Normal Labor and Childbirth

Module 5

Normal Labor and Childbirth

Session Objectives :

By the end of the session, participants will be able to:

- Describe the steps of a rapid initial assessment
- Explain the stages and diagnosis of labor
- Learn to conduct normal delivery under aseptic conditions
- List harmful practices to avoid during labor

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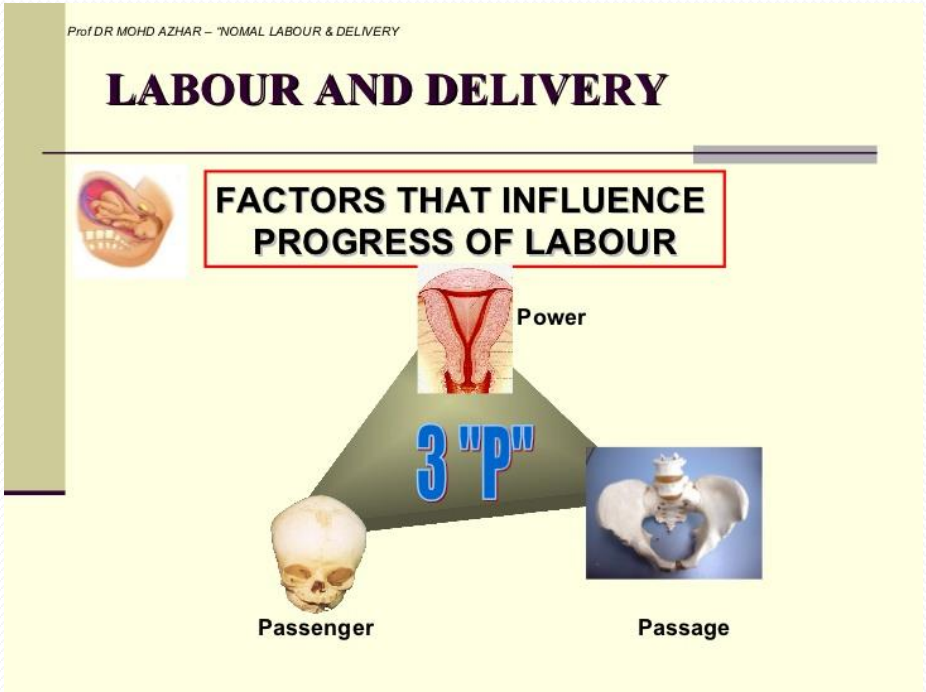
Definition of Normal Labor

Labor is the onset of regular painful contractions, with progressive cervical effacement and dilation of cervix accompanied by the descent of the presenting part of the baby.



Why Is Care during Labor and Delivery Important?

- To protect the life of the mother and newborn
- To support normal labor and detect and treat complications in a timely fashion
- To support and respond to needs of the woman, her partner, and her family during labor and childbirth

Rapid Initial Assessment

- Rapid evaluation of the general condition of a woman, including any complications and vital signs (pulse, blood pressure, respiration, and temperature)
- Assessment of fetal condition: Listen to fetal heart rate immediately after a contraction; if < 120 or > 160 beats/minute, suspect fetal distress
- If membranes have ruptured, note color of the draining amniotic fluid; if green or brown, suspect fetal distress
- **Give immediate attention to the woman if any problems occur, and record findings.**

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Physical Exam

- Full history
- Intensity and duration of contractions
- Abdominal examination and palpation
- Fetal heart sounds
- Vaginal examination
- Record all findings; begin partograph if cervix is dilated 4 cm or more

Supportive Care during Labor

- Encourage the woman to have personal support from a family member.
- Speak to the woman in a kind and supportive manner.
- Ask the woman to wash her perineal area with soap and water.
- Encourage the woman to empty her bladder.
- Ensure mobility:
  - Encourage the woman to move about freely.
  - Support the woman's choice of position for labor and birth.

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Supportive Care during Labor (cont'd)

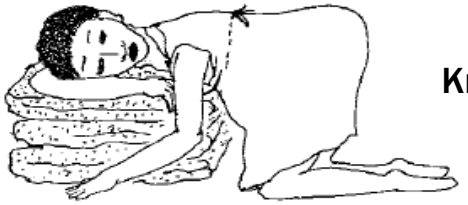
- Encourage the woman to eat and drink as she wishes during labor.
- Encourage the woman to breathe out more slowly than usual and relax with each expiration.
- If the woman is distressed by pain:
  - Suggest changes of position.
  - Encourage her companion to massage her back.
  - Express sympathy and understanding.

Hands and knee

Supportive Care during Labor: Support the woman in using different positions during labor

Lying on side

Sitting backwards



Kneeling

Standing

Walking

Sitting

Sitting using birthing stool

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Four Stages of Labor

Stage 1: From onset of labor to complete dilation of cervix

Stage 2: Delivery of baby

Stage 3: Delivery of placenta

Stage 4: Stabilization of patient's condition until six hours after delivery

Preparation for Labor

- **Lightening:**

  Fetal head settles into the brim of the pelvis (flat upper abdomen versus prominent lower abdomen)

  – Occurs two or more weeks before labor

  – In multigravidas, occurs early in labor

- **False Labor:**

  – Unpredictable and sporadic mild, painless uterine contractions (can be rhythmic) not associated with cervical dilation or effacement

- **Braxton Hicks contractions:**

  – Four to eight weeks before real labor

  – Up to one every 10 to 20 minutes

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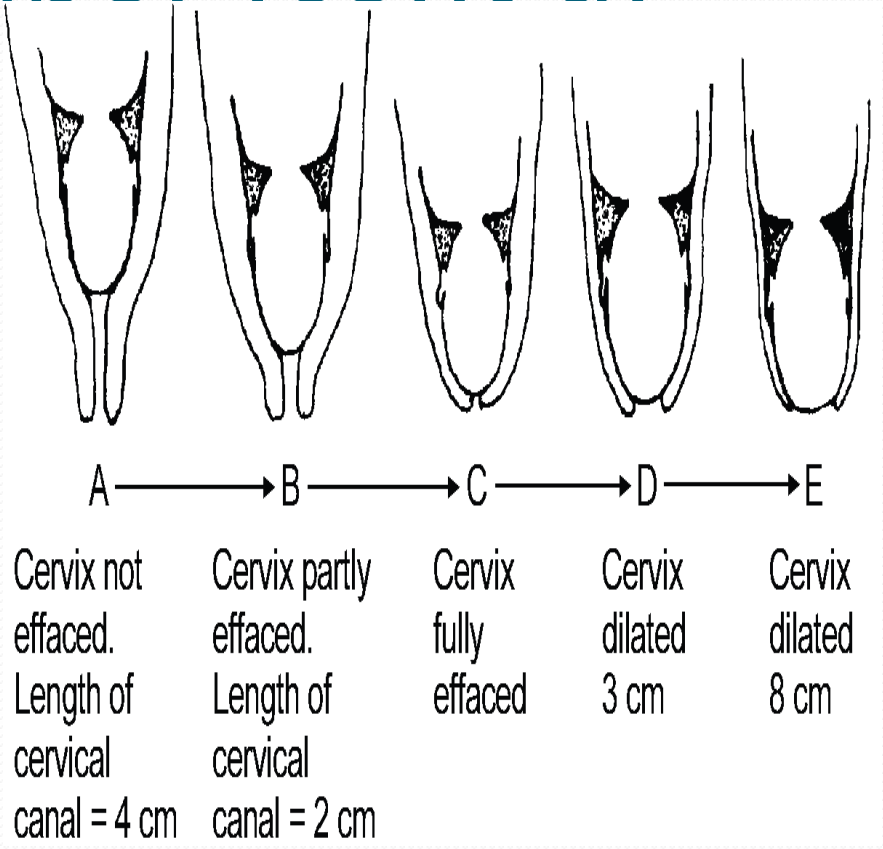
Preparation for Labor (cont'd)

Cervical effacement:

- Thinning of the cervix as it is taken up into the lower uterine segment
- Happens simultaneously with softening of the cervix as a result of increased water content and collagen lysis
- Release of mucous plug; bloody



Source : IMPAC,MCPC 2003

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First Stage of Labor

The first stage of labor has two phases:

- **Latent phase:** Cervical effacement and early dilation
- **Active phase:** More rapid cervical dilation (after 4 cm dilation)

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Length of labor	6 to 18 hours	2 to 10 hours
Approximate rate of dilation	1 cm/hour	1.2 cm/hour

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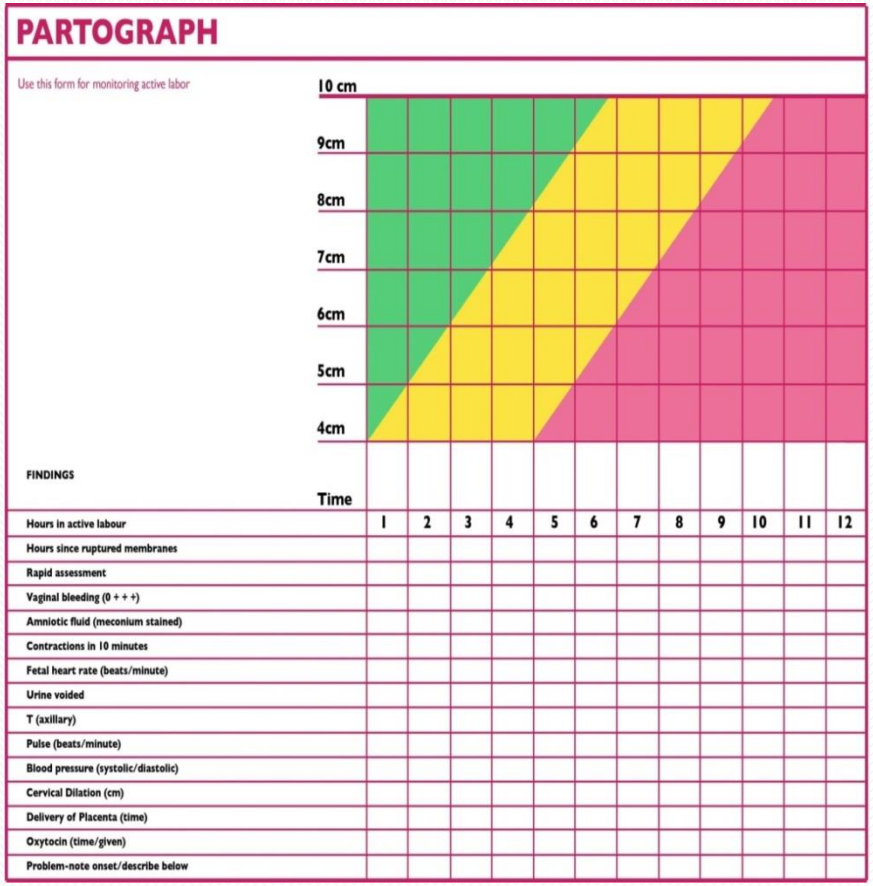
Use of Partograph

Use a partograph to:

- Assess progress of labor:
  - First stage, active phase
  - Second stage
- Monitor maternal condition
- Monitor fetal condition

Partograph and Criteria for Active Labor

- Label with identifying info
- Note fetal heart rate, color of amniotic fluid, vaginal bleeding, number of contractions, medications given, timing of delivery of placenta
- Plot cervical dilation
- Alert line starts at 4 cm--then, expect dilatation at rate of approximately 1cm/hour
- Action line: If labor does not progress as above, action is required



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Infection Prevention Practices

- Use disposable materials once; decontaminate reusable materials throughout labor and childbirth
- Wear gloves during vaginal examination, during birth of newborn, and when handling placenta
- Wear personal protective equipment (shoes, apron, glasses)
- Wash hands
- Wash perineum with soap and water, and keep clean
- Ensure that surface on which newborn is delivered is kept clean
- High-level disinfect/sterilize instruments, gauze, and ties for cutting cord

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Prepare for Delivery

Check that all equipment is available and working:

- Personal protective equipment
- High-level-disinfected/sterile birth kit:
  - Six pieces of sterile gauze
  - Two clamps (artery forceps)
  - High-level disinfected/sterile gloves
  - Umbilical clamps or sterile string
  - Scissors
  - Bowl for holding placenta
  - Sterile towels/cloths
  - (Sponge forceps)

Second Stage of Labor

Pushing stage:

- Characterized by uncontrollable urge to push
- Each contraction moves baby's head down
- Head will stay at the opening in between contractions ("crowning")

Delivery of Baby's Head

- Ask the woman to give only small pushes with contractions as the baby's head delivers.
- Place the fingers of one hand on the vertex to maintain flexion.
- Continue to gently support the perineum as the baby's head delivers.
- Once the baby's head delivers, ask the woman not to push.
- Wipe the baby's mouth and nose with sterile gauze
- Feel around the baby's neck for umbilical cord:
  - If the cord is around the neck but loose, slip it over the head.
  - If the cord is tight around the neck, double clamp and cut it before unwinding it from around the neck.

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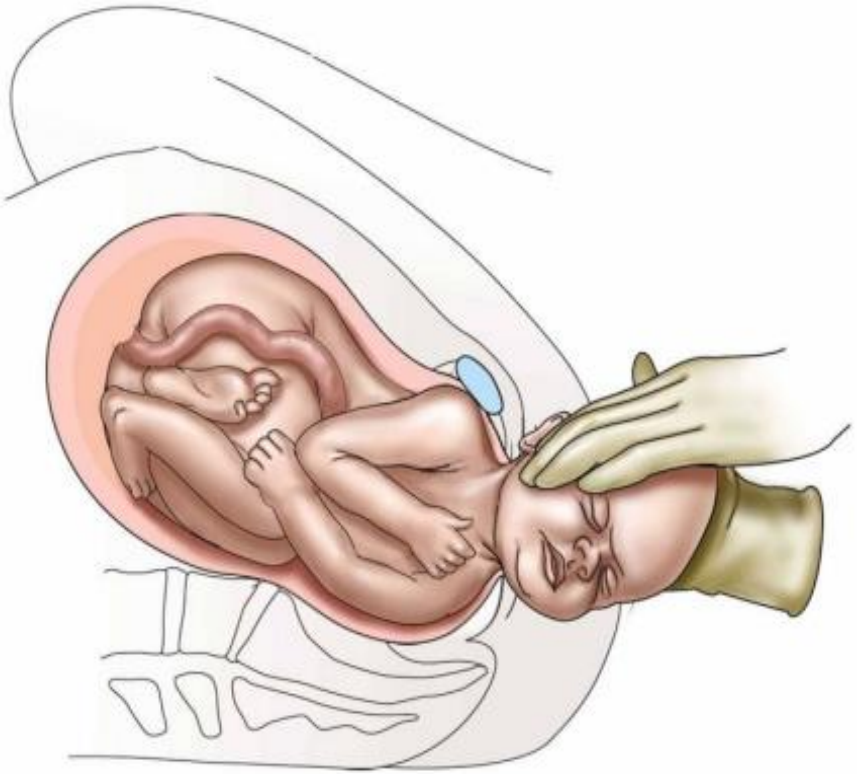
Completion of Delivery of Baby's Head



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Delivery of Baby's Body

- Reduce tears by delivering one shoulder at a time.
- Move the baby's head posteriorly to deliver the shoulder that is anterior.
- Lift the baby's head anteriorly to deliver the shoulder that is posterior.
- Support the rest of the baby's body with one hand as it slides out.
- Place the baby on the mother's abdomen, thoroughly dry the baby, and assess the baby's breathing.

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Third and Fourth Stage of Labor

- Palpate the abdomen to rule out the presence of additional babies and proceed with **active management of the third stage of labor.**
- Clamp, cut, and tie the cord after 2–3 minutes (when the cord is no longer pulsating).
- Ensure that the baby is kept warm and in skin-to-skin contact on the mother's chest.
- Cover the baby in a soft, dry cloth and ensure the baby's head is covered to prevent heat loss.
- Ensure that the woman is warm and comfortable and that the baby is breastfeeding within the first hour.

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Danger Signs for the Mother

- Excessive **vaginal bleeding** (more than five pads a day)
- Severe **headache** or **blurred vision**
- Severe **abdominal pain**
- Foul-smelling **vaginal discharge**
- **Fever**
- **Convulsions**
- **Difficulty with breathing**

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Harmful Practices to Avoid

- **Use of enema**: Uncomfortable, may damage bowel, does not change duration of labor, incidence of neonatal infection or perinatal wound infection
- **Pubic shaving**: Discomfort with regrowth of hair, does not reduce infection, may increase transmission of HIV and hepatitis
- **Lavage of the uterus after childbirth**: Can cause infection, mechanical trauma, or shock
- **Manual exploration** of the uterus after childbirth

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Harmful Practices to Avoid (cont'd)

- Administration of oxytocin at any time before childbirth
- Sustained, directed bearing down efforts during the second stage of labor
- Massaging and stretching the perineum during the second stage of labor (no evidence)
- Fundal pressure during labor

Inappropriate Practices

- Restriction of food and fluids during labor
- Routine intravenous infusion in labor
- Repeated or frequent vaginal examinations
- Routine episiotomy
- Routinely moving laboring woman to a different room at onset of second stage
- Encouraging woman to push when full dilation or nearly full dilation of cervix has been diagnosed, before woman feels urge to bear down

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Summary

- Have a skilled provider present
- Use partograph
- Use specific criteria to diagnose active labor
- Restrict use of unnecessary interventions
- Use active management of third stage of labor
- Support woman's choice of position during labor and childbirth
- Provide continuous emotional and physical support to woman throughout labor

Thanks!