

ABNORMAL LABOUR

INTRODUCTION

Labour is the process whereby the foetus, placenta and membranes are expelled through the birth canal.

Thus the following are abnormal labour;

1. INDUCTION OF LABOUR

This is an attempt to bring regular uterine contraction artificially.

Reasons for induction;

- Post maturity (post datetism)
- Pregnancy induced hypertension(PIH)
- Diabetes mellitus
- Intra-uterine death(IUD)

Induction with cytotec: This is the use of a drug inserted into the vagina *precisely at the neck of the cervix.*

Induction with oxytocin: This is the use of an injection into a drip

2. TRIAL OF LABOUR

This is conducted to see if normal vagina delivery is possible despite the fact that the head is not engaged, or after a previous caesarian section.

3. CORD PROLAPSE

The cord is said to prolapse when it lies below the presenting part of the baby after the membranes have rupture.

CAUSES OF CORD PROLAPSE

- Abnormal presentation and position of the head e.g. in breech presentation
- Premature rupture of the membranes especially when the head is high and the patient is walking about.

- Grande multiparty because the foetal head may not be engaged when the membranes rupture.
- Prematurity because the foetus is small
- Multiple pregnancy

4. PROLONGED LABOUR

This is the labour lasting more than 24 hours.

CAUSES

- Cephalo-pelvic disproportion
- Contracted pelvis
- Deep transverse arrest
- Malpresentation such as shoulder and face presentation

OUTCOME OF PROLONGED LABOUR

Foetal distress i.e. reduced oxygen supply to the baby

Maternal distress this means maternal exhaustion i.e. the strain and stress of labour have proved too much for the mother.

5. OBSTRUCTED LABOUR

This refers to a situation in which the descent of the presentation is arrested despite good and efficient uterine contractions.

EFFECTS OF OBSTRUCTED LABOUR

Most cases of obstructed labour have had no antenatal care. They often labour at home for hours or days thus arriving at the hospital exhausted, septic and dehydrated. At times the uterus may rupture and the woman die of hemorrhage (bleeding)

6. RUPTURE OF THE UTERUS

This means tearing or bursting of the uterus.

CAUSES

- Obstructed labour
- High parity
- Previous trauma to the uterus e.g. C/S
- Difficult obstetric manipulation
- Abuse of oxytocin drugs

7. CAESAREAN SECTION

This is an operation whereby the fetus is extracted from the uterus through an incision made in the abdominal and uterine walls.

TYPES OF CAESEARAN SECTION

1. **ELECTIVE C/S:** This is a planned operation whereby the doctor decide to deliver the baby by C/S some reasons or the patient decide to have it done on a particular date usually after 38wks of gestation or at term. On the other hand, the operation can be done if the membrane rupture or patient goes into labour.
2. **EMERGENCY C/S:** This is so-called because the operation is not planned. In most cases, the patient would have been in labour or something just happened and the operation is performed to save the life of the mother and the baby.

REASONS FOR C/S

- Cephalo-pelvic disproportion
- Malpresentation and abnormal lie e.g. transverse lie
- Placenta praevia
- Foetal distress
- Maternal distress
- Pregnancy induced hypertension(PIH)
- Failure to progress
- Previous c/s for disproportion
- Failed induction of labour
- Failed trial of labour
- Previous rupture of the uterus
- Prolapsed of the umbilical cord
- Bad obstetric history
- Elderly primigravida who has for years been infertile
- Gynaetresia: structural abnormalities of the vagina
- Obstructed labour due to presence of fibroid
- Optional