ABNORMAL LABOR

Dr Jitendra D Mane

Precipitous Labor & Delivery

- Precipitous labor and delivery is extremely rapid labor and delivery.

- Duration: < 3hours

CAUSES OF PRECIPITOUS LABOR

- Abnormally low resistance of the birth canal
- Abnormally strong uterine and abdominal contractions
- Rarely from the absence of painful sensations

Maternal Complications of Precipitous Labor

- Uterine rupture
- Extensive lacerations of the cervix, vagina, vulva, or perineum.
- Amniotic-fluid embolism
- Uterine atony.
- Precipitous labor have been linked to cocaine abuse

Complications in Neonates

- Neonatal hypoxia
- Intracranial trauma (rarely)
- Erb or Duchenne brachial palsy
- Injury

Treatment

- Analgesia
- Tocolytic agents
- General anesthesia
- Stop oxytocin

Fetal Body and Head Size

- Fetal size alone is seldom a suitable explanation for failed labor.
- Malposition of the head-obstruct fetal passage.
- Other factors- asynclitism, occiput posterior position, face and brow presentation.
- No current method of measurement satisfactorily predicts fetopelvic disproportion

Face Presentation

Etiology:

1) Preterm fetuses with their smaller head.
2) Enlargement of neck or coils of cord around the neck.
3) Fetal malformations and Hydroamnios.
4) Anencephaly fetuses.
5) Contracted pelvis or very large fetus.
6) High parity.

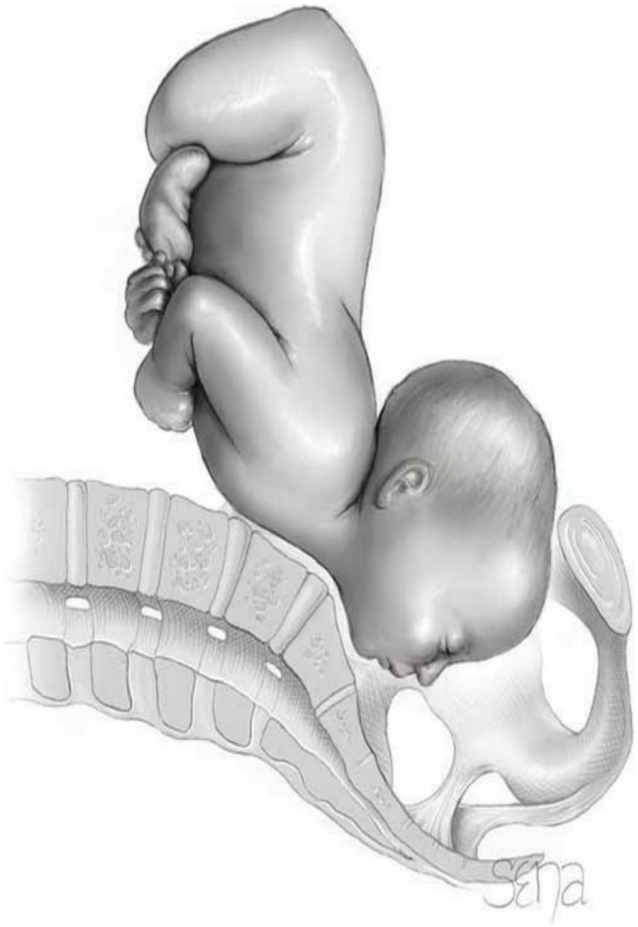


FIGURE 23-6 Face presentation. The occiput is the longer end of the head level The chin is directly posterior. Vaginal delivery is impossible unless the chin rota anteriorly.

Mechanism of Labor (Face presentation)

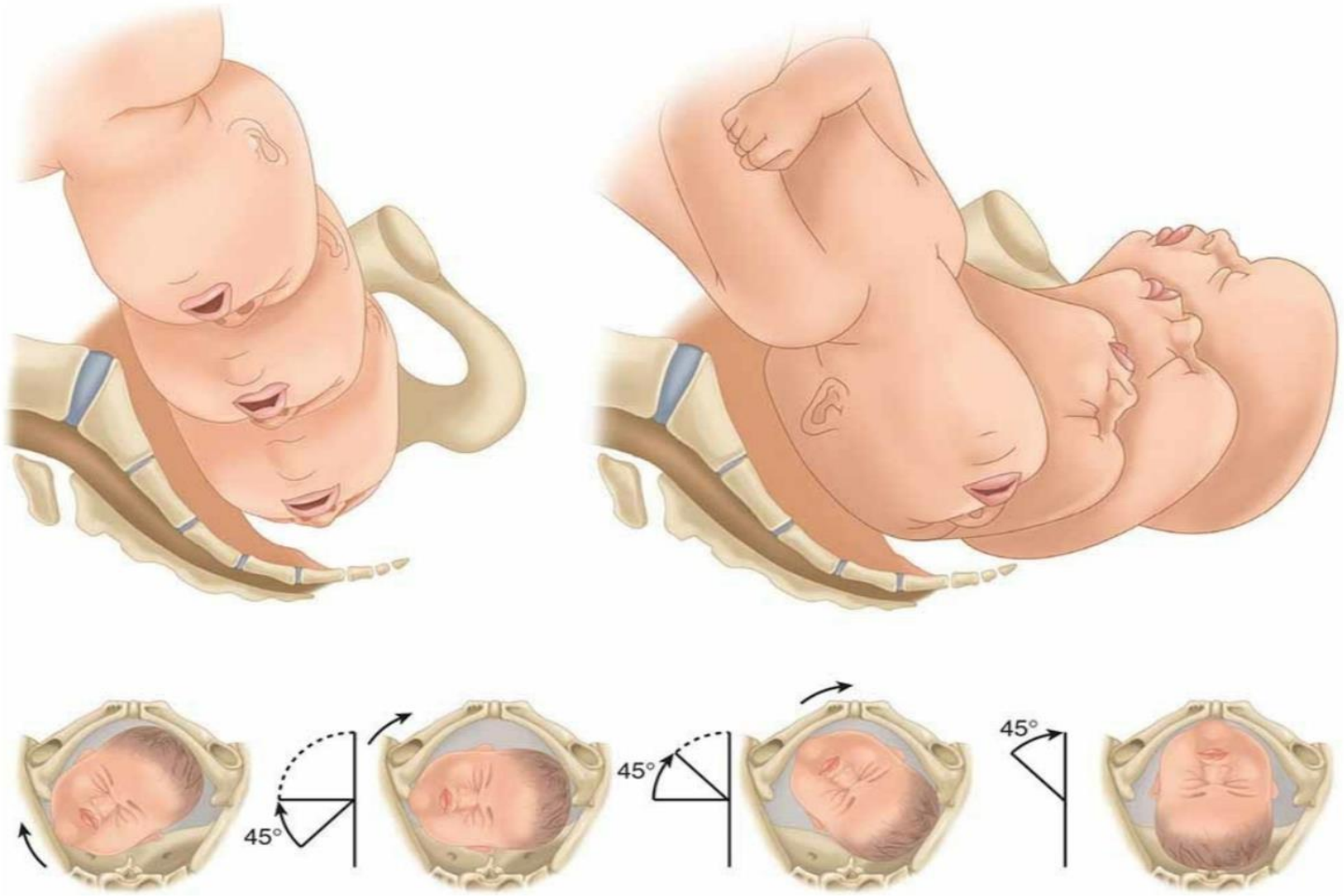


FIGURE 23-7 Mechanism of labor for right mentoposterior position with subsequent rotation of the mentum anteriorly and delivery.

Management:

- Vaginal delivery usually will follow.
- Fetal heart rate monitoring
- Cesarean delivery is indicated.
- Low or outlet forceps delivery

Brow Presentation

- Rare presentation

- Portion of the fetal head between the orbital ridge and the anterior fontanel presents at the pelvic inlet.

Management of transient brow presentation:

- If the brow persists, prognosis is poor for vaginal delivery

Transverse Lie

- The long axis of the fetus- approximately perpendicular to that of the mother.
- Shoulder is usually positioned over the pelvic inlet.
- Head occupies one iliac fossa, and the breech the other.
- Shoulder presentation
- Incidence- 0.3%

- Etiology:

1) Abdominal wall relaxation from high parity,
2) Preterm fetus,
3) Placenta previa,
4) Abnormal uterine anatomy,
5) Hydroamnios,
6) Contracted pelvis.

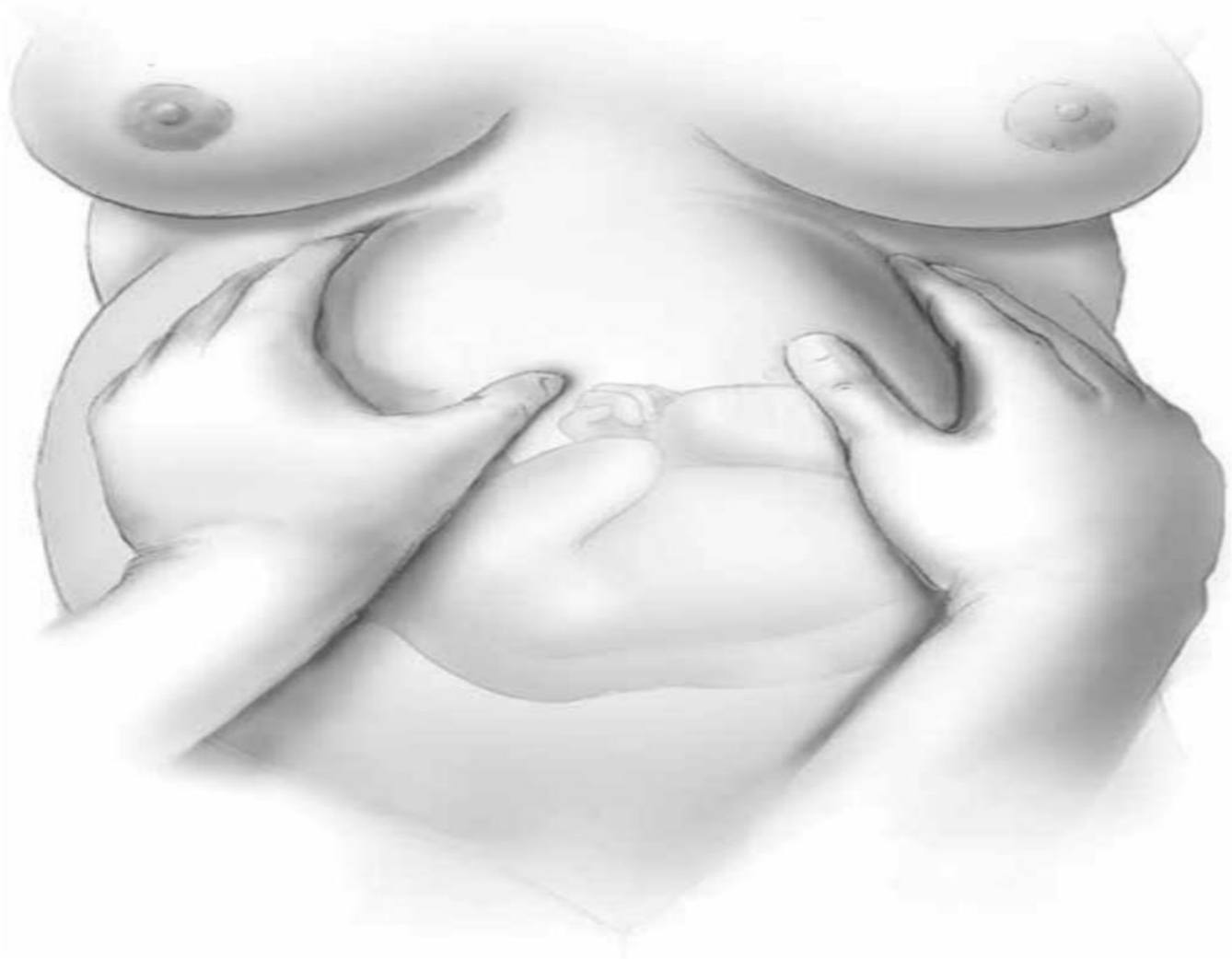


FIGURE 23-9 Leopold maneuver performed on a woman with a fetal transverse lie, right acromiodorsoanterior position.

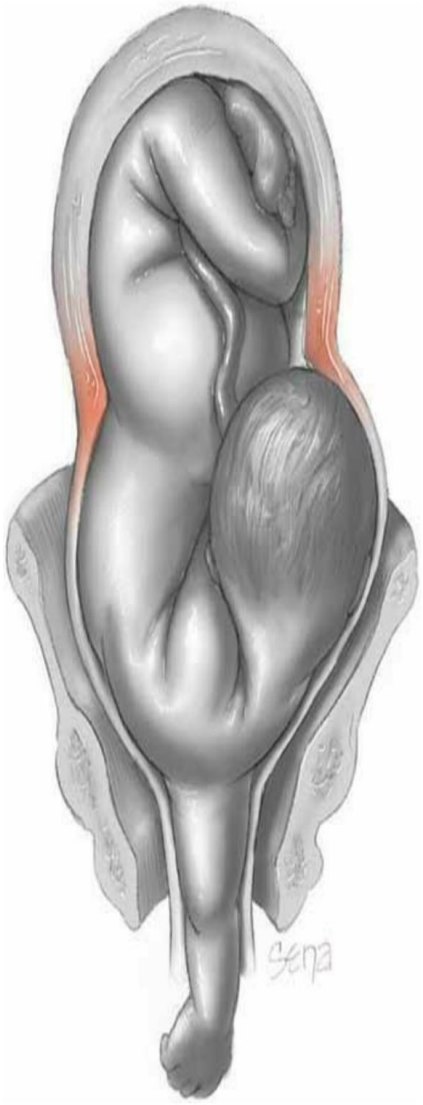


FIGURE 23-10 Neglected shoulder presentation. A thick muscular band forming a pathological retraction ring has developed just above the thin lower uterine segment. The force generated during a uterine contraction is directed centripetally at and above the level of the pathological retraction ring. This serves to stretch further and possibly to rupture the thin lower segment below the retraction ring.

Mechanism of labor:

- Spontaneous delivery of a fully developed newborn is impossible
- Presentation- Shoulder

- As labor continues, the shoulder is impacted firmly in the upper part of the pelvis.

- The uterus then contracts vigorously in an unsuccessful attempt to overcome the obstacle.

Management:

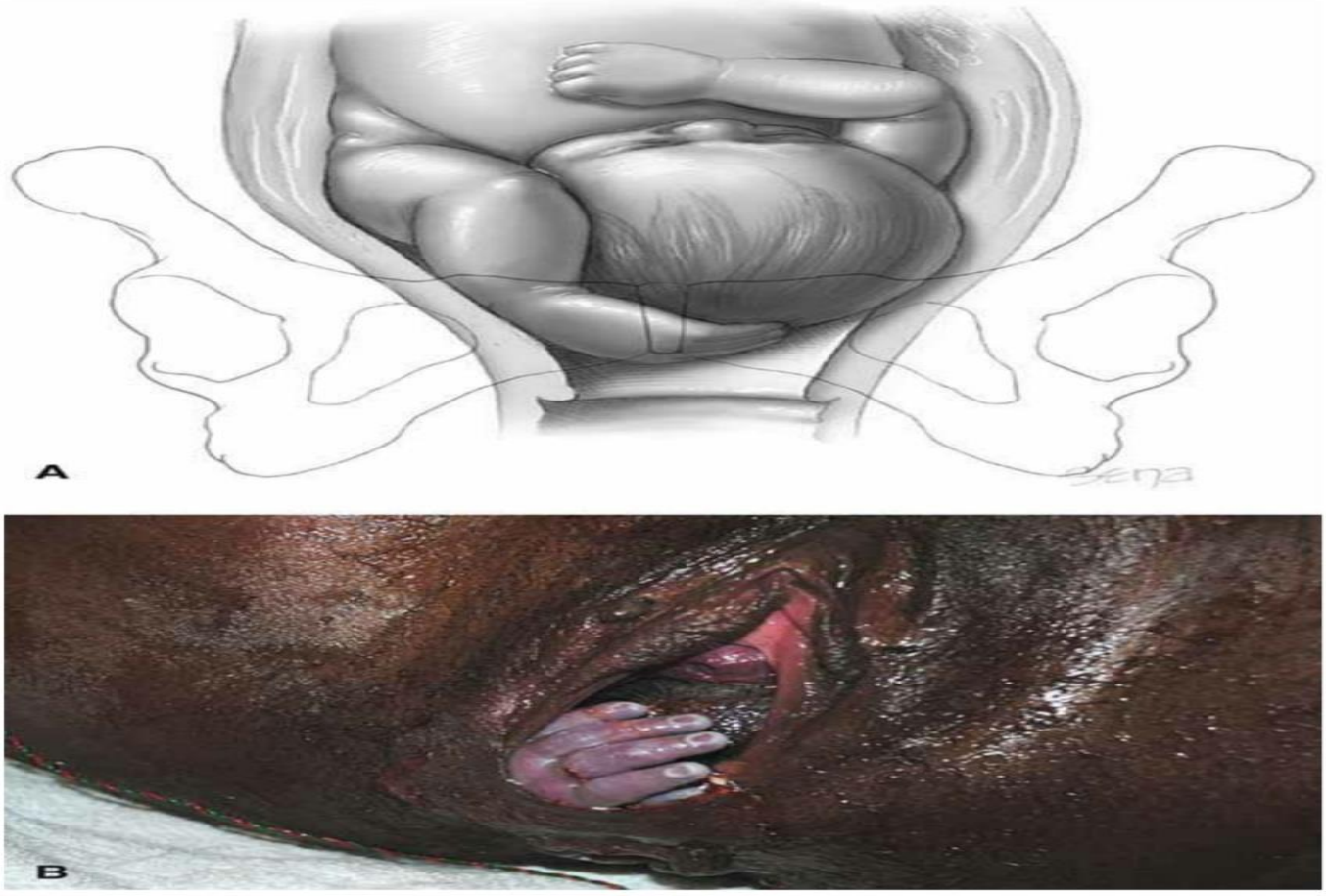
- Active labor- indication for cesarean delivery.

- Difficult fetal extraction.

- Vertical hysteroctomy incision indicated.

Compound Presentation

- Extremity prolapses alongside the presenting part,
- Both present simultaneously in the pelvis.
- Causes- conditions that prevent complete occlusion of the pelvic inlet by the fetal head, including preterm labor.
- Incidence- 1 in 10,000


A
B

- Obstructed labour
  - Brandls ring

Maternal Complications

1) Infection (intrapartum chorioamnionitis or postpartum pelvic infection)
2) Postpartum hemorrhage
3) Uterine tears
4) Uterine rupture
5) Pathological retraction
6) Fistula formation
7) Pelvic floor injury
8) Lower extremity nerve injury
9) Cord Prolapse

Perinatal Complications

1) Peripartum fetal sepsis
2) Caput succedaneum and moulding
3) Mechanical trauma such as nerve injury, fractures, and cephalohematoma.

THANK YOU