

MANAGEMENT OF FIRST STAGE OF LABOUR

OVERVIEW

The first stage of labour is the period from the onset of true labour to complete (full) dilatation of the cervix.

The first stage of labour is divided into the latent and active phases:

- Latent phase: cervix less than 5 cm dilated
- Active phase: cervix 5cm or more dilated

Latent phase of labour is generally not charted on the labour care form

Duration of active phase of first stage of labour

- Primigravida: 8-2 hours
- Multigravida: 6-8 hours

MANAGEMENT

Management of woman in active phase of labour

History of this labour:

- When did contractions begin?
- How frequent are contractions? How strong?
- Have your waters broken? If yes, when? Was liquor clear or green?
- Have you had bleeding? If yes, when? How much?
- Is the baby moving?
- Do you have any concern? Check records or
- Ask when the delivery is expected
- Determine if preterm (less than 8 months pregnant).
- Review the birth plan.

Previous pregnancies:

- Number of prior pregnancies/deliveries.
- Any prior caesarean section, forceps, or vacuum, or other complication such as postpartum haemorrhage or Early Neonatal Death?
- Any prior third-degree perineal tears?

Review ANC Card (Current pregnancy) check for:

- Syphilis status
- Hb results

- Tetanus immunization status
- HIV status (refer to HIV protocol)
- Hepatitis B status
- Receiving any medication.
- Weights of previous babies at birth

LOOK, LISTEN, FEEL

- Observe the woman's response to contractions:
 - Is she coping well or is she distressed?
 - Is she pushing or grunting?
- Check abdomen for:
 - caesarean section scar.
 - horizontal ridge across lower abdomen (if present, empty bladder and observe again).
- Feel abdomen for:
 - contractions frequency, duration, any continuous contractions?
 - foetal lie - longitudinal or transverse?
 - foetal presentation - head, breech, other?
 - more than one foetus?
 - foetal movement.
- Listen to the foetal heart beat:
 - Count number of beats in 1 minute.
 - If less than 120 beats per minute, or more than 160, turn woman on her left side and count again.
- Measure blood pressure if > 140/90mmhg (refer to Pre-eclampsia guidelines)
- Pulse rate
- Oxygen saturation
- Urine output
- Measure temperature.
- Look for pallor.
- Look for sunken eyes, dry mouth.
- Respiratory rate
- Pinch the skin of the forearm: does it go back quickly?

Next: Perform vaginal examination and decide stage of labour

Differential Diagnosis of Labour

- False labour which is characterized by irregular uterine contractions not associated with cervical effacement and dilatation
- Urinary tract infection
- Appendicitis

- Abruptio placenta
- Intestinal obstruction

Investigations to Ensure the mother is “Fit for Labour”

- Blood haemoglobin level
- Blood grouping and cross-matching and Rhesus factor (for high-risk mothers)
- Urinalysis: protein, sugar and acetone

Subsequent Management of Labour

Observe record and interpret the following on the partogram:

General condition of the mother:

- General condition/hydration state
- Temperature, pulse, blood pressure
- Fluid intake/output
- Urine protein/acetone 2-hourly
- Medication given

Abdominal and pelvic examination:

- Level of the head above the pelvic brim in fifths (descent of the head)
- Foetal heart rate (every half hour in active phase) – should be listened to before, during and after a contraction
- Frequency and duration of contractions, half hourly in active phase
- Cervical effacement and dilatation, 4-hourly or when membranes rupture to include cord prolapse
- Appearance of liquor if membranes ruptured
- Application of presenting part to the cervix
- Degree of moulding
- Caput formation
- Position of presenting part

Section 1

Name	Parity	Labour onset	Active labour diagnosis (Date
Ruptured membranes (Date	Time	Risk factors	

Section 2

		Time																
			1	2	3	4	5	6	7	8	9	10	11	12		1	2	3
		Hours																
Alert column		ALERT	← ACTIVE FIRST STAGE →												← SECOND STAGE →			
SUPPORTIVE CARE	Companion	N																
	Pain relief	N																
	Oral fluid	N																
	Posture	SP																

Section 3

[illegible]

Section 4

[illegible]

Section 5

[illegible]

Section 6

MEDICATION	Oxytocin (U/L, drops/min)												
	Medicine												
	IV fluids												

Section 7

[illegible]

PROTOCOL

Figure 12: Management of first stage of labour on admission



