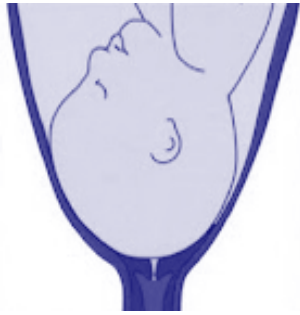


# STAGES OF LABOUR AND TYPES OF DELIVERIES



# STAGES OF LABOUR

1



## BEFORE LABOUR

Cervix is closed and the mucus plug still intact

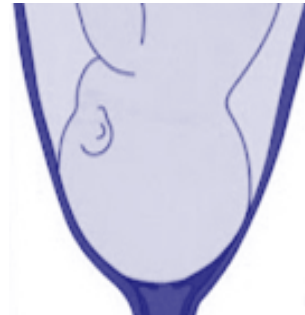
2



## LATENT STAGE

Cervix has begun to dilate from 0-3cm. This is the longest phase in labour

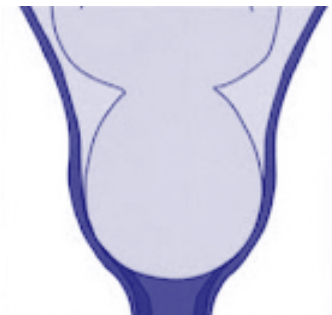
3



## ACTIVE PHASE

Cervix is dilating at approximately 1cm per hour (first baby)

4

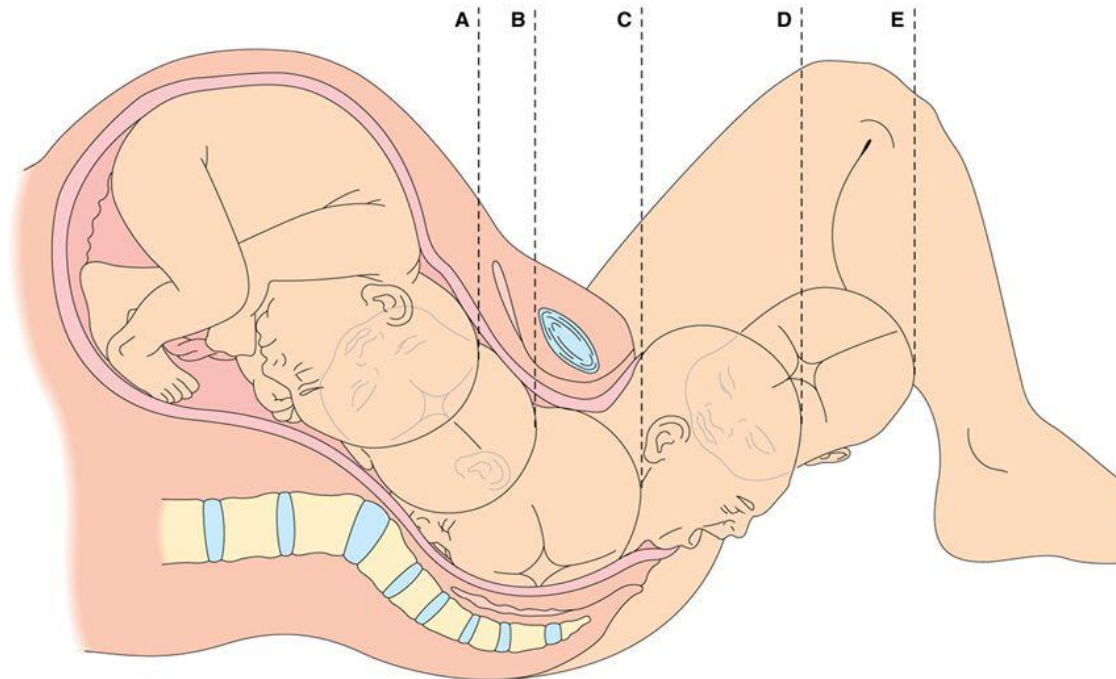


## TRANSITION

Only 1 or 2cm to go before you are fully dilated

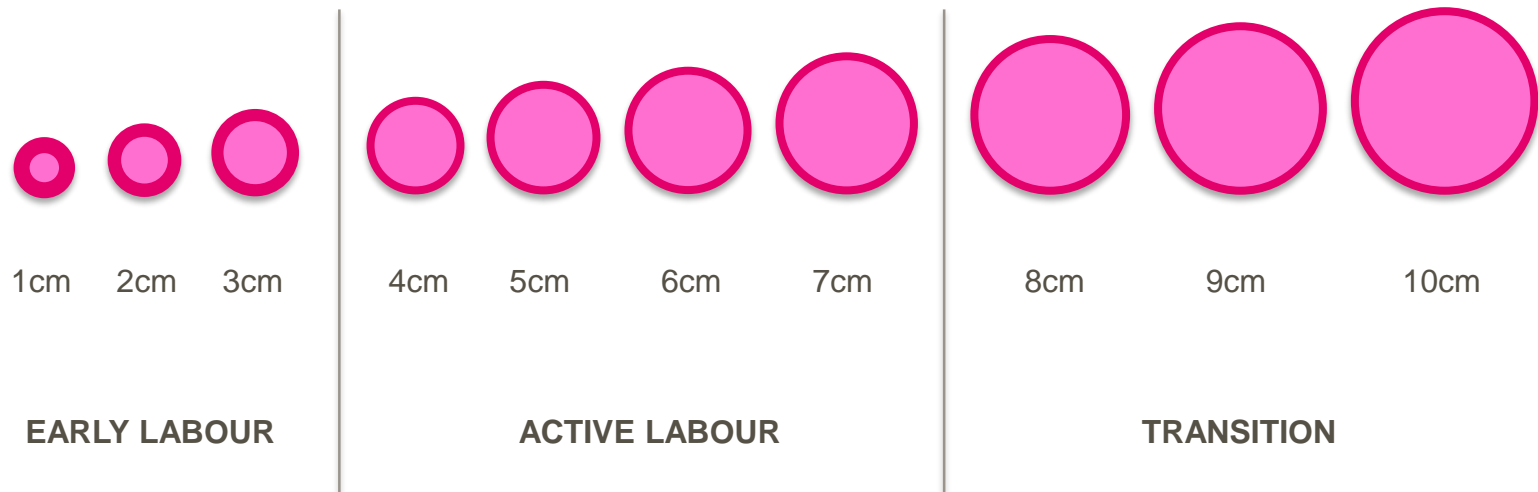
# MECHANISM OF LABOUR

Figure 22–12 Mechanisms of labor. *A, B*, Descent. *C*, Internal rotation. *D*, Extension. *E*, External rotation.

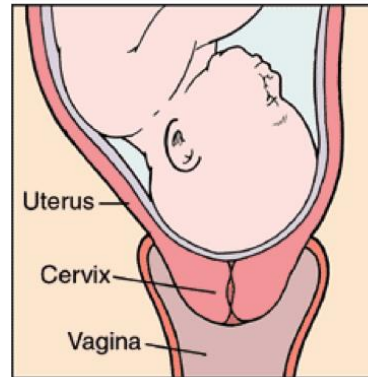


# PROGRESS IN LABOUR

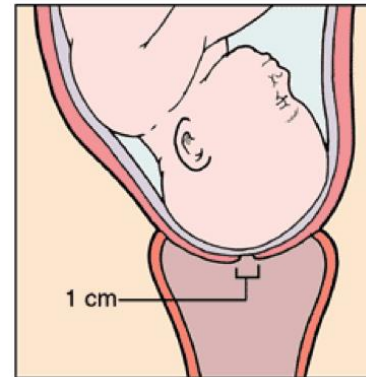
## DILATION OF THE CERVIX



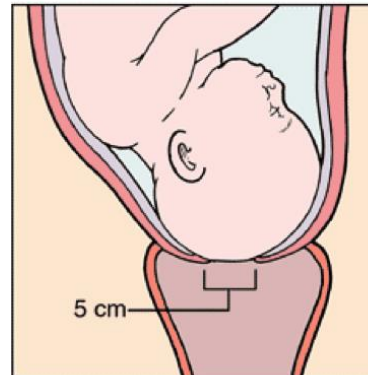
# CERVICAL DILATATION



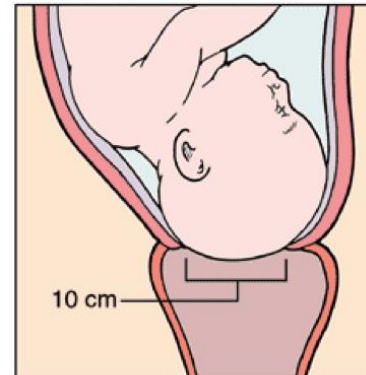
1. Cervix is not effaced or dilated.



2. Cervix is fully effaced and dilated to 1 cm.



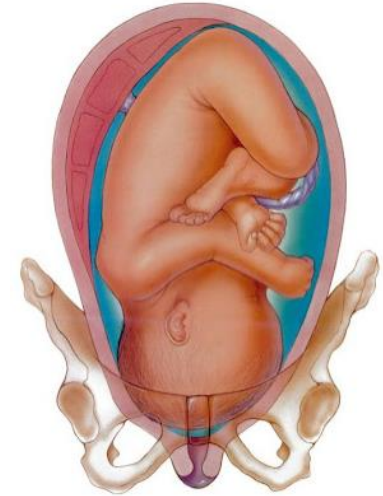
3. Cervix is dilated to 5 cm.



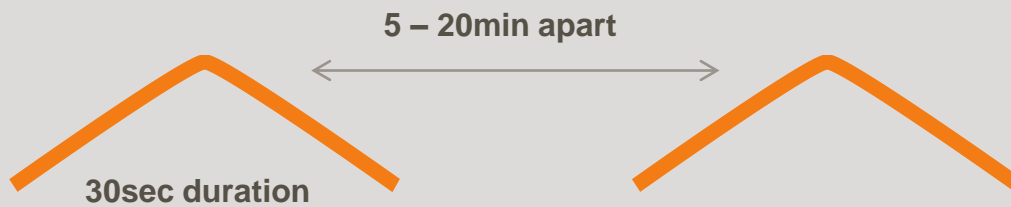
4. Cervix is fully dilated to 10 cm.

## STAGE 1: EARLY PHASE

- DILATION OF THE CERVIX: 0 – 3cm
- PHASE DURATION: 7 – 8 hrs



### CONTRACTIONS

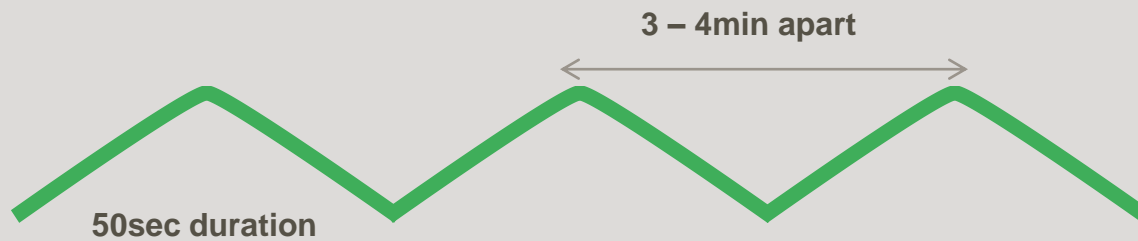


## STAGE 1: ACTIVE PHASE

- DILATION OF THE CERVIX: 3 – 7cm
- PHASE DURATION: 3 – 5 hrs

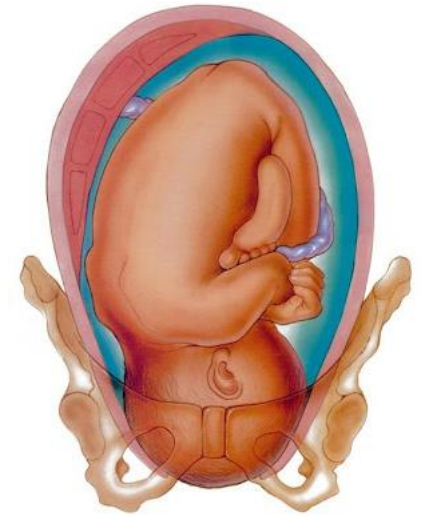


### CONTRACTIONS



## STAGE 1: TRANSITION PHASE

- DILATION OF THE CERVIX: 7 – 10cm
- PHASE DURATION: 30min – 2hrs



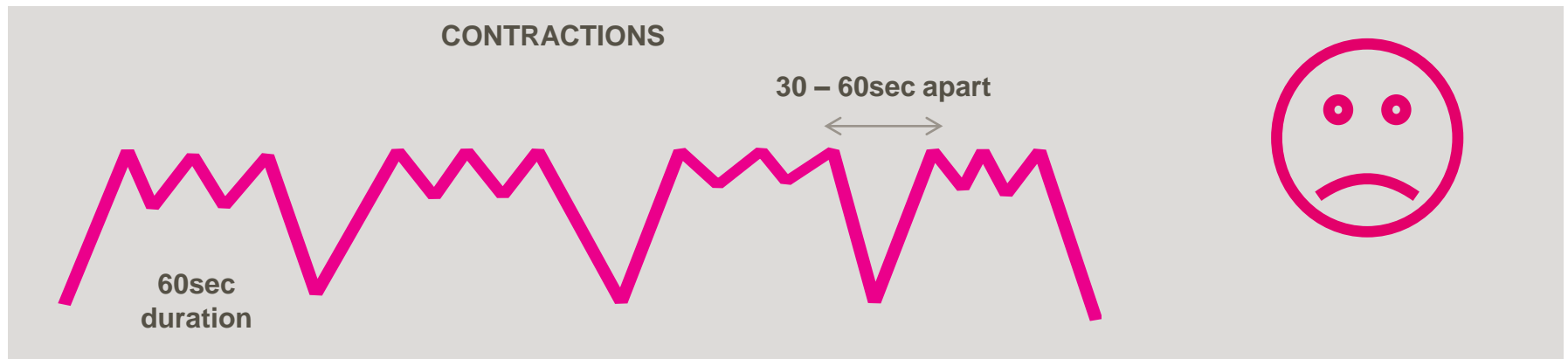
### CONTRACTIONS





## STAGE 2: PUSHING TO BIRTH

- DILATION OF THE CERVIX: 10cm – baby
- PHASE DURATION: 1 – 2hrs



# WARNING SIGNS OF LABOUR

## How can I tell the difference between Braxton Hicks and true labour contractions?

- In the days or weeks before labour, Braxton Hicks contractions may intermittently become rhythmic, relatively close together, and even painful, possibly fooling you into thinking you're in labour. But unlike true labour, during this so-called false labour the contractions don't grow consistently longer, stronger, and closer together

## What can I do if my Braxton Hicks contractions are making me uncomfortable?

If you're within a few weeks of your due date, try these measures:

- Change your activity or position. Sometimes walking provides relief. At other times, resting eases contractions. (True labour contractions, on the other hand, will persist and progress regardless of what you do.)
- Take a warm bath to help your body relax.
- Try drinking a couple of glasses of water, since these contractions can sometimes be brought on by dehydration.
- Try relaxation exercises or slow, deep breathing. This won't stop the Braxton Hicks contractions, but it may help you cope with the discomfort.

Contraction Characteristics	False Labour	True Labour
How often do the contraction occurs	Contractions are often irregular and do not get closer together	Contractions came at regular intervals and last about 30-70 seconds. As time goes on, they get closer together and stronger
Do they change the movement?	Contractions may stop when you walk or rest, or may even stop if you change positions	Contractions continue despite movements or changing positions
How strong are they?	Contractions are usually weak and do not get much stronger at first and then get weaker	Contractions steadily increase in strength
Where do you feel the pain?	Contractions are usually only felt in front of the abdomen or pelvic region	Contractions are more intense and may start in the lower back and move to the front of the abdomen

# TYPES OF DELIVERIES

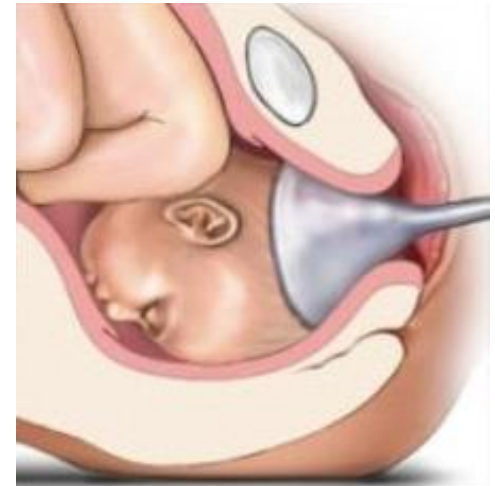
## INSTRUMENTAL DELIVERIES



KIWI



FORCEPS



VENTOUSE  
(SUCTION)

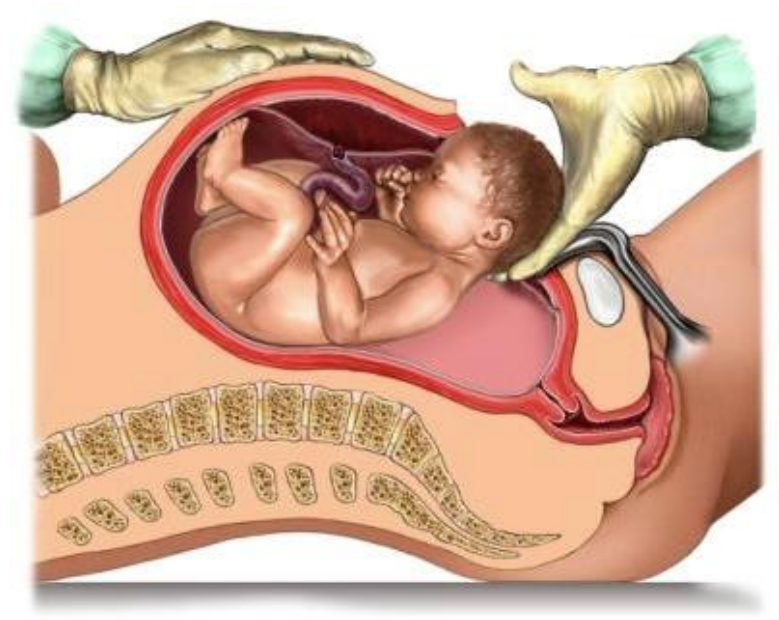
# Caesarean Section

## Emergency Caesarean Section

- Any obstetric emergencies
- Failure to progress
- Fetal distress

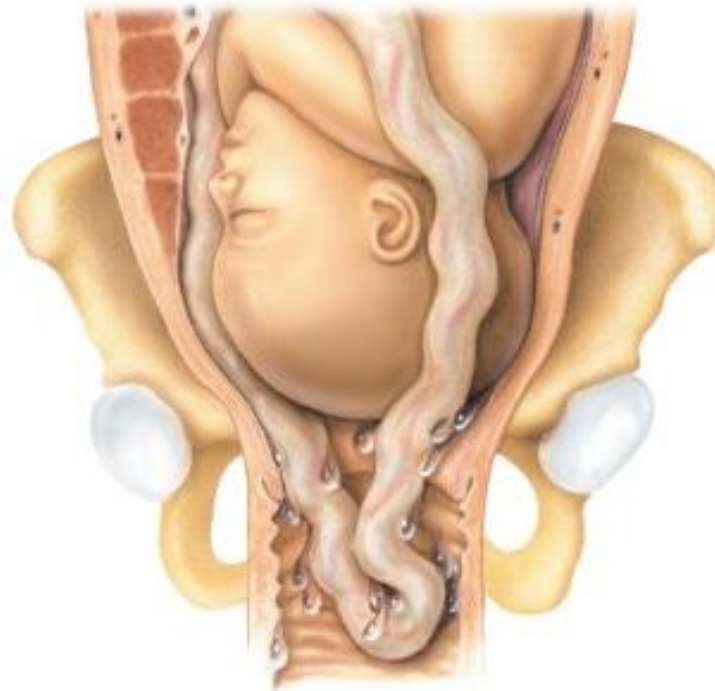
## Elective Caesarean Section

- Breech presentations
- Placenta Praevia
- Macrosomic fetus
- Multiple pregnancies
- Previous c/sections



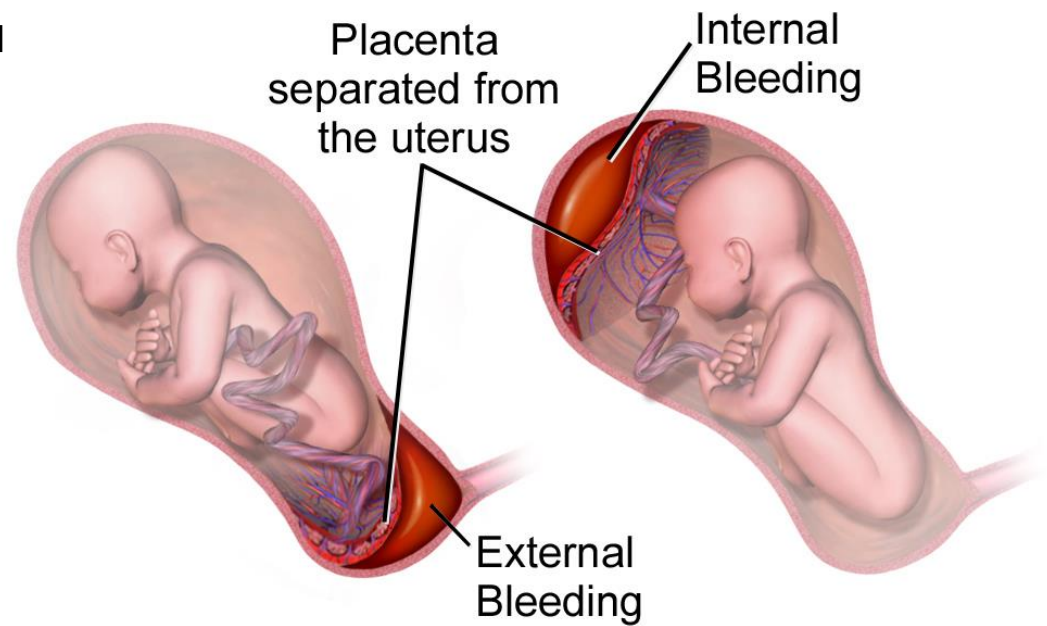
# OBSTETRIC EMERGENCIES

## CORD PROLAPSE



# PLACENTAL ABRUPTION

There is 2 types concealed and revealed



**Abruptio Placenta (Placental Abruption)**

# PLACENTAL ABRUPTION

Placental abruption is most likely in the last 12 weeks before birth.

**Classic signs and symptoms of placental abruption include:**

- Vaginal bleeding
- Abdominal pain
- Back pain
- Uterine tenderness
- Rapid uterine contractions, often coming one right after another



# Meconium

- Meconium' is the thick, dark green, sticky, tar-like substance that is passed as the baby's first bowel motion after birth. At times this can be passed before the baby is born, discolouring the waters. Caregivers often use the term 'mec' or 'mec-stained liquor' (written as 'MSL') when describing the discolouration of the waters in this way.
- Meconium stained liquor is usually associated with a response from the baby to having a temporarily reduced oxygen supply at some point in time (usually during labour) or a slowly reducing level of oxygen over a period of time.
- Caregivers generally interpret meconium stained liquor as one sign of the baby possibly being unwell or 'distressed' when inside the uterus. The other sign linked to what is referred to as 'fetal distress', is a lowering of the baby's heart rate (or abnormal patterns if being monitored). If meconium is seen in the waters but the heart rate is normal then the baby may be suspected, but not considered, to be distressed. If both are observed then the perception of distress is more accurate.