

LABOUR

DEFINITION OF LABOUR

It can be defined as the onset of regular rhythmic and intermittent uterine contraction of the uterus till the full dilation of the cervical OS and delivery of the fetus, placenta and its membranes through the birth canal after 37-40weeks of gestation.

OBJECTIVES OF THE DISCUSSION

- 1 To prime clients mind to ensure that mother and child are safe after delivery
- 2 Is to ensure an understanding of the process
- 3 To allay anxiety

TYPES OF LABOUR

1. FALSE LABOUR: This is characterized by uterine contraction but may be irregular and there is absence of cervical dilatation. You think labour has started but it turns out to be a false alarm. The pain will fade away; the contractions of false labour will often ease with warm birth.
2. TRUE LABOUR: This is characterized by regular rhythmic uterine contraction. However, painful contractions alone are not sufficient to make the diagnosis of labour, these contractions must be accompanied by cervical dilatation and effacement.

Now, difference between true labour and false labour are as follows.

	FALSE LABOUR	TRUE LABOUR
1	Contractions come at irregular intervals(10mins,5mins apart with no pattern)	Contractions come at regular intervals(every 4 to 6mins)
2	Contractions do not get progressively close together	Do get progressively close together
3	Contractions do not get progressively stronger	Do get progressively stronger
4	Contractions may slow, stop, or decrease in intensity if you change positions, take a shower	Do not slow, stop or decrease in intensity if you change positions, take a shower or

	or drink water	drink water.
5	Contractions are typically felt in the lower abdomen only.	Contractions are typically felt in the lower back as well as the abdominal and uterine areas.
6	Bloody show and lots of mucus plug can occur up to three days before labour onset, so this could actually occur during false labour, however, if your water breaks the baby should be delivered within 24 hours to prevent infection.	Contractions may be accompanied by bloody show, loss of mucus plug or occasionally rupture of membranes.

NOTE: If you are not sure whether your contractions are signs of true labour, start timing your contractions. Write down the time each contraction starts and stops as well as the length of time from the end of one contraction to the beginning of the next(The interval.) It is also a good idea to note the intensity. If the contractions seem to last for less than 30seconds and with variable time between them it is probably false labour.

If the contractions last for more than 30seconds and seem to be occurring at regular intervals (especially, if that interval is 6mins or less) you could be in true labour. Try drinking a glass of water, lying down, going for a walk, or taking a shower.

Next, decide whether these actions affected the contraction. If the intensity or duration of the contractions, decrease or the interval between them increased, it is probably false labour.

However, if the contractions remained strong, long, and close together, you are probably in true labour.

It is very common for women to mistake false labour for true labour.

- There is no reason to feel embarrassed or shy about it.
The age of pregnancy will be put into consideration in any contraction e.g. contraction before term. Doctor will need to stop the pre- term contraction either by use of drug or admission where necessary.

CAUSES OF ONSET OF LABOUR

There are two causes of onset of labour:

HORMONAL:

- Oxtocin
- Progesterone deprivation theory.
- Oestrogen stimulating theory.

MECHANICAL

- Increase contractibility
- Pressure of the presenting part on the cervical nerve ending.
- Hyper-pyrexia
- Strong emotion
- Cyanosis
- Over distention

Duration of Labour Depends on:

Parity, Presentation, Size of the baby, Type of pelvis, Strength and frequency of uterine contraction

WHAT TO DO IF YOU ARE HAVING PRE-TERM CONTRACTION:

1. Avoid strenuous exercises
2. Bed rest
3. Avoid sexual intercourse
4. Consult your doctor

STAGES OF LABOUR

- 1st Stage of Labour
 - 2nd Stage of Labour
 - 3rd Stage of Labour
 - 4th Stage of Labour¹
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1ST STAGE OF LABOUR

It starts from the onset of regular rhythmic and intermittent uterine contraction of uterus till the full dilation of the cervical OS. It is called Dilation of the cervical OS Stage. It's divided into latent and active phase.

I **LATENT PHASE:** Its prior to active 1st stage of labour and may last 6-8hrs in primip and 4-6hrs in multiple. It's said to be in the latent phase, when the cervix dilates from 0-3cm.

II **ACTIVE PHASE:** the cervix undergoes more rapid dilatation. It begins when the cervix is 3-4cm dilated and with the presence of regular rhythmic uterine contractions and it's complete when the cervix is fully dilated (10cm)

The frequency, strength and duration of contraction vary accordingly. In the latent phase contraction are less frequent, mild and may not last long.

While in active phase, the contractions become more frequent, strong and last longer until there is an urge to bear down.

2ND STAGE OF LABOUR

It start from the full dilation of the cervical OS till the Expulsion of the foetus it is called stage of expulsion of foetus

Sign of second stage:

1. Vomiting in some people
2. Presenting part is visible
3. Bulging of the perineum
4. Vulva gapping
5. Expulsive uterine contraction
6. Trickling of blood from the vagina orifice
7. Anus pouring and gapping

EPISIOTOMY

This is an incision through the perineal tissue which is designed to enlarge the vulva outlet during delivery.

REASONS FOR EPISIOTOMY

1. To speed delivery if there is foetal distress.
2. To minimize the risk of intra-cranial damage during pre-term and breech delivery
3. To prevent over-stretching of the perineal muscles with the intention of preventing the longer term problem.

3RD STAGE OF LABOUR

It starts immediately after the delivery of the baby till the placental and its membranes are expelled and also arrest of haemorrhage. It is called stage of placental expulsion.

4TH STAGE OF LABOUR

This is after a period of 30mins to one (1) hour following the expulsion of placental. It is called Recovery Stage. The mother is observed closely for risk of post partum haemorrhage.

Mother and baby are kept in the labour room under the watchful eye of the midwife.

TYPES OF LABOUR

There are true and false labour

- **FALSE LABOUR:** this is characterized by uterine contraction but may be irregular and there is absence of cervical dilatation.
- **TRUE LABOUR:** this is characterized by regular rhythmic uterine contraction

SIGNS OF TRUE LABOUR

- Regular rhythmic uterine contraction
- Presence of show
- Cervical dilation and effacement
- Rupture of fore water (not in all cases))

MANAGEMENT OF THE FIRST STAGE OF LABOUR

- Admission
- Take history of onset of labour rupture of membrane, presence of show
- Monitoring of fetomaternal condition
- Vaginal examination: this is done to note;

1. The presenting part
2. To know the state of the membrane
3. To monitor the delay or progress in labour
4. To exclude cord prolapsed
5. To confirm full dilation of the cervix
6. To decide whether the patient can be left delivered on her own or not.
7. Identification of any abnormality.
8. Progress of labour

COPING WITH THE 1ST STAGE

- Assume a comfortable position
- Diversional therapy
- Take a long breath with your mouth open
- Ambulation i.e. walking to aid descent.

MANAGEMENT OF SECOND STAGE OF LABOUR

- Prepare the delivery room to receive the baby
- Take the client to 2nd stage room
- Position the patient on the coach
- Tell her how to push in between contraction.
- Give episiotomy when the baby's head is crown and if the baby is big especially primip.
- Resuscitate the baby and keep warm.
- Give Ergometrin 0.5mg I/V or IM.
- Remove placenta and its membrane.
- Examine the placenta for completeness.
- Check the mother for tear or laceration, if episiotomy is given, repair immediately.
- Express clotted blood
- Stimulate uterus for contraction.
- Clean the woman and let her take her bath if she is fit to do so, if not allow her to rest and do it later.

FOURTH STAGE OF LABOUR.

- Transfer mother to recovery room.
- Make her comfortable by giving her favourite food she wants.
- Take vitals after, that is blood pressure and temperature and compare with the previous.
- Encourage and teach her how to put the baby breast when the baby is ready to suck.

OUTCOME OF LABOUR

The outcome could be favorable or unfavorable. If unfavorable i.e. delay of either the latent or the active phase labour, induction, Augmentation or surgical intervention is advocated.