

Labour Dystocia

Labour Diagnosis : Regular, painful contractions leading to **CERVICAL CHANGE**

STAGE OF LABOUR	DESCRIPTION	AVERAGE DURATION	WHEN TO CONSIDER PROLONGED	WHEN TO CONSIDER ARRESTED/ OBSTRUCTED <i>... in presence of adequate contractions</i>
Stage 1	0 – 10cm Dilation <i>*Active first stage is after 4-5cm dilation*</i>	5.3 hours (Nullips) 3.8 hours (Multips) 7.7 hours (Nullip w. BMI > 40) 5.4 hours (Multip w. BMI > 40)	<1-2cm dilation per hour once in active phase	2 hours NO progress 4 hours with <0.5cm of change/hour
Stage 2	10cm to delivery of baby <i>*may have passive descent or active pushing*</i>	0.6 hours (Nullip, No Epidural) 1.1 hours (Nullip w. epidural) 0.2 hours (Multip, No epidural) 0.3 hours (Multip w. epidural)	Nullip pushing > 3 hours (no epidural) > 4 hours (with epidural) Multip pushing > 2 hours (no epidural) > 3 hours (with epidural)	Lack of Progress ... Pushing for > 1 hour with no descent of presenting part [BONY head NOT caput]
Stage 3	Delivery of infant to delivery of placenta	Immediate to 30 minutes post delivery	30 minutes after delivery	<p>Oxytocin Tips :</p> <ul style="list-style-type: none"> - Risks : Tachysystole, Hypotension, Uterine Rupture, Water intoxication - Can't give Gravol through the same IV!
Stage 4	First 1-2 hours Post-partum			

Think About Optimizing the 4 P's Of Dystocia...



Pushing = maternal effort, need for oxytocin?, AVB
Passage = pelvis, full bladder
Passenger = Size, Presenting part, Fetal anomalies
Psych = Pain, Anxiety

Key Interventions for Dystocia :

1. Augmentation : Oxytocin to target 4-5 strong contractions in 10 minutes
2. Assisted vaginal delivery – in second stage only
3. C-Section

Risks Of ...

Prolonged second stage :
 Chorioamnionitis, Endometritis, PPH,
 Urinary retention, Fistula (if zero intervention)

C-Section : bleeding, injury to surrounding structures, infection (surgical site, endometritis), VTE, prolonged recovery, implications for future deliveries

Assisted Vaginal Delivery : OASI, Urinary/Flatal/Fecal incontinence, prolapse, vulvar/vaginal hematoma

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