Parturition (birth, labor)

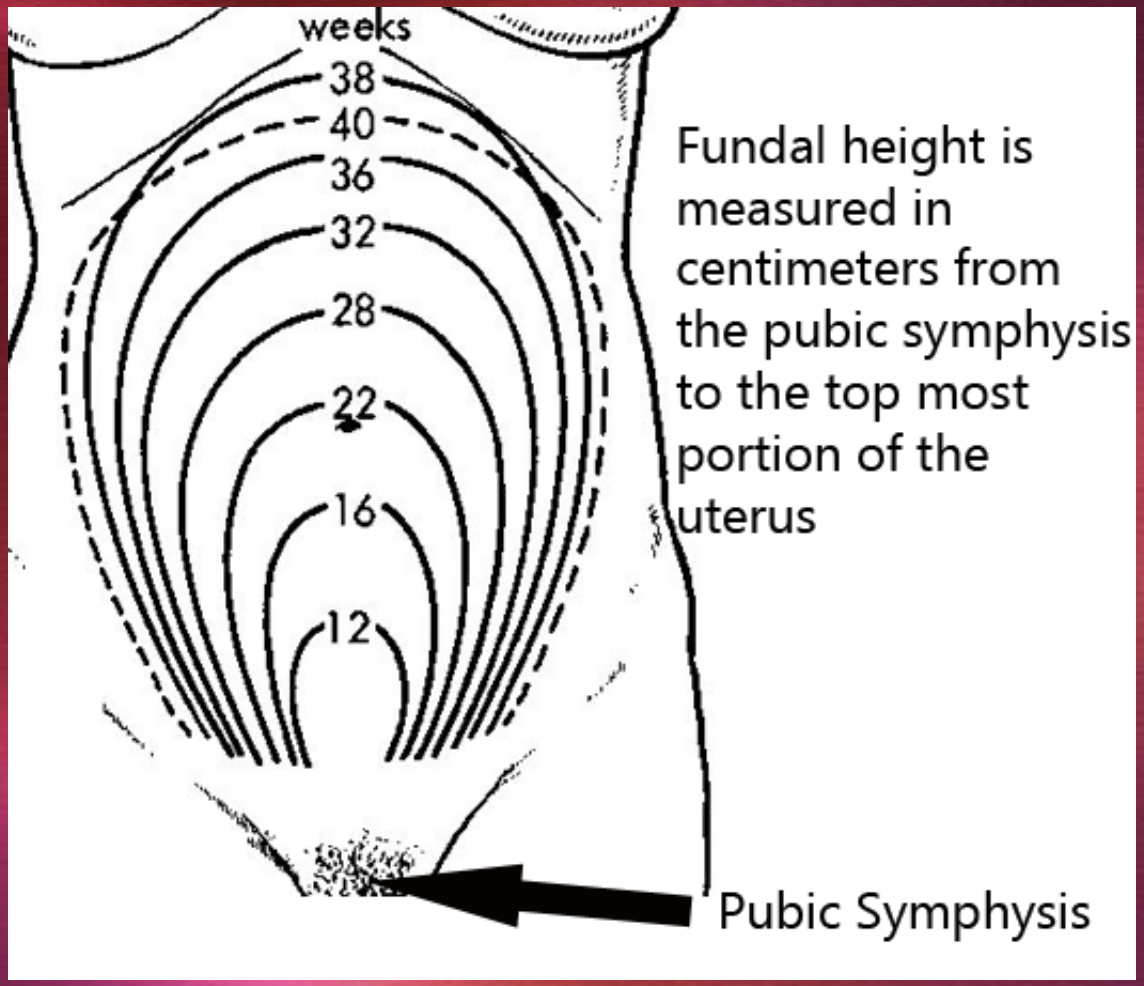
A lecture about where babies come from

Average “normal” pregnancy

- 40 weeks in length
  - 37 - 42 Weeks
- 3 trimesters
- Average weight
  - 3 to 3.6 kg
- A missed period is the usual first clue

- Last Menstrual Period
- GPA
  - Primapara
  - Multipara
- Estimated Due Date

Fundal Height

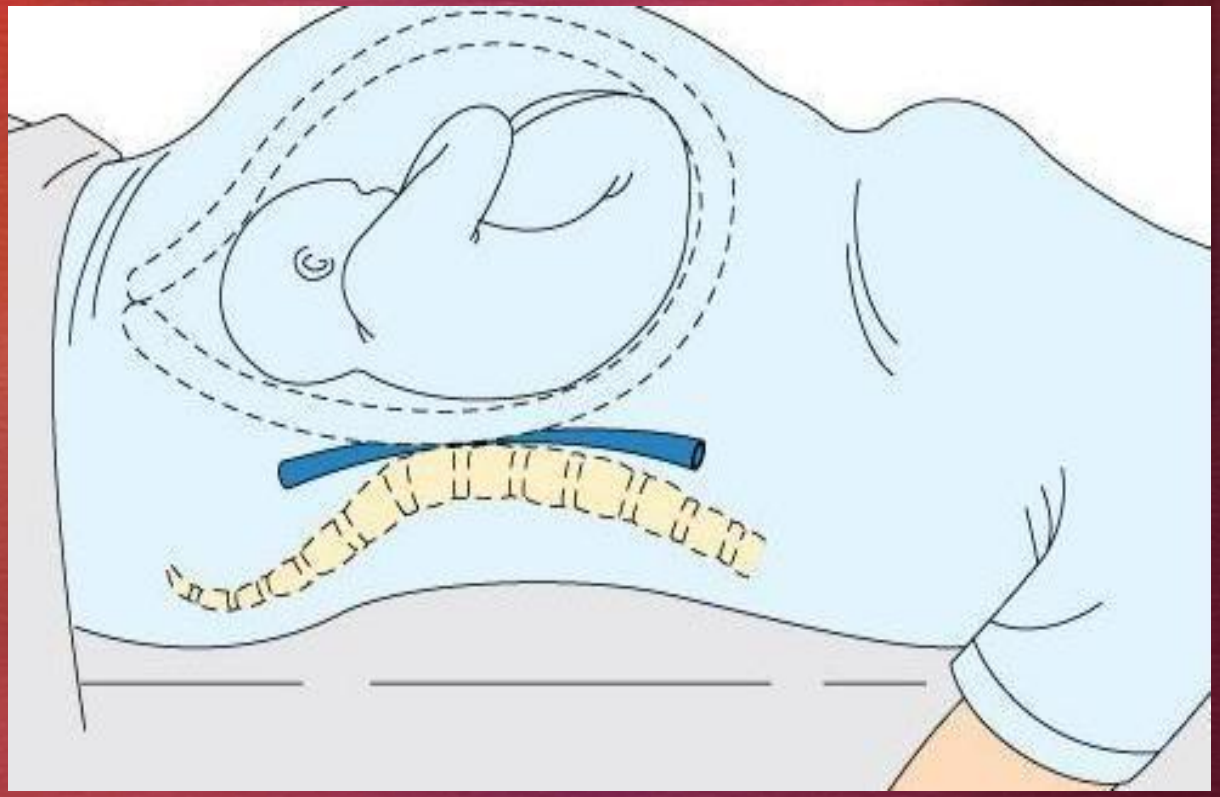


- As the uterus grows it rises up out of the pelvis.
- At approx. week 12 the uterus "clears" the pelvis
- week 20 = belly button
- week 37 = just under xiphoid process.

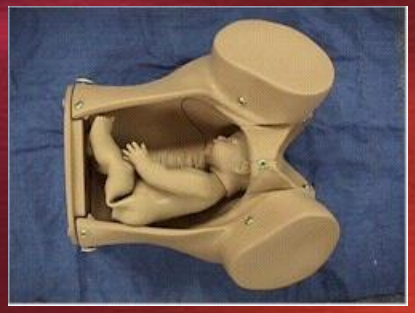
Treatment Basics

- Always give high flow oxygen
- Put mom on side if delivery is not imminent –

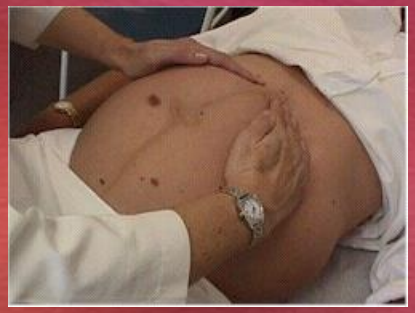
hypotension syndrome

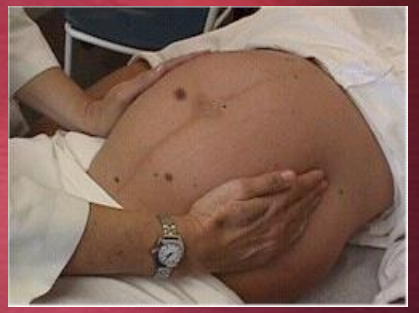


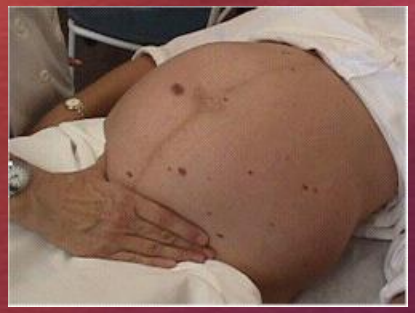
Orientation of Fetus

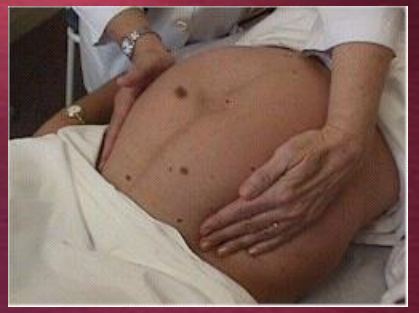


- Vertex, breech or transverse lie
- Palpate vaginally
- Leopold's Maneuvers









3 stages of labor:

1. EFFACEMENT
(thinning, shortening and dilation of cervix)

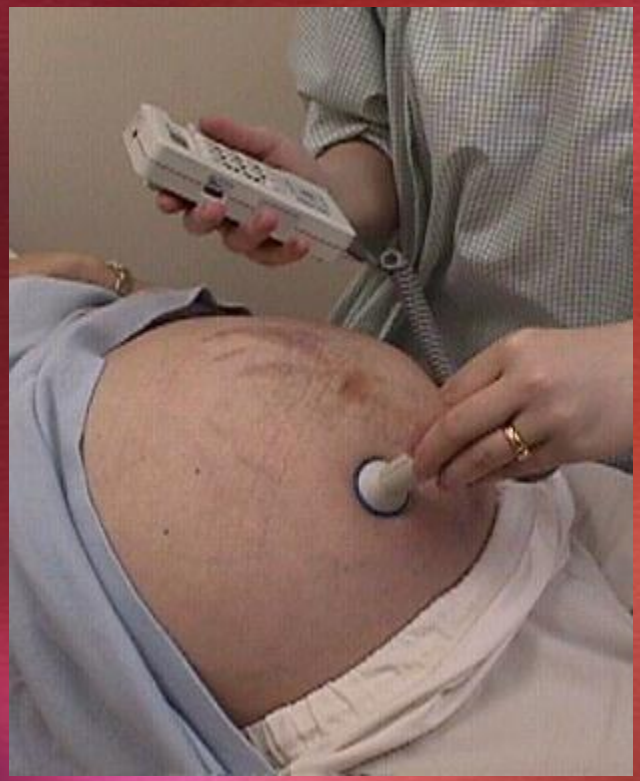
2. Delivery of the fetus

3. Delivery of the placenta and fetal membranes

Management of Early Labor

- Ambulation OK with intact membranes
- If in bed, lie on one side or the other…not flat on her back
- Check vital signs every 4 hours
- NPO except ice chips or small sips of water

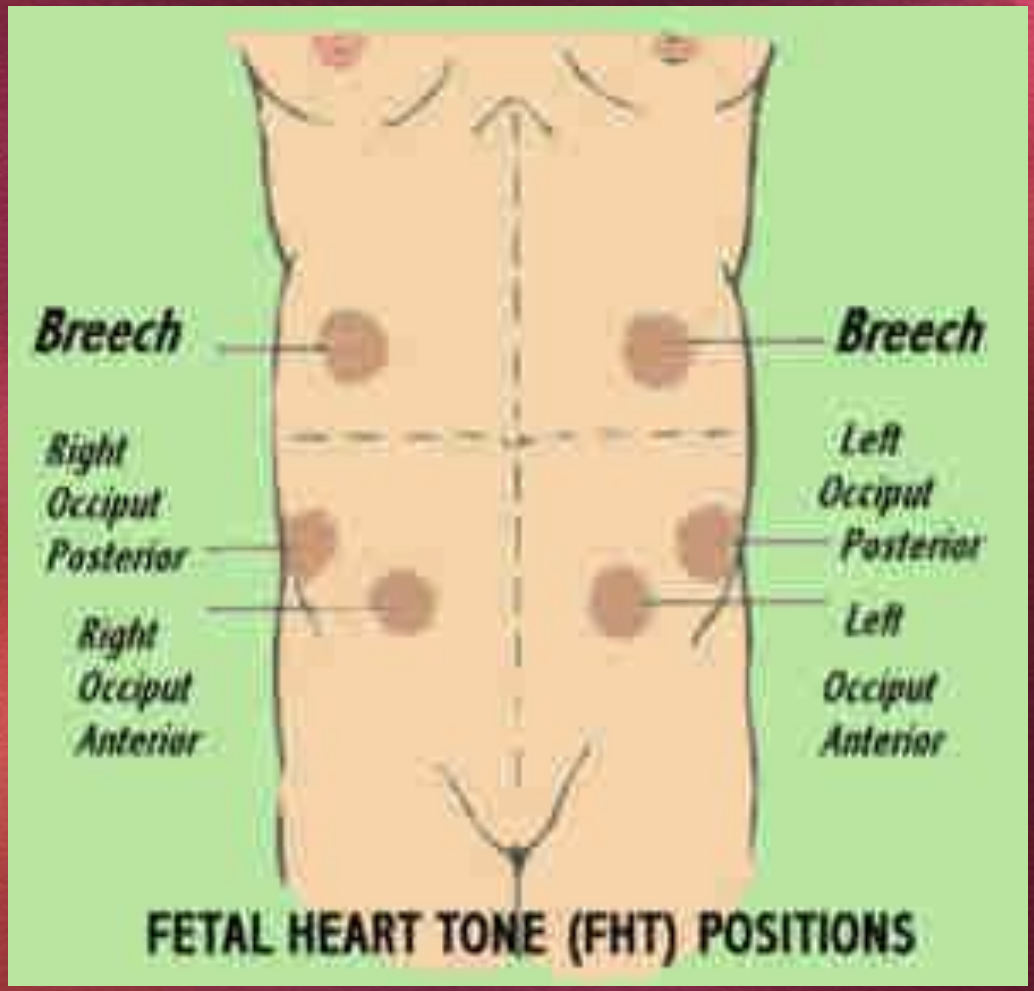
Monitor the Fetal Heart



- During early labor, for low risk patients, note the fetal heart rate every 1 hour.
- During active labor, evaluate the fetal heart every 30 minutes
- Normal FHR is 120-160 BPM

Fetal Heart Rate

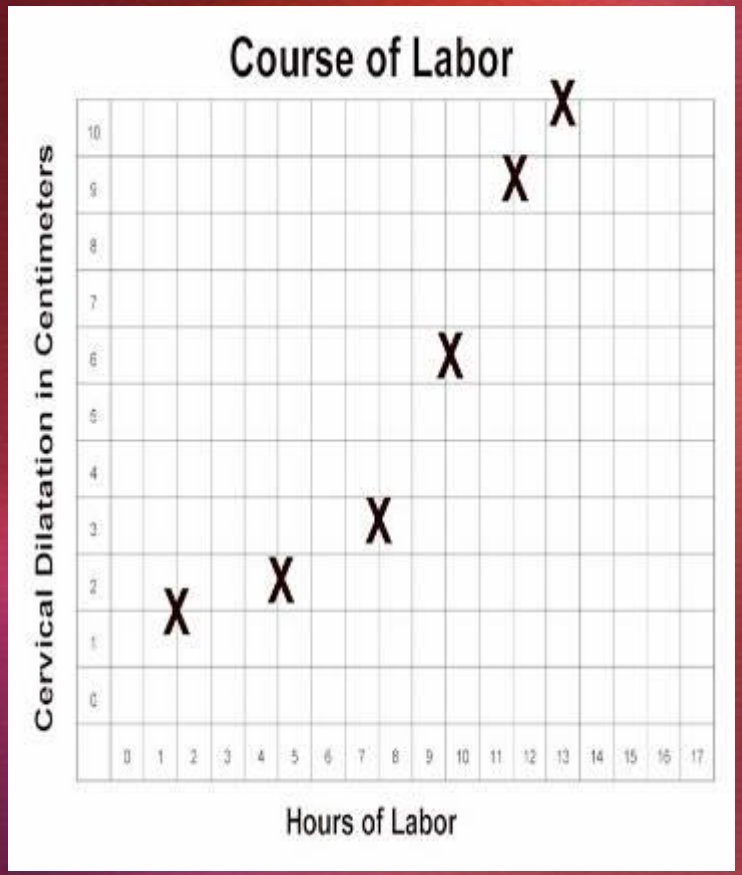
- Starts out at a rate of 180 in the 1st trimester
- After Week 12, the rate drops to 120-160.
- Any rate less than 120 signals distress.



Electronic Fetal Monitors

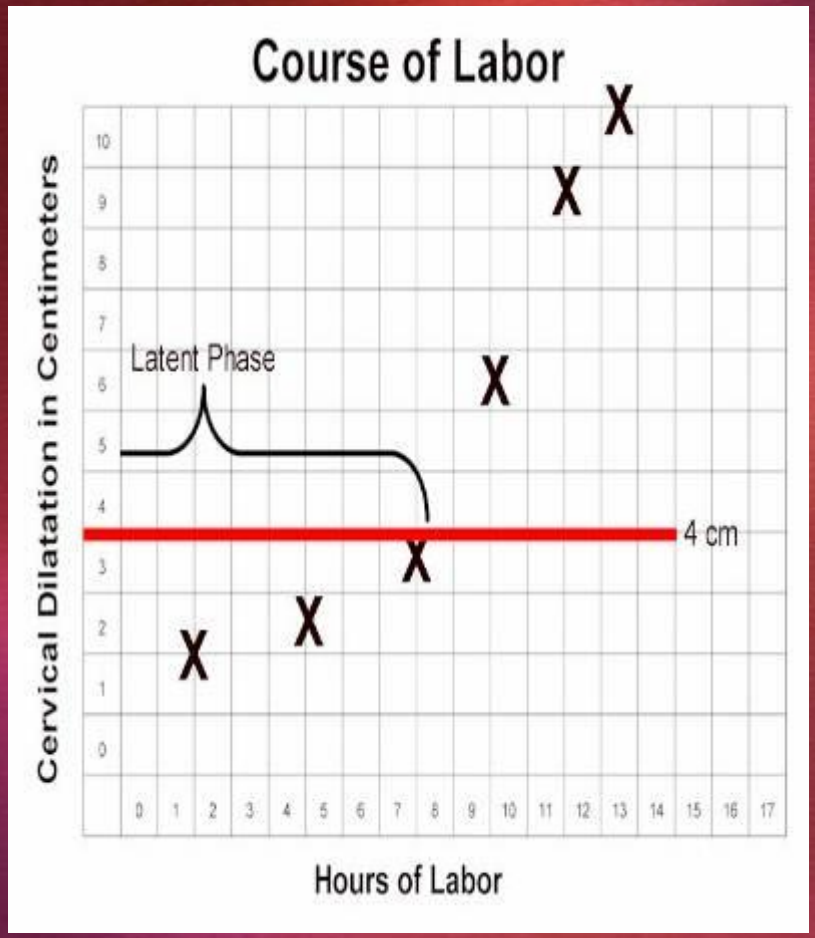
- Continuously records the instantaneous fetal heart rate and uterine contractions
- Patterns are of clinical significance.

LABOR



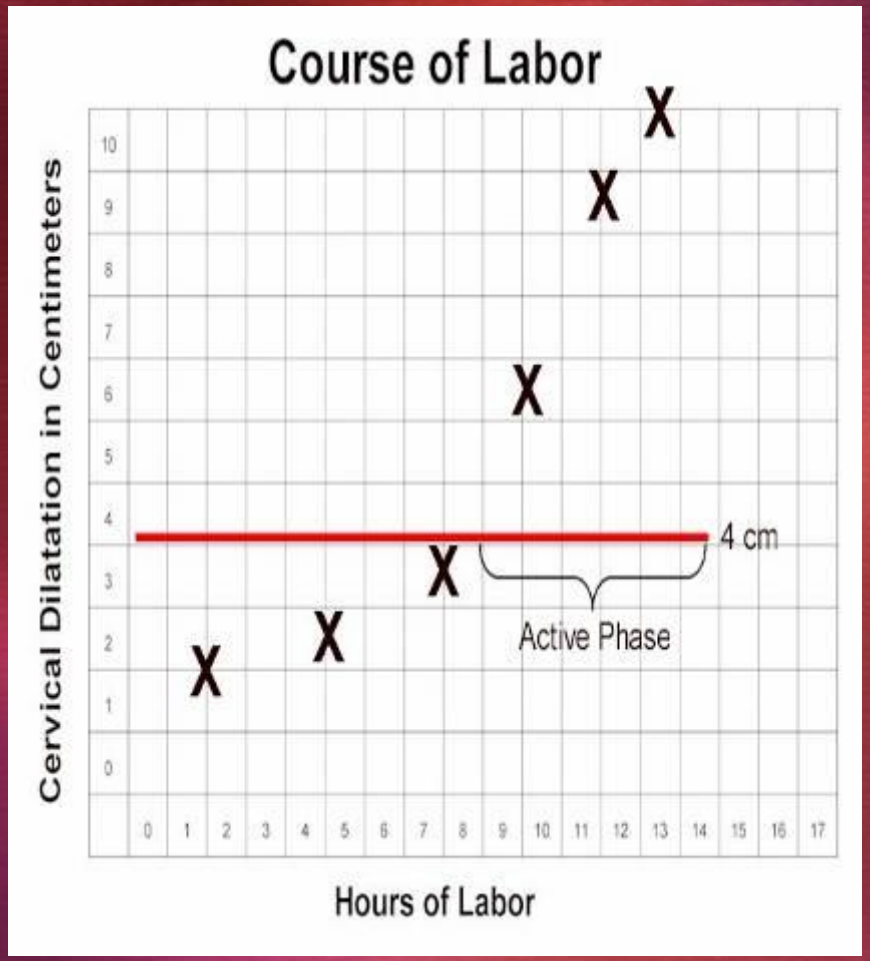
- Regular, frequent, leading to progressive cervical effacement and dilatation
- Braxton-Hicks contractions
  - May be painful and regular, but usually are not
  - Do not lead to cervical change
- Cause of labor is unknown

Latent Phase Labor



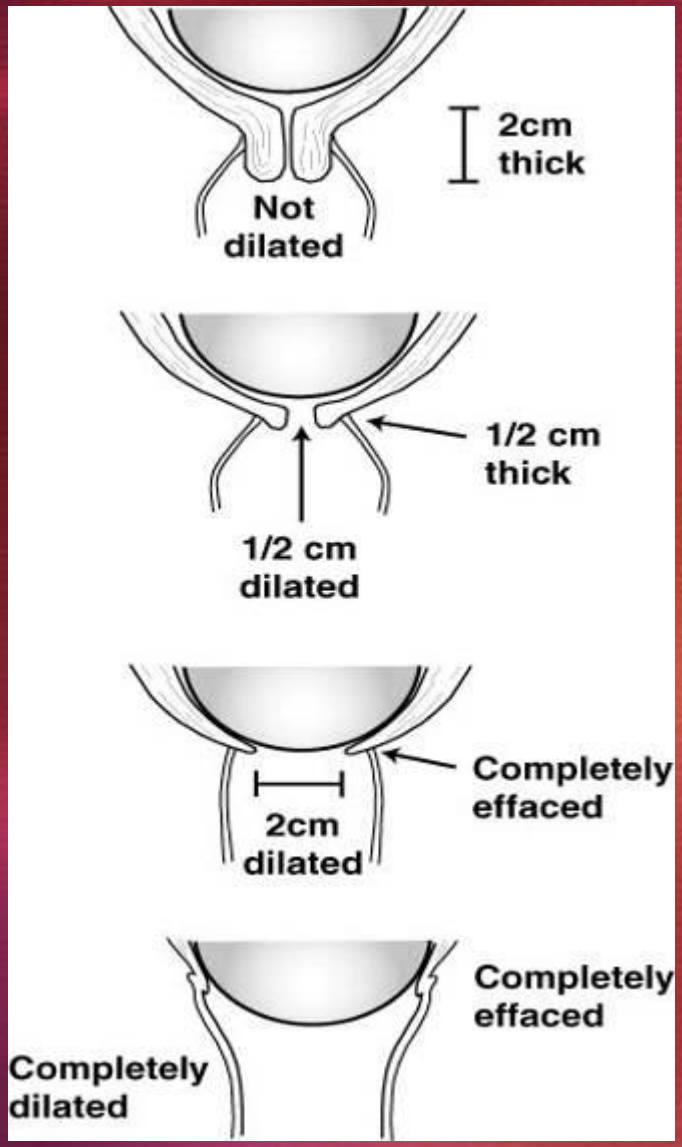
- <4 cm dilated
- Contractions may or may not be painful
- Dilate very slowly
- Can talk or laugh through contractions
- May last days or longer
- May be treated with sedation, hydration, ambulation, rest, or pitocin

Active Phase Labor



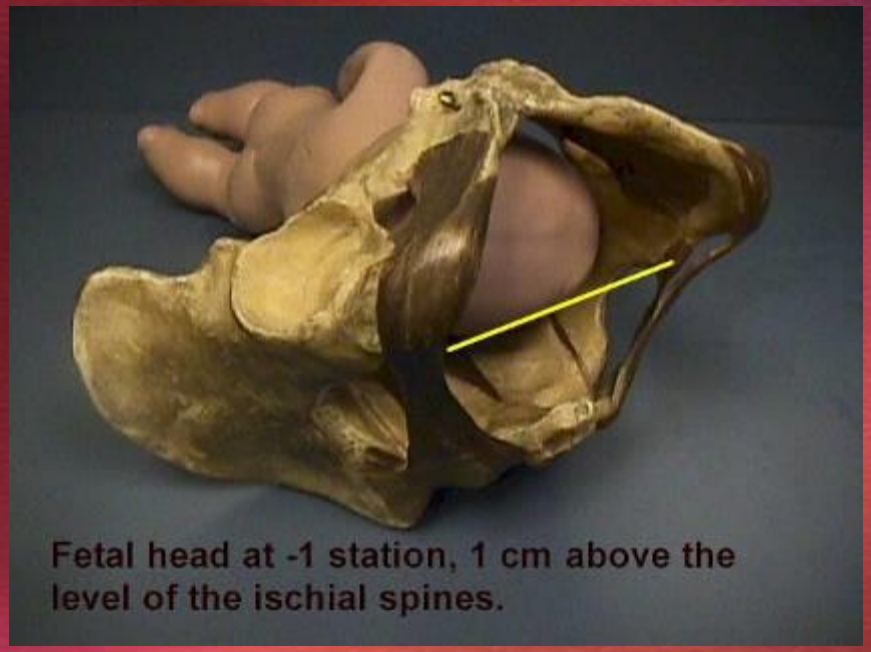
At least 4 cm dilated
Regular, frequent, usually painful contractions
Dilate at least 1.2-1.5 cm/hr
Are not comfortable with talking or laughing during their contractions

Progress of Labor



- Lasts about 12-14 hours (first baby)
- Lasts about 6-8 hours (subsequent babies)
- Effacement (thinning)
- Dilatation (opening)
- Descent (progress through the birth canal

Descent

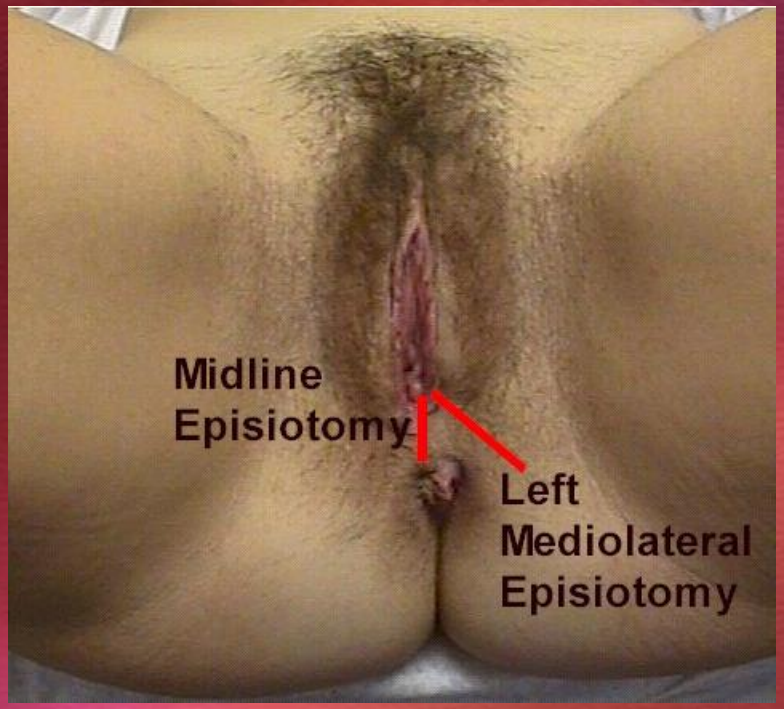


- Fetal head descends through the birth canal
- Defined relative to the spinae ischiadicae
- 0 station = top of head at the spines (fully engaged)
- +2 station = 2 cm past (below) spinae ischiadicae

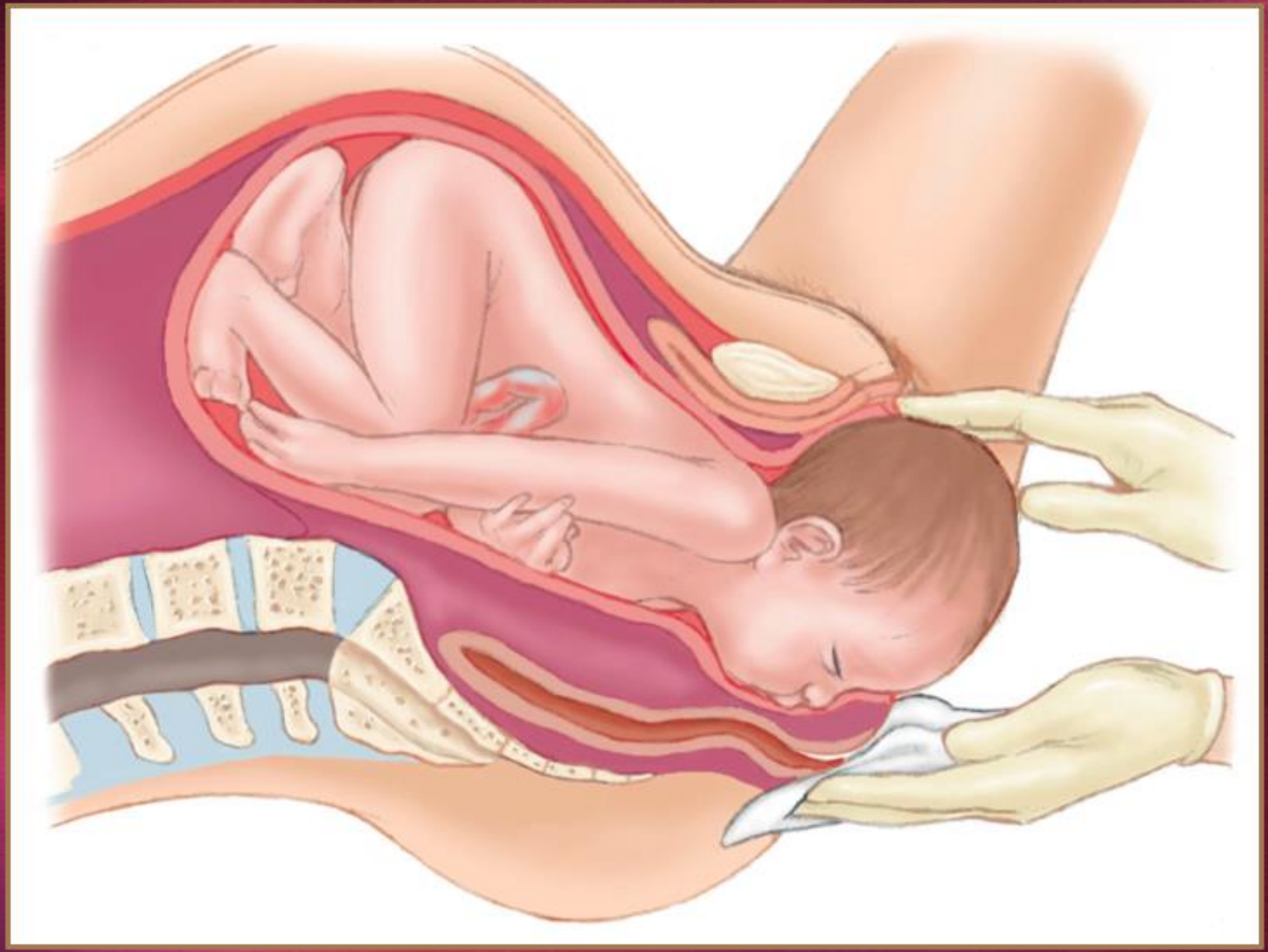
Cardinal Movements of Labor

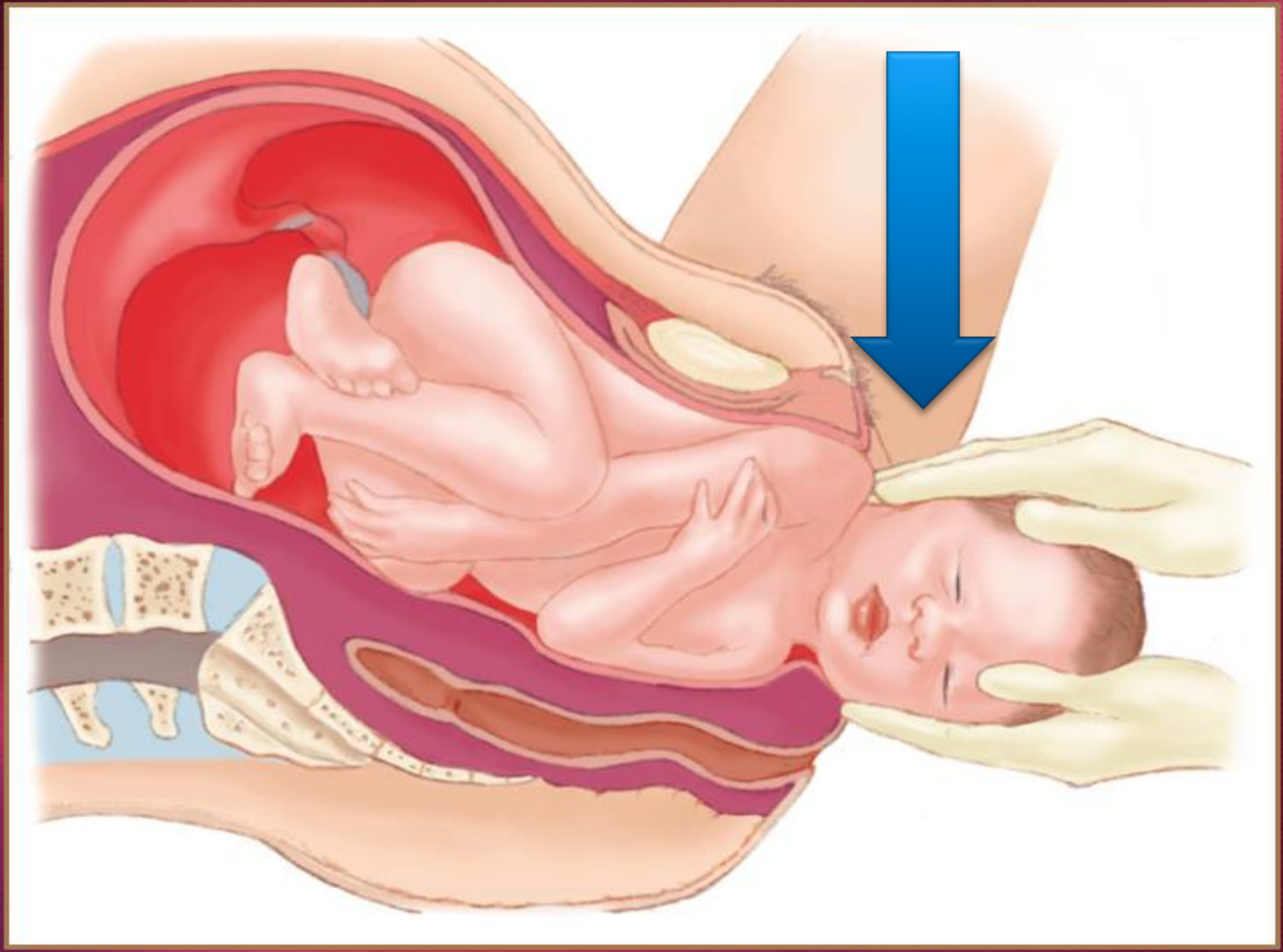
- Engagement (0 Station)
- Descent
- Flexion (fetal head flexed against the chest)
- Internal rotation (fetal head rotates from transverse to anterior
- Extension (head extends with crowning)
- External rotation (head returns to its' transverse orientation)
- Expulsion (shoulders and torso of the baby are delivered)

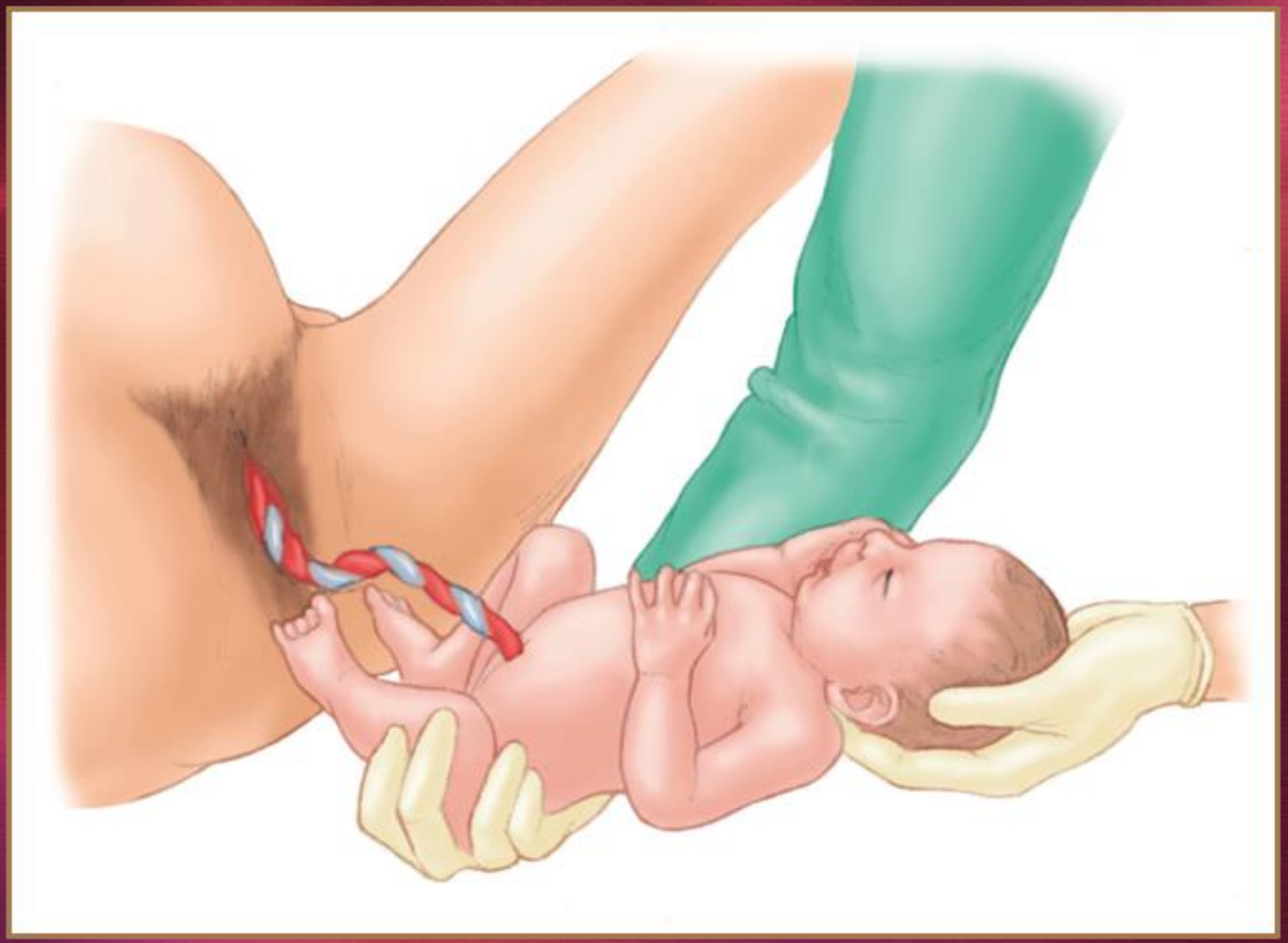
Episiotomy



- Avoids lacerations
- Provides more room for obstetrical maneuvers
- Shortens 2nd Stage Labor
- Midline associated with greater risk of rectal lacerations, but heals faster

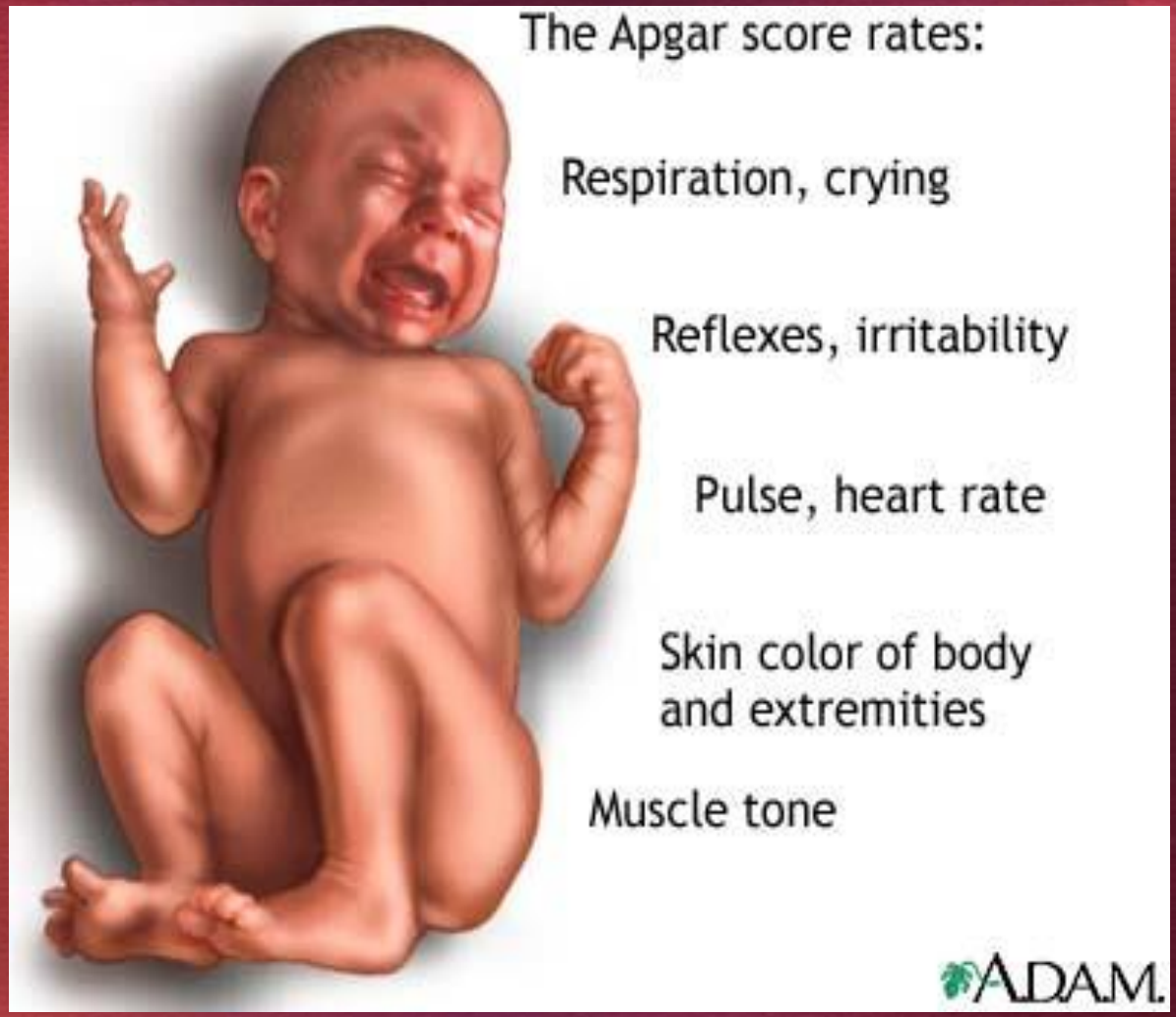




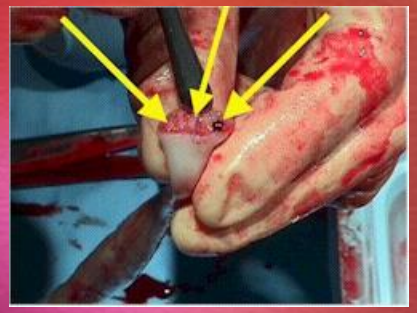


APGAR

- **A**ppearance (color)
- **P**ulse (> 100)
- **G**rimace (vigorous and crying)
- **A**ctivity (good motion in limbs)
- **R**espirations



Clamp and Cut the Cord

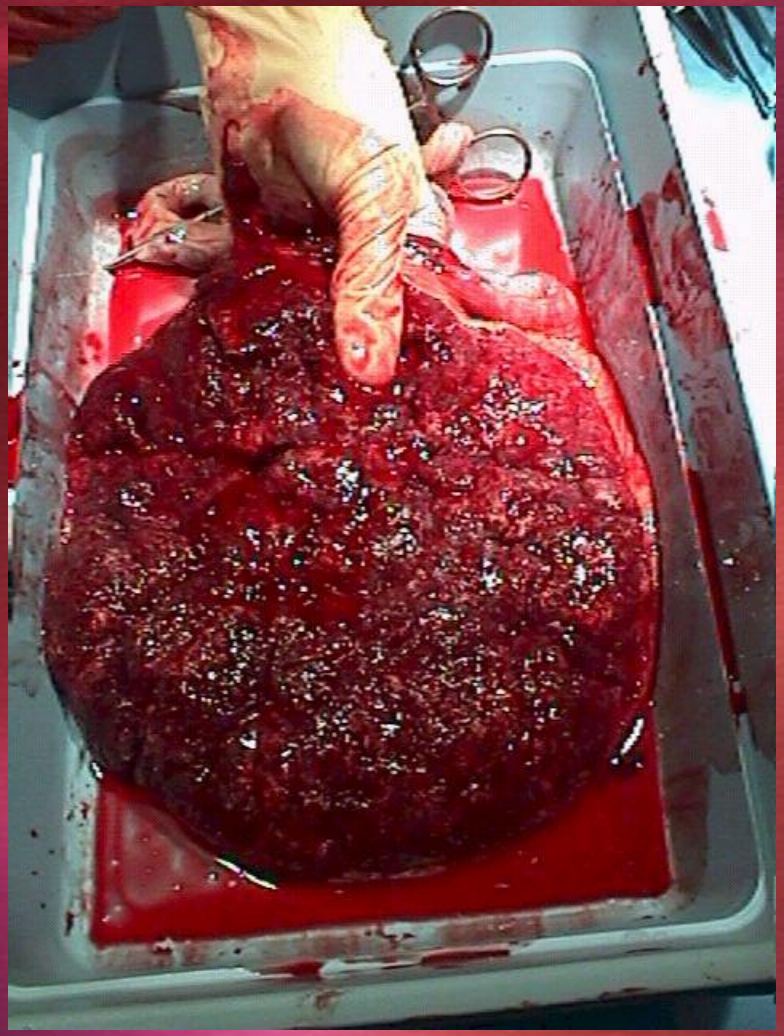


- Check the cord for 3-vessels, 2 small arteries and one larger vein

Placental Separation

- Signs of separation:
  - Increased bleeding
  - Lengthening of the cord
- Normally separates within a few minutes after delivery

Inspect the Placenta



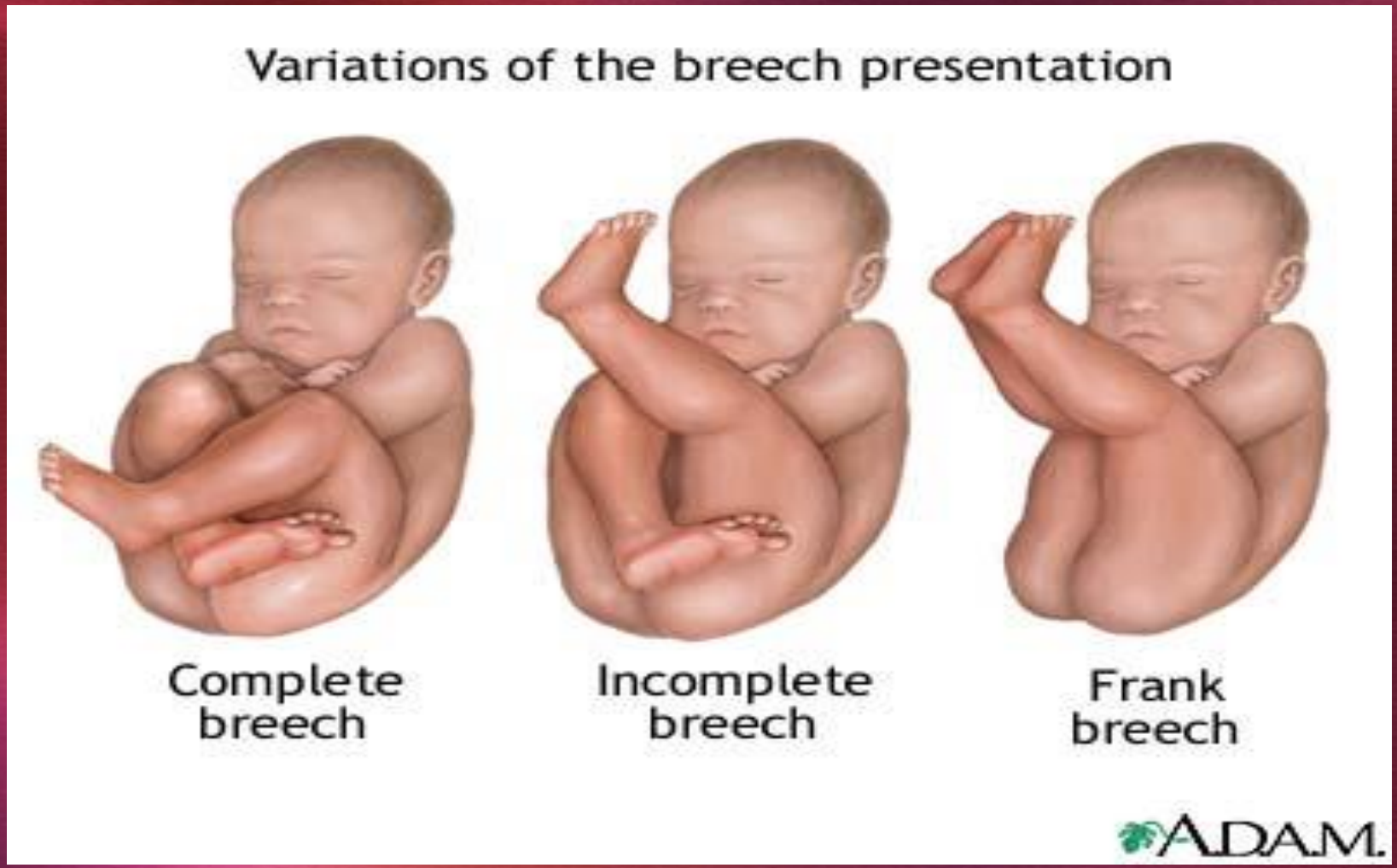
- Make sure it is complete
- Look for missing pieces
- Look for malformations

Possible Delivery Complications

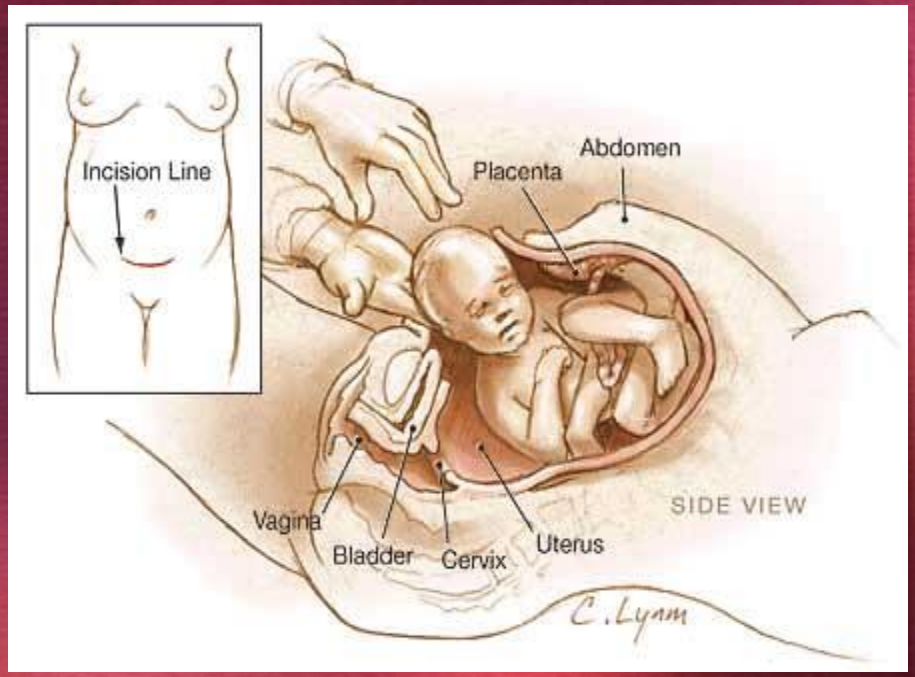
Excessive bleeding

- The uterus cannot “clamp down” to control bleeding.
- Fundal massage is first choice treatment

Types of breech

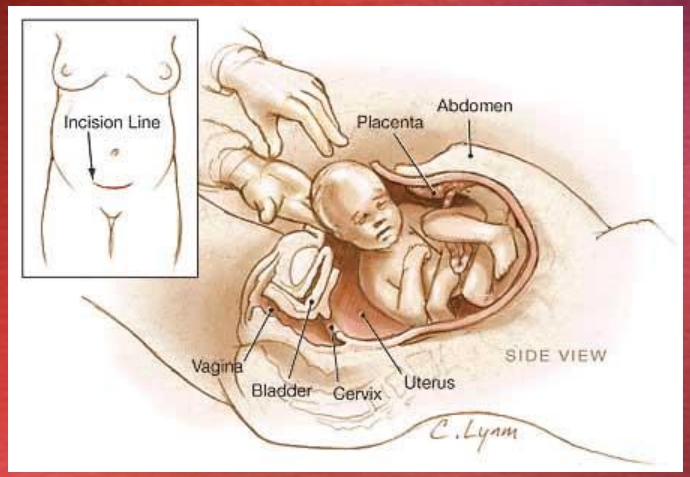


Cesarean Section



- Placenta Previa
- Abruptio Placenta
- Eclampsia

- Fetal Distress
- Breech Presentation
- Cephalopelvic Disproportion
- Active Herpes


Incision Line
Placenta
Abdomen
Vagina
Bladder
Cervix
Uterus
SIDE VIEW
C. Lynn