Prevention, Diagnosis and Treatment of protracted Labor

Dr. Mohammed Abdalla
Guideline Objective

- To prevent unnecessary protracted labor
- To increase the use of procedures that assist in progress to vaginal birth
Unsatisfactory progress of labour

- Cervix not dilated
- No palpable contractions/infrequent contractions

False labour
Unsatisfactory Progress of Labour

Cervix not dilated beyond 4 cm after 8 hours of regular contractions

Prolonged latent phase
Unsatisfactory progress of labour

Less than three contractions in 10 minutes, each lasting less than 40 seconds

Inadequate uterine contractions
Unsatisfactory Progress of Labour

Cervical dilatation to the right of the alert line on the partograph

Prolonged active phase
Unsatisfactory progress of labour

Secondary arrest of cervical dilatation and descent of presenting part in presence of good contractions

Cephalopelvic disproportion
Unsatisfactory progress of labour

Secondary arrest of cervical dilatation and descent of presenting part *with* large caput, third degree moulding, cervix poorly applied to presenting part, oedematous cervix, ballooning of lower uterine segment, formation of retraction band, maternal and fetal distress
1. Confirm Active Labor Before Admitting to Facility

Spontaneous contractions at least 2 per 15 minutes, and two or more of the following:

- Complete effacement of cervix
- Cervical dilation greater than or equal to 3 cm
- Spontaneous rupturing of membranes (SROM)
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