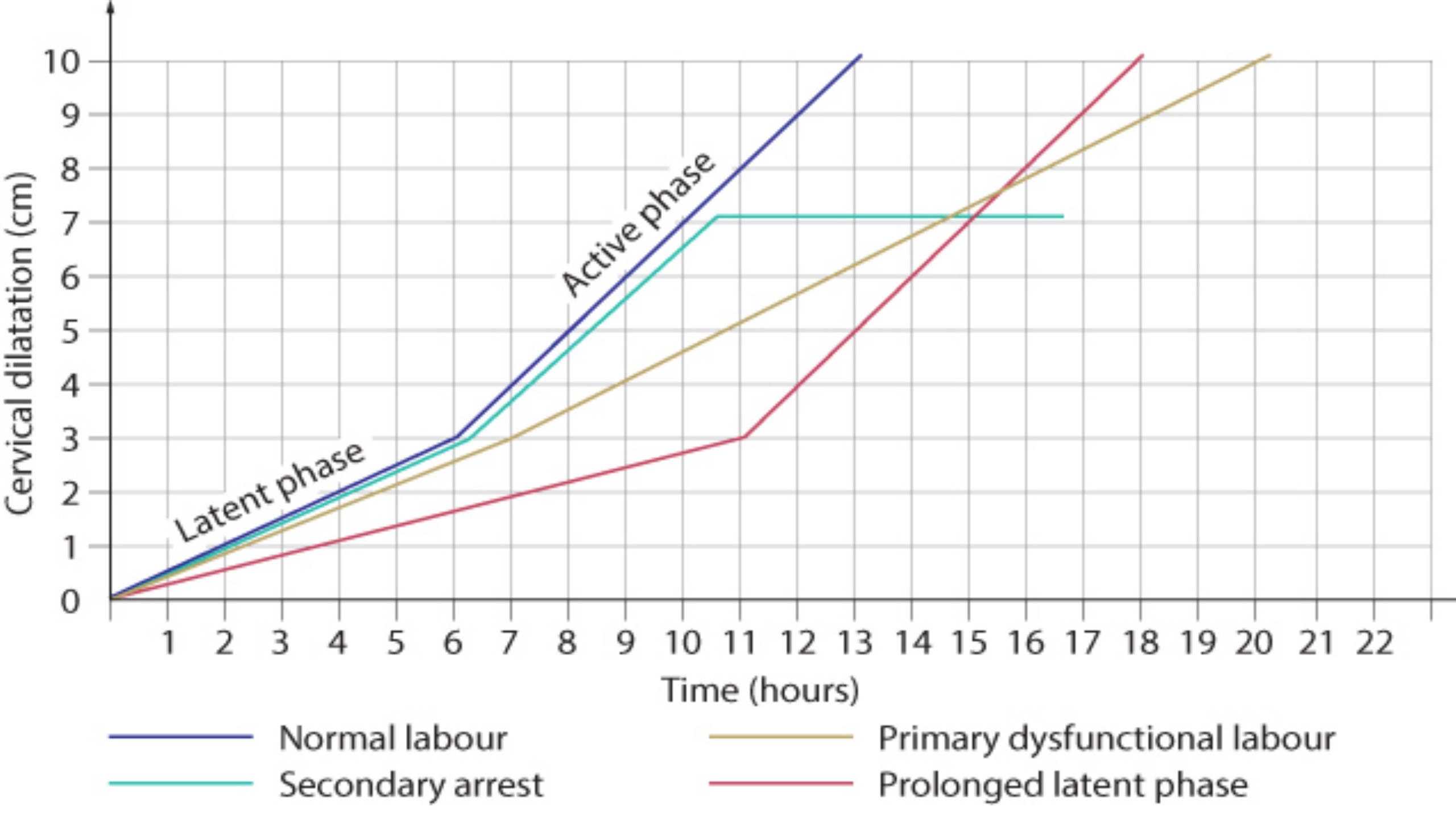
contraction then CS is advised

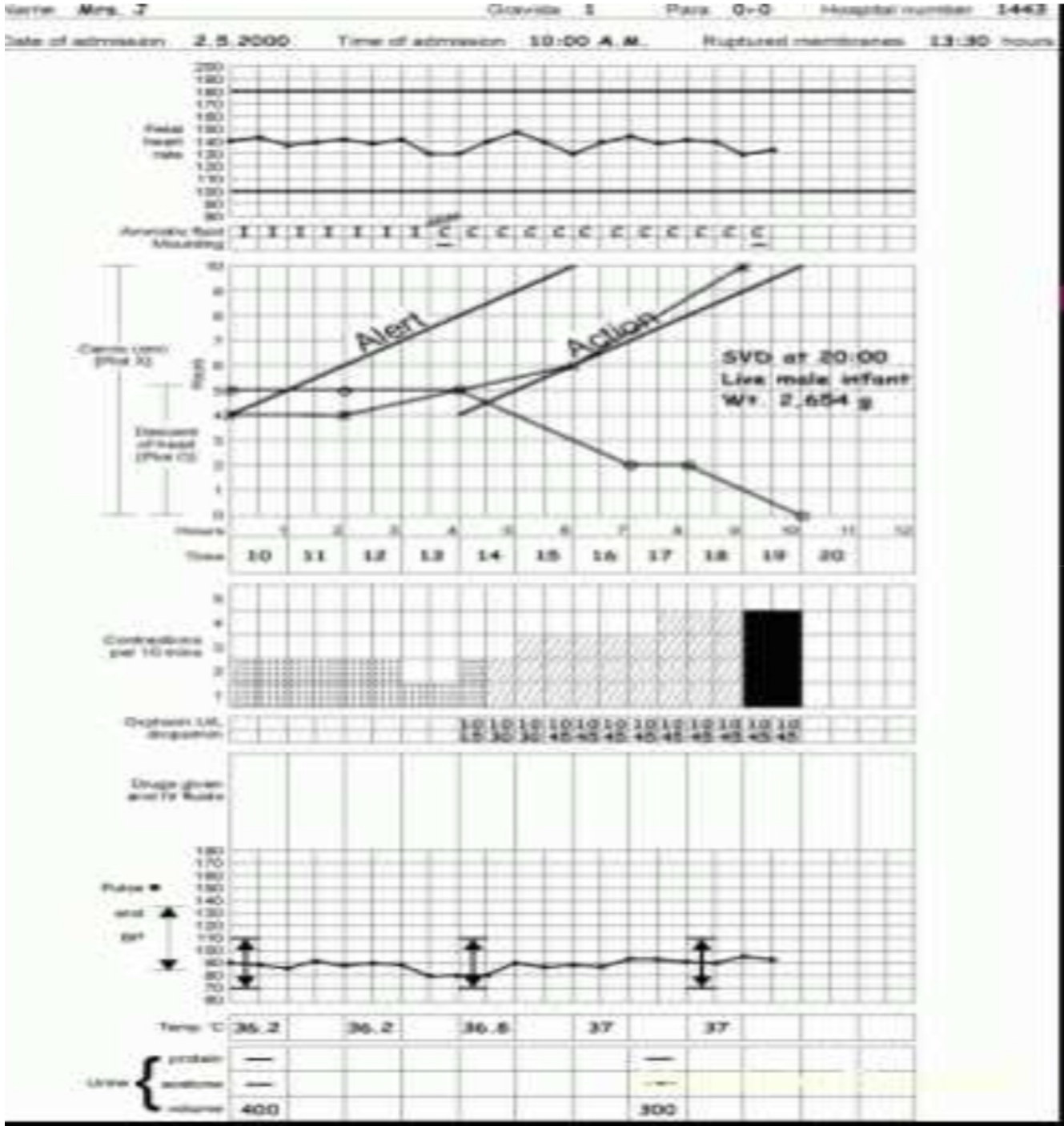
NOTE :

OXYTOCIN SHOULD NOT BE GIVEN IN FRANK CPD , ONLY IN MILD CASES AND IN PRIMIGRAVIDA

First StagePatterns of Aberrance




Cervical dilatation (cm)
0
1
2
3
4
5
6
7
8
9
10
Latent phase
Active phase
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22
Time (hours)
Normal labour
Secondary arrest
Primary dysfunctional labour
Prolonged latent phase



Primary dys labour [inadequate uterine contractions} corrected with oxytocin

Disorders of the Second Stage

- Protracted Descent:
  - < 1 cm/hr in nulliparas
  - < 2 cm/hr in multiparas
- Prolonged:
  - Nulliparas
    - With epidural – 3 hours
    - No epidural – 2 hours
  - Multiparas
    - With epidural – 2 hours
    - No epidural – 1 hour

PROLONGED SECOND STAGE OF LABOR

- **Diagnosis**
  - When the time exceeds 2 hours
- **Causes:**
  - Fetal position/malpresentation/size
  - Ineffective contractions
  - Ineffective maternal effort
  - Medications/anesthesia

PROLONGED SECOND STAGE OF LABOUR

- **Management**
  - Depends on the cause.
    - Poor uterine activity may be corrected by augmentation.
    - Poor maternal effort or exhaustion - assisted delivery (as long as all the pre-requisites have been fulfilled).

Management – cont.

Fetal malposition – could be corrected by rotational forceps

Last choice is caesarean section which is difficult and associated with a lot of complications


Thank
you