

# Management of labour

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# **Learning objectives:**

- 1-** to distinguish between normal and abnormal labour
  - 2-** to learn the clinical approach and dealing with a woman with labour, from the time of diagnosis to the end of the 3rd stage of labour
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**When a pregnant woman started labour or when she has spontaneous rupture of membranes at term she should be admitted and full assessment of her condition is accomplished.**

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# FULL HISTORY ON ADMISSION

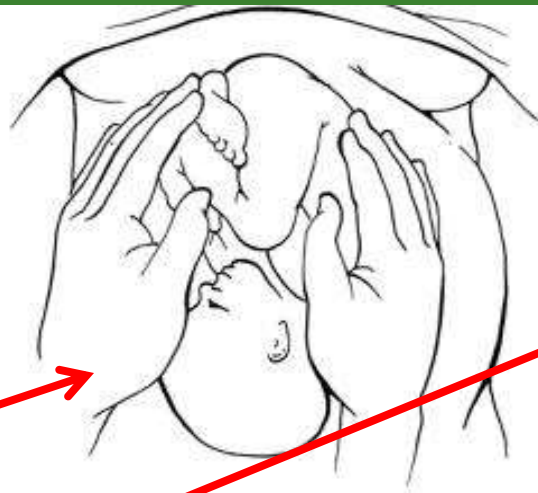
- **contractions**
  - **vaginal discharge or bleeding**
  - **LMP, GA , ANC**
  - **past obstetrical history, mode of deliveries, any history of delivering big baby? C/S**
  - **recent activity of the fetus**
-

# PROCEED FOR EXAMINATION

- **General examination, vital signs**
- **abdominal examination:**  
**previous scars**
- **Leopold's maneuvers**
- **Palpate the abdomen for assessment of the  
uterine contractions for at least ten minutes**
- **FHR: pinard stethoscope  
or sonicaid**

# Leopold's maneuvers

1- lateral grip



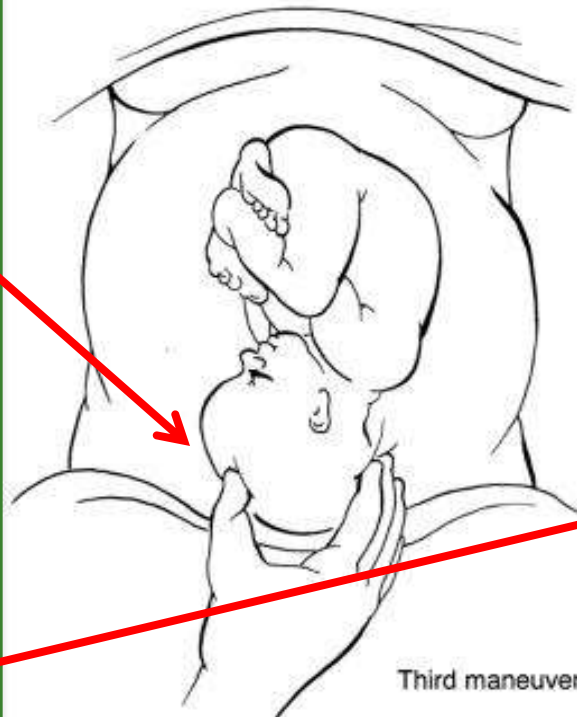
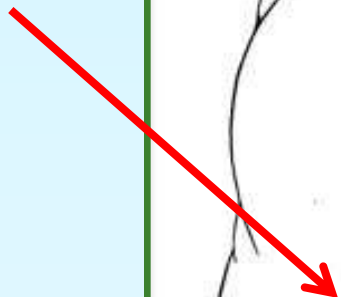
First maneuver

2- fundal grip



Second maneuver

3- pawlick



Third maneuver

4- pelvic grip



Fourth maneuver

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# Vaginal examination to assess cervix and station of PP

**Bishop's score:**

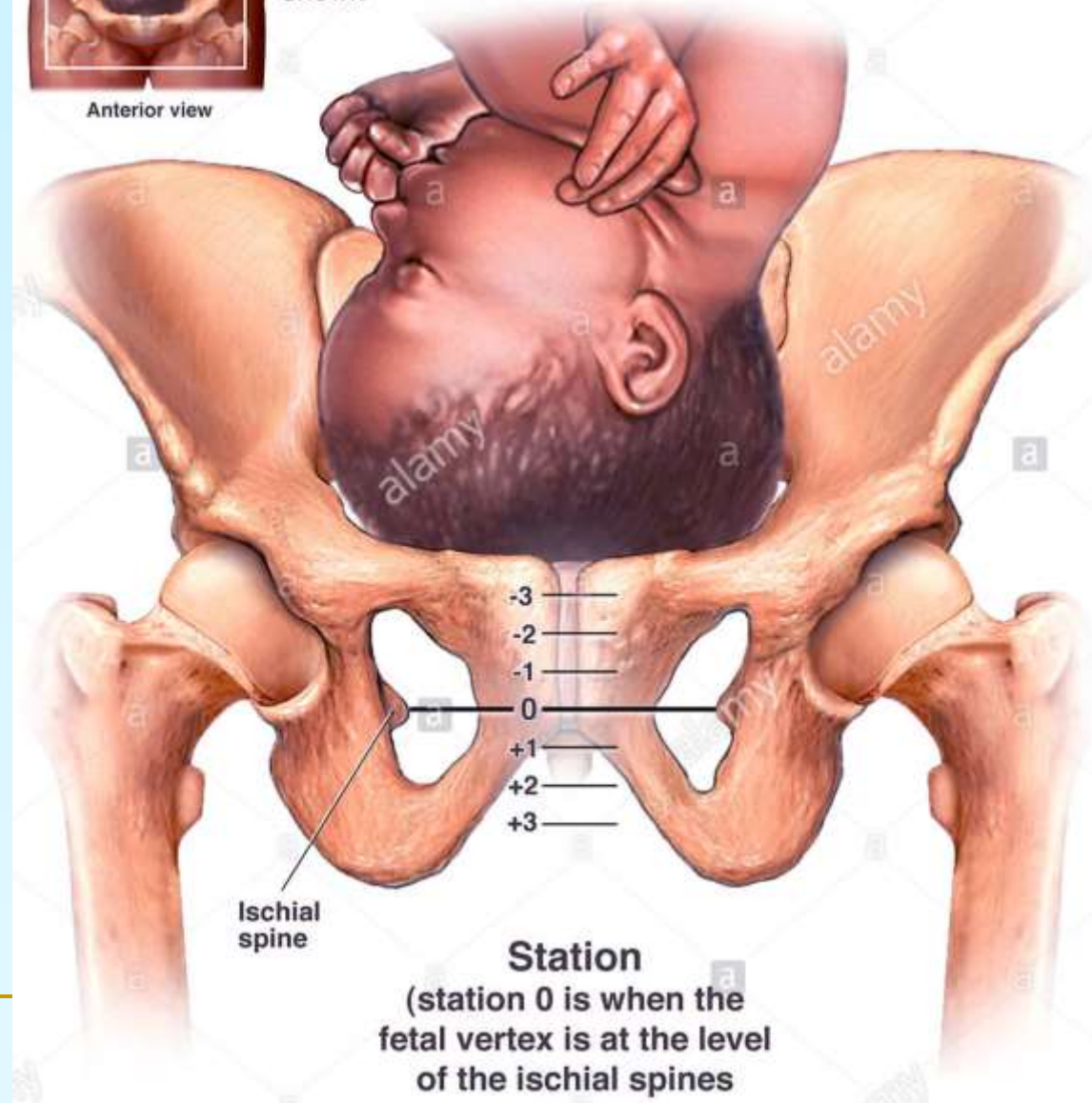
**It include:**

- 1- dilatation**
  - 2- effacement**
  - 3- station**
  - 4- position of the cervix**
  - 5- consistency**
-



Anterior view

Area  
shown



-3  
-2  
-1  
0  
+1  
+2  
+3

Ischial  
spine

### Station

(station 0 is when the  
fetal vertex is at the level  
of the ischial spines)



# MANAGEMENT OF THE 1ST STAGE

## Woman in the latent phase:

- Encouraged mobilization,
- Adequate analgesia, and support
- Light foods and drinks
- Urine testing (for protein and glucose),
- CBC.
- Blood sampling to be available for cross-match
- If she is low risk she can go home and come back when contractions increased

# **MANAGEMENT OF THE 1ST STAGE**

## **active phase:**

- Maternal blood pressure (BP) and temperature recorded every 4 hours,
  - pulse should be recorded every hour during the first stage of labor and every 10 minutes during the second stage of labor.
  - Vaginal examination in early labour is infrequently performed (4 hourly is the standard) and the frequency may be increased accordingly to assess dilatation and descent of the presenting part, and every 1 hour in the 2<sup>nd</sup> stage
  - No need to do ARM if the labor is progressing well.
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# **MANAGEMENT OF THE 1ST STAGE**

- **Adequate monitoring of both the maternal and fetal conditions**
- **giving her antacid, adequate analgesia and may be urinary catheter if labor is prolonged and abnormal, or if she has epidural analgesia**
- **evacuate the rectum ( may be done by enema) in the 1st stage.**
- **All of the data obtained since the admission to the labour ward should be recorded on a partogram**

# PARTOGRAPH

## The WHO Partograph

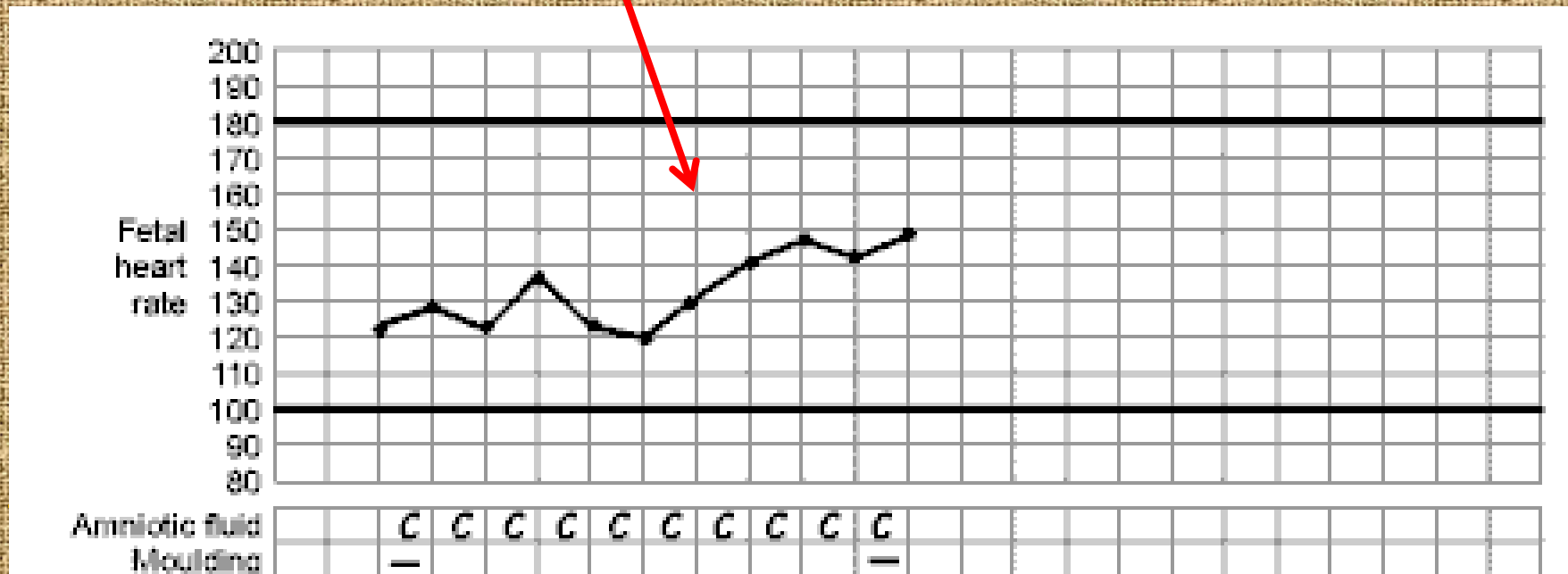
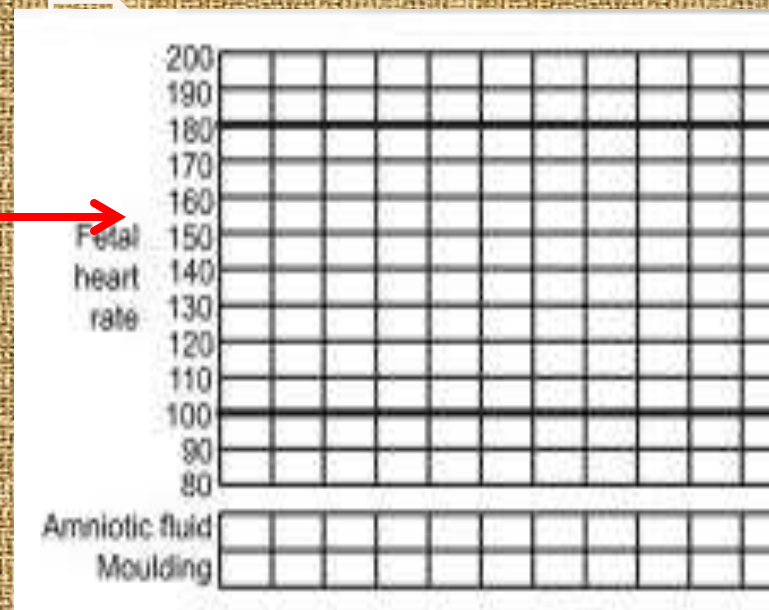
Name	Gravida	Para	Hospital number
Date of admission	Time of admission	Ruptured membranes	hours
Fetal heart rate			
Amniotic fluid Moulding			
Cervix (cm) [plot X] Descent of head [plot O]			
Hours			
Contractions per 10 mins			
Oxytocin U/L drops/min			
Drugs given and IV fluids			
Pulse and BP			
Temp °C			
Urine { protein acetone volume			

# WHO PARTOGRAPH 2010

## The WHO Partograph

Name	Gravida	Para	Hospital number
Date of admission	Time of admission	Ruptured membranes	hours

# Fetal condition fetal heart recording AF moulding





# Amniotic fluid

Intact  
membranes

I

Clean

C

Meconium-  
stained

M

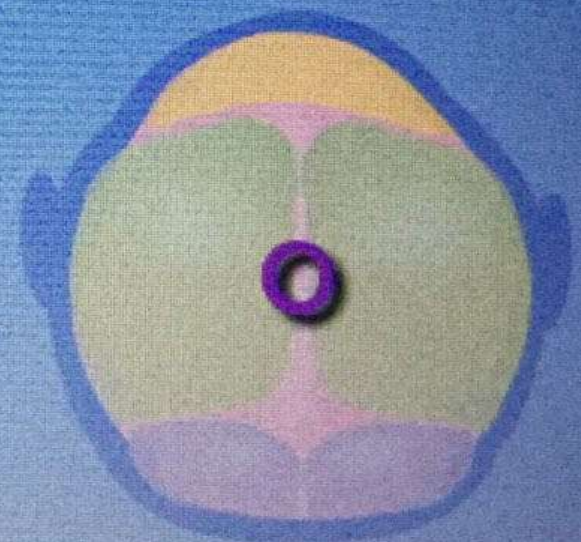
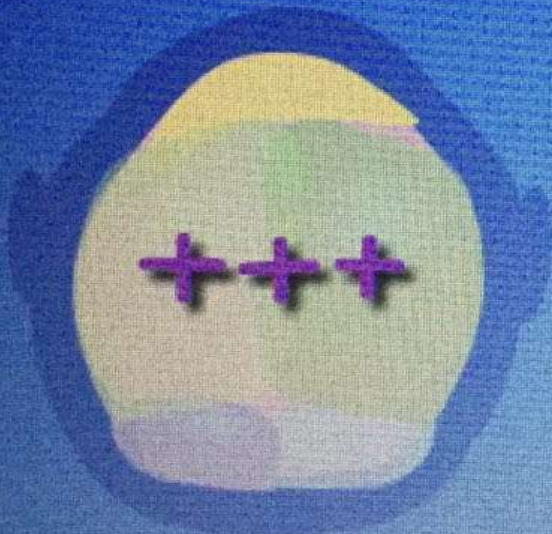
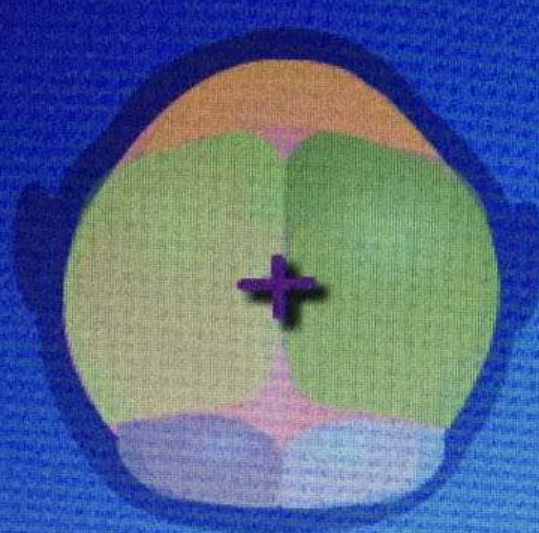
Blood-  
stained

B



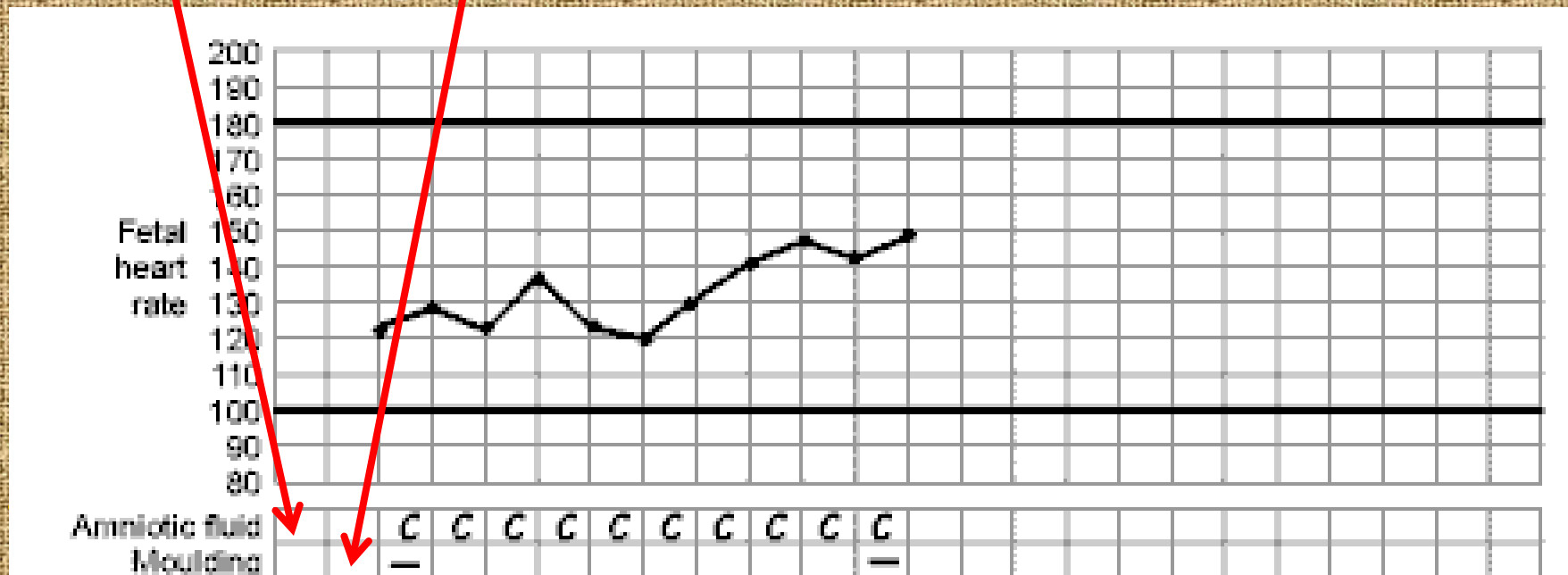
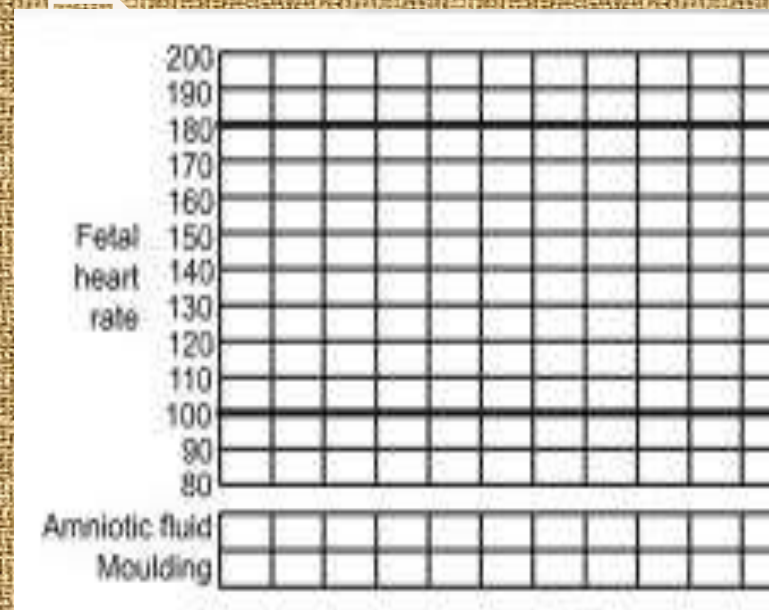


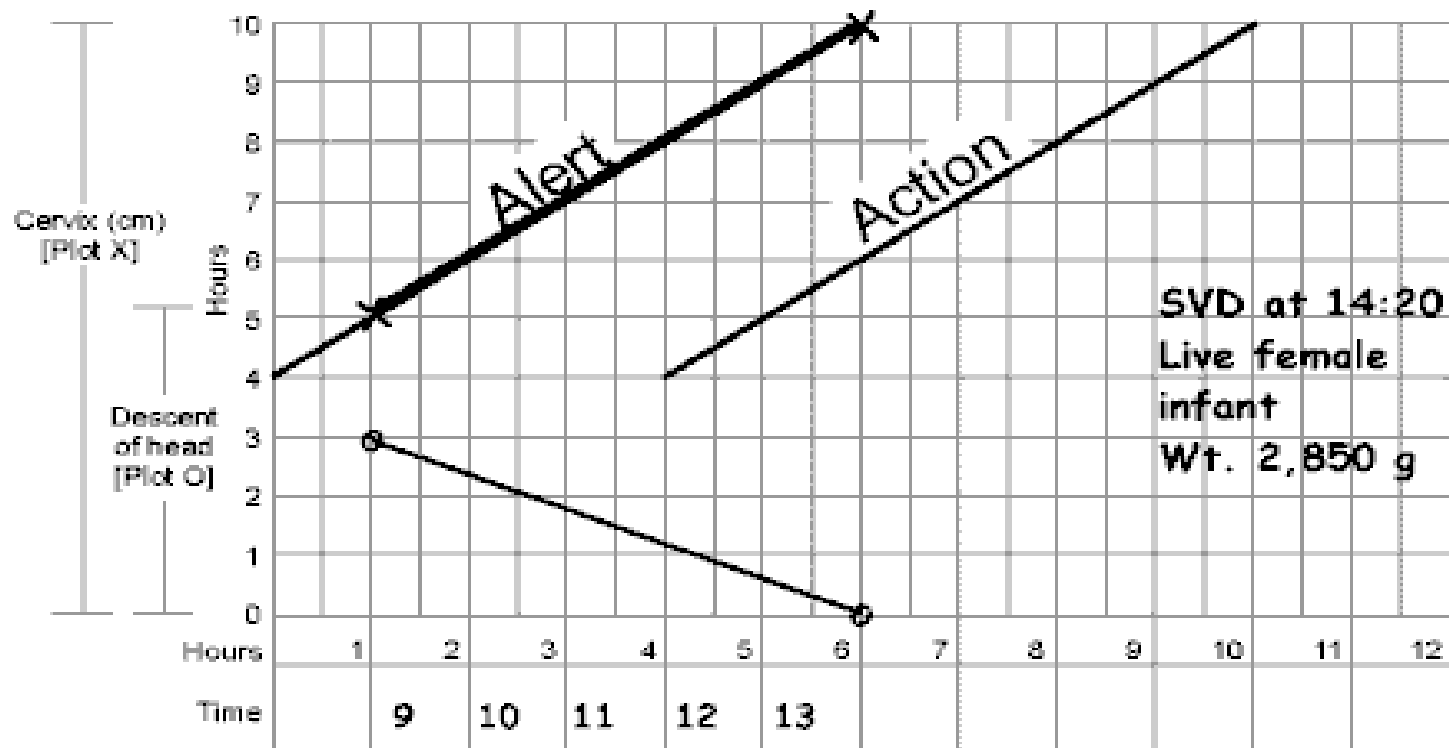
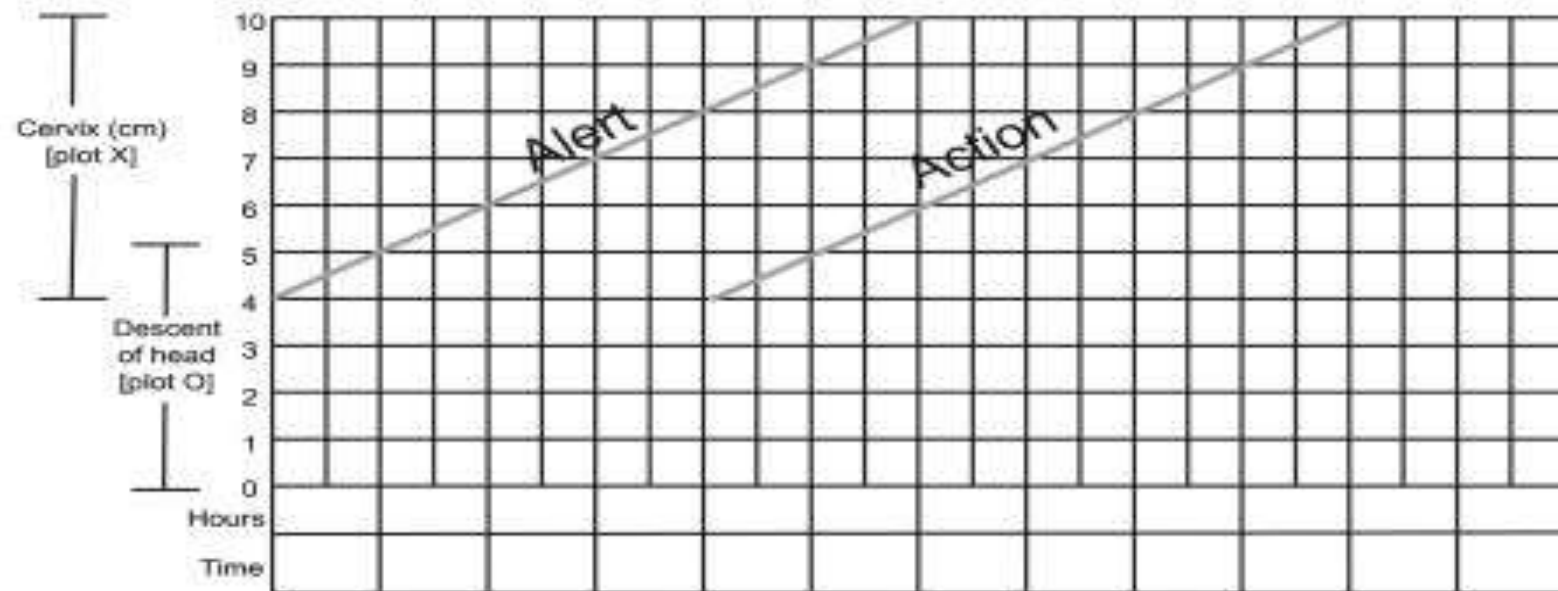
# moulding



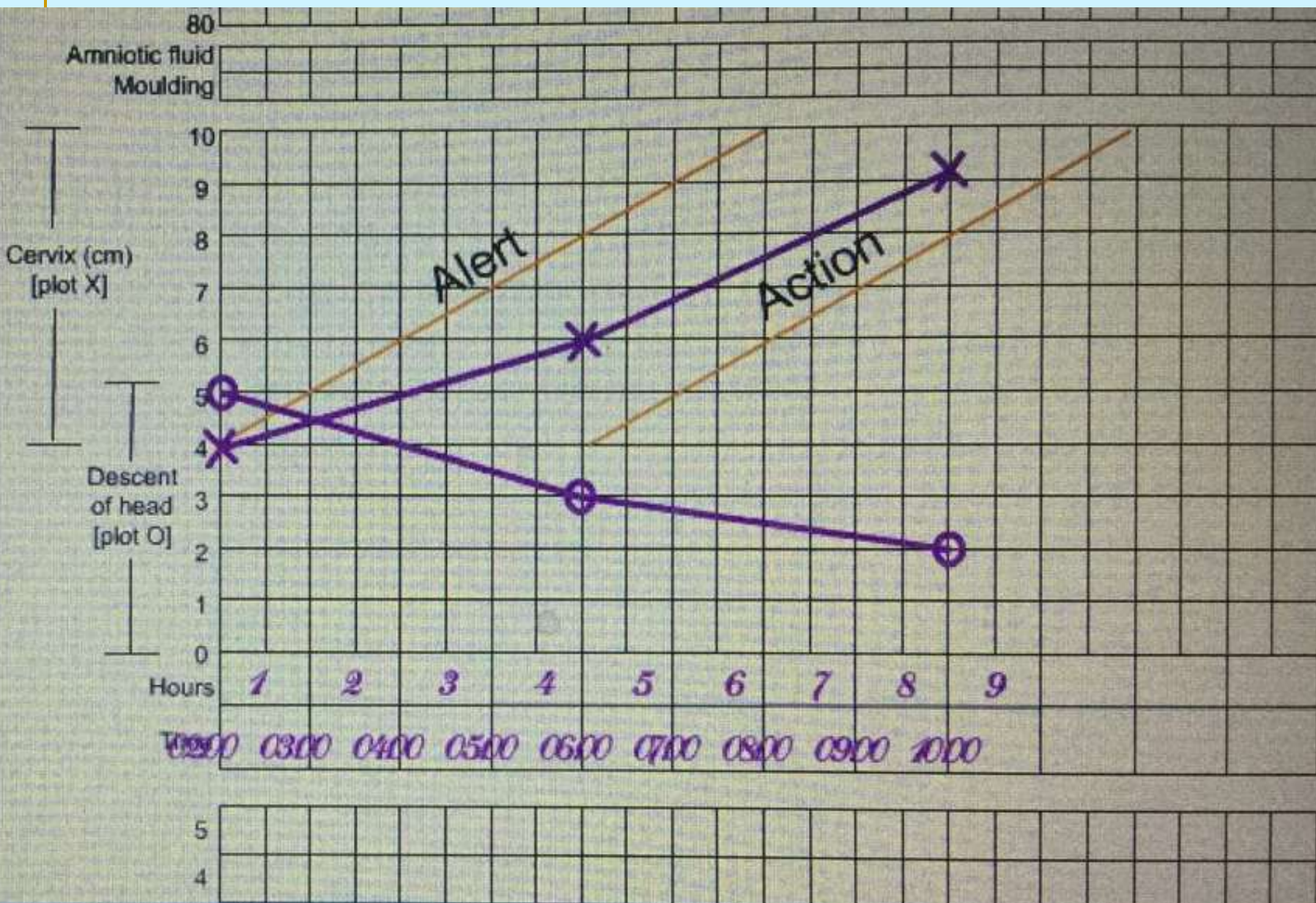


# Fetal condition fetal heart recording AF moulding







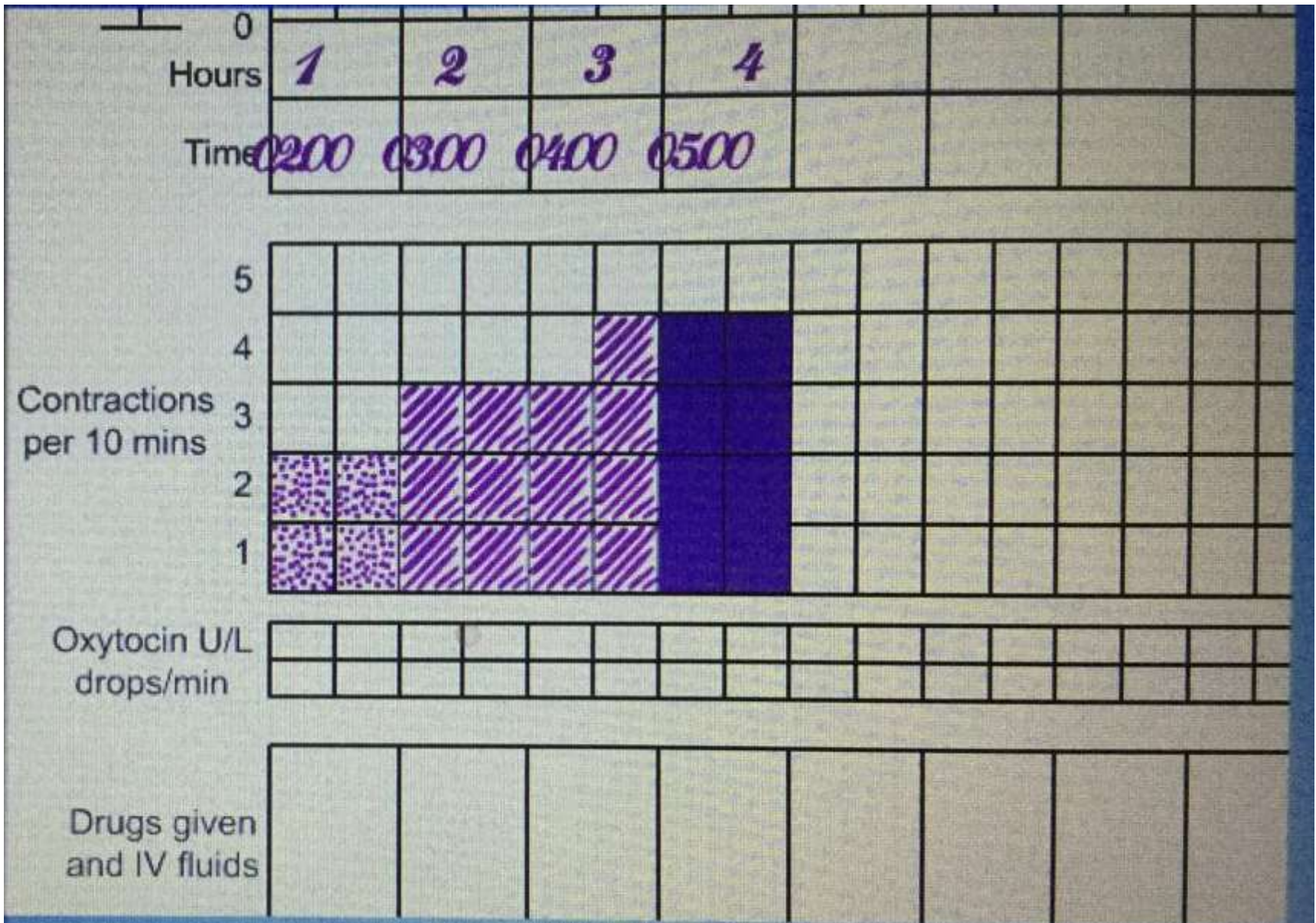


# contractions

[illegible]

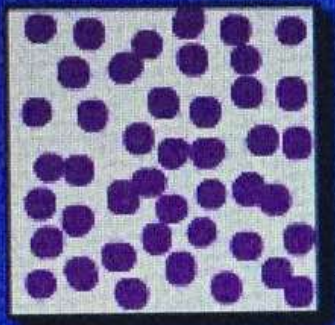


# Ut contractions





# Uterine contractions



**contraction  
lasted less than  
20 seconds**



**contraction  
lasted less than  
40 seconds but  
longer than 20  
seconds**



**contraction  
lasted more than  
40 seconds**





0  
Hours

1

2

3

4

5

Time

2:00

3:00

4:00

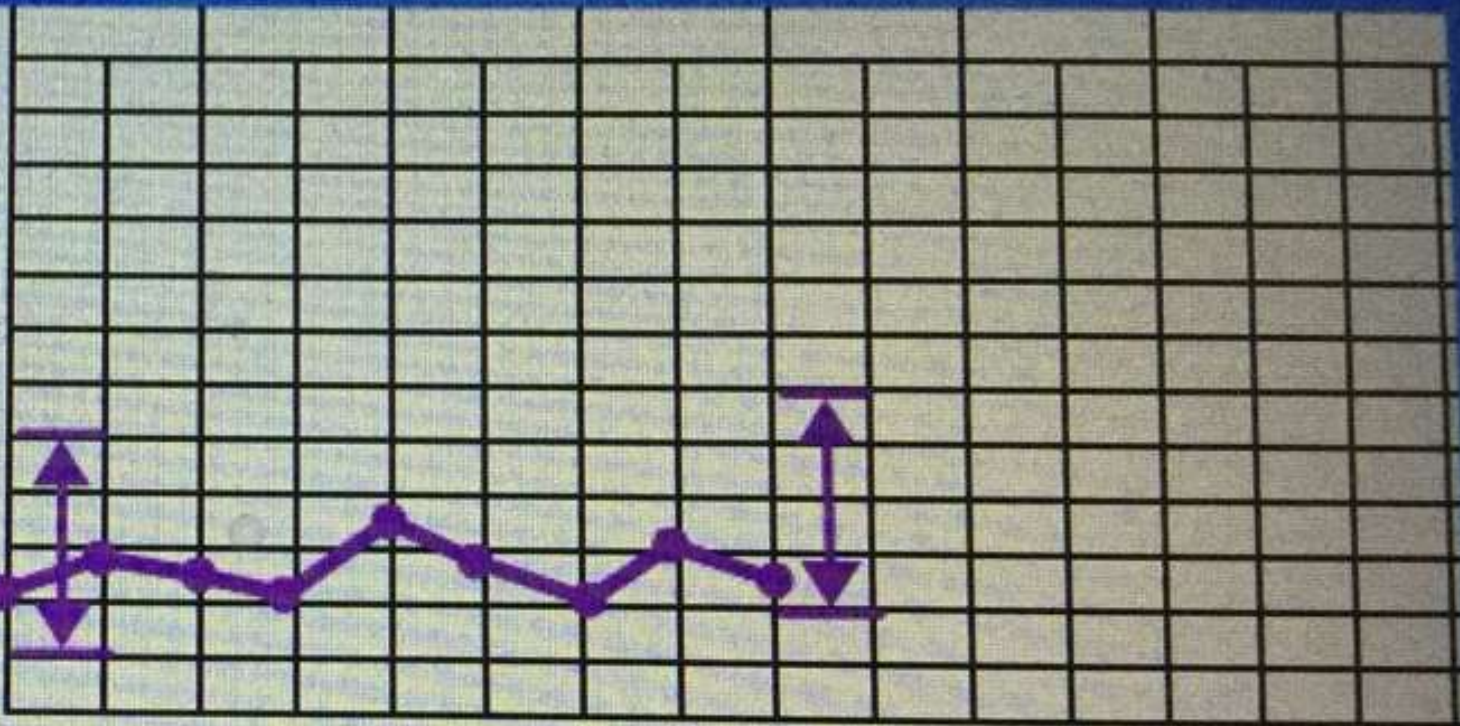
5:00

6:00

Pulse  
and  
BP



180  
170  
160  
150  
140  
130  
120  
110  
100  
90  
80  
70  
60





# NORMAL LABOUR

