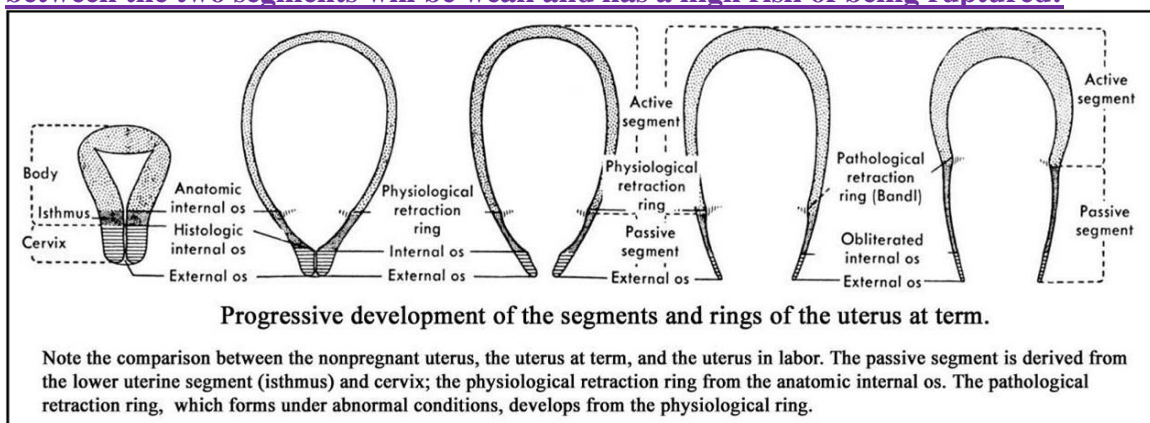




- **For a smooth progression of labour, you need to assess the following important factors:**
  - Passenger (represented by the baby).
  - Power (represented by uterine contractions).
  - Passage (represented by the pelvis).
- **What does obstructed labour mean?**
  - When there is poor or no progression of labour despite the presence of uterine contractions. Therefore, the problem is not in the power but in either the passage or the passenger.
  - Obstructed labour represents 1-2% of referral cases in developing countries.
- **Problems in the fetus which can lead to an obstructed labour:**
  - Macrosomia (big baby).
  - Abnormalities in the baby such as hydrocephaly or hydrops fetalis.
  - Malpresentation of the fetus.
  - Malposition of the fetus (e.g. occiput is posterior).
- **Maternal causes which might result in obstructed labour:**
  - Narrow pelvis (android type).
  - Fibroids (especially in the lower segment of the uterus).
  - Rectal/ urinary bladder tumors.
  - Stenosis of the cervix or vagina.
  - Presence of vaginal septum.
  - Contraction rings of the uterus.
- **How to diagnose an obstructed labour?**
  - When there is a prolonged labour with no progression although there are good uterine contractions.
  - **Vital signs:**
    - ✓ ↑ Pulse (tachycardia).
    - ✓ Blood pressure is normal.
    - ✓ ↑ Temperature.
    - ✓ The patient is dehydrated.
- **What is a partogram (you will find a copy in the 3<sup>rd</sup> page)?**
  - It is a graphical record of key data (maternal and fetal) during labour entered against time on a single sheet of paper. Relevant measurements might include statistics such as vital signs, duration and progression of labour, cervical dilation and descent, fetal heart rate and medications administered to the mother.
- **Notice that during labour, the lower segment of the uterus is relaxed and dilated while the upper segment is the one which is contracting forcefully → the area between the two segments will be weak and has a high risk of being ruptured!**





- **Management of obstructed labour:**

• **General measures:**

- ✓ Rehydration.
- ✓ Analgesia (for pain).
- ✓ Tocolytics (for hard uterine contractions).
- ✓ Blood sample for cross-matching.
- ✓ Catheterization.
- ✓ Broad-spectrum antibiotics (to prevent infection).

• **Obstetric measure:**

- ✓ Cesarean section.

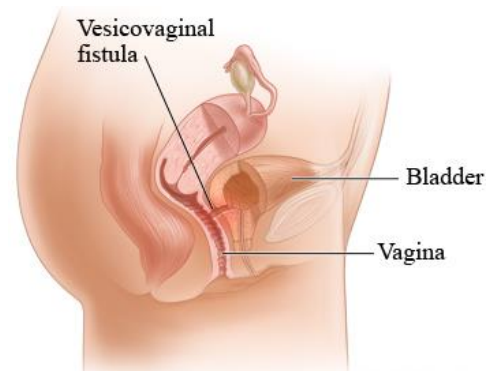
- **Complications of obstructed labour:**

• **Ruptured uterus.**

- **Vesicovaginal fistula:** it is an abnormal fistulous tract extending between the bladder and the vagina that allows the continuous involuntary discharge of urine into the vaginal vault.

- **Puerperal sepsis:** an infection of the genital tracts which occurs as a complication of delivery.

- **Effects on the fetus:** fetal death and intracranial hemorrhage.



REG. No. 1234567

SLR-NAME  
FIRST  
F.N.

DATE 08-01-03

E.D.D. 06-01-03

PARITY G2 P1

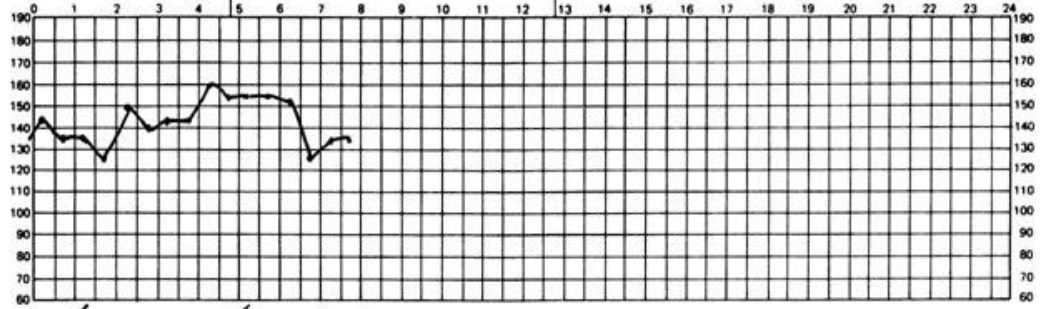
SPECIAL INSTRUCTIONS



CONSULTANT

AGE 24

FETAL HEART RATE

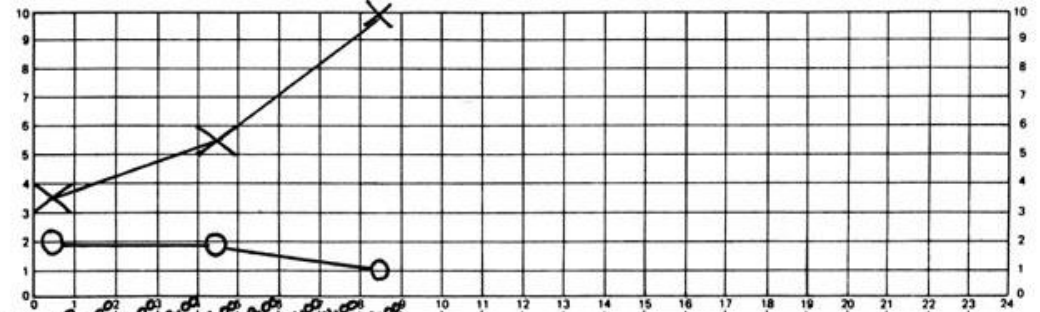


DURATION OF RUPTURE OF MEMBRANES  
..... Hrs.

LIQUOR MOULDING  
CONTRACT X  
CONTRACT X  
CLEARE SHOW X

CERVIX  
DISCERNMENT

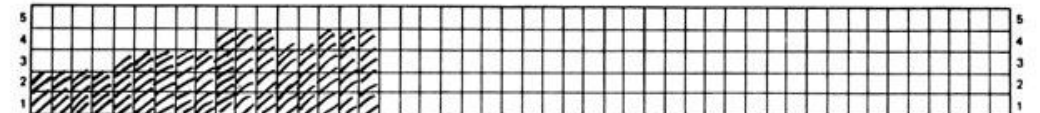
DURATION OF LABOUR  
..... Hrs.



Ref. CO'S

OXYTOCIN DROPS/MIN.

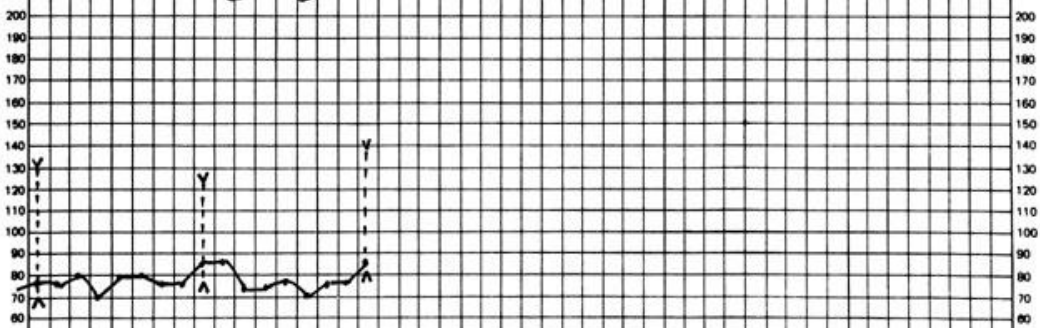
CONTRACTIONS PER 10 MINS.



DRUGS AND I. V. FLUIDS (inc. Epidural)

Sanitidine 150 mg  
EuteneX  
Pethidine 150 mg  
Pethidine 150 mg  
Pethidine 150 mg

BLOOD PRESSURE AND PULSE



URINE

PROTEIN  
ACETONE  
GLUCOSE

TEMPERATURE

0  
0  
0  
36.6  
36.7  
37