

Lect.

First stage of delivery

:□Phases of cervical dilatation

:□Latent phase

□the first 3 cm of dilatation, it is a slow process { 8 hours at nulliparous, 3 hours at multiparous }

:□Active phase

□faster dilatation, from 3 cm to fully dilatation (apr. 10cm)
{Normal rate is 1 cm / hour }

Second stage of delivery

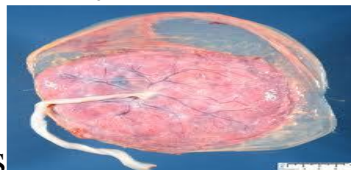
–expulsion of the fetus

□Begins when cervical dilatation is complete and ends with .fetal delivery

□Median duration 40-60 min for nulliparas and 20-30 min for multiparas.

Third stage of labour

□Begins after delivery of the baby and ends with the delivery of



the placenta and membranes

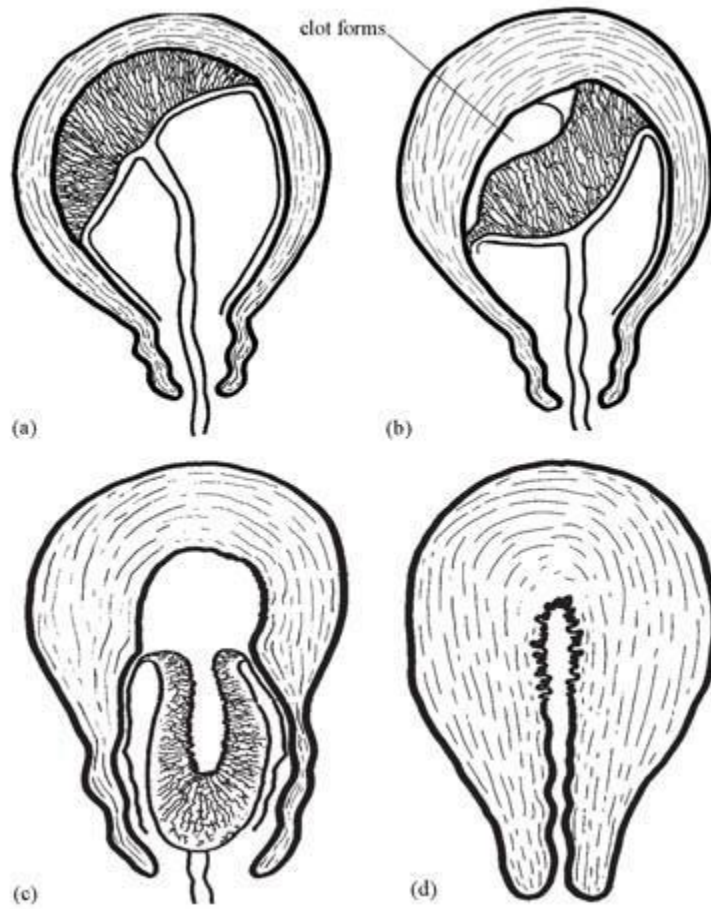
□It contains two phases

□A., Separation

□B., Expulsion

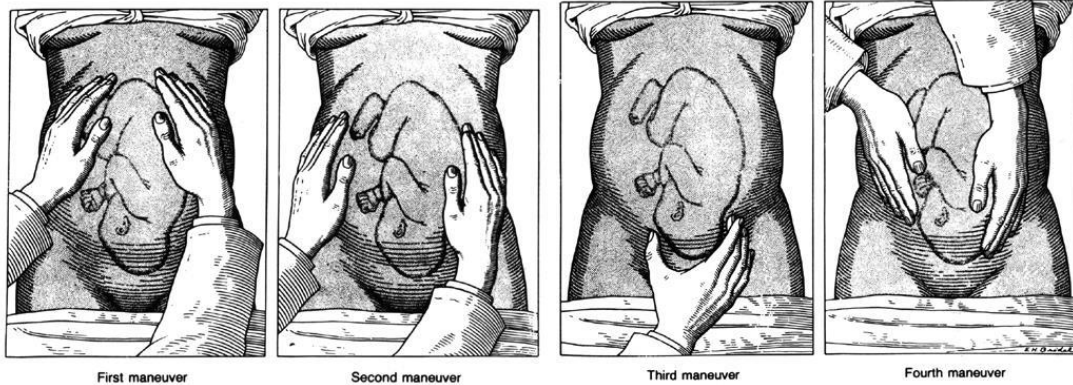
□Duration: 5-20minutes (if actively managed)

□ Blood loss: 150-250 ml (average)



Diagnosis of fetal presentation and position

☐ Abdominal palpation –Leopold maneuvers



- ☐ Vaginal examination
- ☐ Auscultation
- ☐ Ultrasonography and radiography



Management of normal labor and delivery

- ☐ Management of the first stage of labor (in the hospital, after admission)
- ☐ Monitoring of the fetal well-being
- ☐ Uterine contractions
- ☐ Evaluate the frequency, duration, and intensity
- ☐ Maternal vital signs (BP, P, urine, breathing)
- ☐ Subsequent vaginal examinations
- ☐ Oral intake
- Food should be withheld
- ☐ Intravenous fluids
- ☐ Maternal position during labor (lying, walking, sitting, use of ball)
- ☐ Analgesia (intramuscular and/or epidural)
- ☐ Urinary bladder function

Management of the second stage of labor

- ☐ Maternal expulsive efforts
- ☐ Taking a deep breath as soon as the next uterine contraction begins, and with her breath held, to exert downward pressure .exactly as though she were straining at stool
- ☐ The fetal heart rate is likely to be slow, but should recover to normal range before the next expulsive effort.

Management of the third stage of labor

From the birth of the baby to the delivery of the placenta

- ☐ The cervix and vagina should be immediately inspected !for lacerations and surgical repair performed if necessary
- ☐ Duration: 0 –30 min

Management of the third stage of labor

☐ Signs of placental separation

- 1.The uterus becomes globular and firmer
- 2.There is often a sudden gush of blood
- 3.The placenta passing down into the lower uterine segment, where its bulk pushes the uterus upward
- 4.The umbilical cord protrudes further out of the vagina

☐ Delivery of the placenta

- ☐ Traction on the umbilical cord must not be used to pull the placenta out of the uterus
- ☐ Manual removal of the placenta
- ☐ Active management of the third stage

Fourth stage of labour

From the delivery of the placenta to stabilisation of the patient's condition, usually at about 2-6 hours postpartum

- ☐ The hour immediately following delivery is critical
- ☐ Uterine atony is more likely
- ☐ Checking of the birth-canal all the way
 - ☐ Suturing the wound (internal and external lesions)