

## **MANAGEMENT OF ABNORMAL LABOUR**

**Definition:** - Any labour that lasts for more than 36hours should be considered abnormally prolonged; 20hours in primigravida > 14hours in a multipara. Therefore any patient who has been in the first stage of labour more than 24hours must be admitted to a hospital (if not already there) having facilities for –

- (a) All operative obstetric procedures and
- (b) Adequate resuscitation and care of newborn infants.

There is a place for domiciliary treatment with such prolonged labours.

### **THE EFFECTS OF PROLONGED LABOUR**

Effect on the mother: Emotional effects include loss strength, loss of confidence in herself and her doctor. She appears to be less cooperative and often moans, 'never again'. As the hours pass, she tends to become worried and anxious and later restless and distressed.

Physical effects are in the main due to lack of rest because of the recurring pain of the contractions, dehydration from inadequate intake of fluids in association with poor absorption and in the later stage infection, thus we see a patient with rising pulse and respiratory rate who may also have pyrexia. She may have difficulty in emptying the bladder and the bowel becomes distended in order to prevent the uterus, cathartic is passed and enema given.

Local effects determined on palpation of the uterus depend on whether obstructed labour or in coordinate labour is dominant. If the former, strong prolonged frequent contractions occur and a rising bandles' ring is felt indicating the approach of uterine rapture. If coordinate uterine action of the hypertonic type dominates, then the patient has irregular, frequent and very painful contractions. On palpation the contractions do not feel strong yet the patient often complains of their intensity before the observer can detect them. A bandles' ring is rarely if ever seen or felt. Many of these patients have a desire to bear down before full dilation of the cervix. Bearing down at this stage must be resisted because it will increase the oedema of the cervix and add to the difficulties of the labour. On vagina examination, the presenting part may be found to be high with the cervix partially dilated and poorly applied to the presenting part. The cervix is thick, membranes usually rupture early and caput succedaneum may be evident. The vagina becomes hot and dry.

Effect on the foetus: Prolonged labour always exposes the foetus to an increased risk, which rises after 24hrs and then very steeply after 36hrs. A rising f.

Causes of prolonged labour

The causes of a prolonged labour are usually found among adverse factors in:

- i) The pelvis (passage)
- ii) The foetus (passenger)
- iii) The uterine Action

More usually a combination of factors is operative rather than any one single factor.

- 1) The Pelvis:- Pelvic disproportion may be:-
  - a) Absolute ; such as contracted pelvis or
  - b) Relative; as for example, with tumors or cysts which may be in the pelvic bones or merely in pelvic organs.
- 2) The foetus: The factors may occur in a normal-sized baby with a malpresentation such as brow occipito-posterior position and mento-posterior position breech presentation. It can also be found in an unusually large infant (diabetes) and an abnormal infant with an unusually large feature (hydrocephaly, foetal ascites).
- 3) Uterine Action: The uterine action may be of two types-
  - a) Over action, as in obstructed labour with absolute cephalo-pelvic disproportion. The porous uterus responds to obstruction by more frequent and more powerful coordinate contractions.
  - b) Under action, which may be classified as:
    - i) False labour hypotonic uterine action
    - ii) Hypertonic uterine action of different varieties, viz asymmetrical uterine action, cervical dystopia.

Constriction ring dystopia and colicky uterine action.

These three broad groups are, of course, in turn influenced by the height, build (e.g. dystocia dystrophic type) age at first parity and social class of the patient. What the lower social group lose in their small pelvis, they gain in their youth and good uterine action what the upper social groups gain in their larger pelvis, they lose in their greater age and poor uterine function.

### **MANAGEMENT**

Early labour: The most useful practical method of avoiding in coordinate uterine action is to give sedatives and analgesics in early labour so that pain is relieved and apprehension is allayed such drugs as pethidine and morphine given either alone or together.