Management of Uncomplicated labour

- Painful contractions
- Show
- Effacement & progressive dilatation of cervix

Not in labour

Observe in antenatal ward

Uncertain

Review after 2 hours

Established labour

Transfer to the labour suite

Remote care in labour suit

Maintain Partogram*(X)

Monitoring by Partogram

Progress of labour
- Cervical dilatation
- Decent of the presenting part
- Uterine contractions

Maternal condition
- Pulse, BP, Temperature & hydration
- Evaluation of drugs/oxytocin, antibiotics, Antihypertensives, Analgesics
- Undistended bladder-catheterize if indicated

Fetal condition
- Intermittent auscultation of fetal heart
- Liquor volume
- Meconium in liquor

Monitoring

Mother should be closely monitored in the labour room for at least two hours

All steps in the management of labour should be documented in the bed head ticket

All steps in the management of labour should be carried out under aseptic conditions

Positioning

Most comfortable position
Supine position-avoided

Second stage

Descent phase-
- Not to bear down
- Fetal heart assessed every 15 mints

Expulsive phase-
- Encourage to bear down
- Fetal heart assessed after each contraction

Delivery

Episiotomy
- Medio-lateral
Episiotomy
At the time of crowning

Third stage

Active management

Monitoring

Mother should be closely monitored in the labour room for at least two hours

1.Oxytocics

2.Cord clamp

3.Controlled cord traction

4.Examine the placenta

5. Observation for signs of
- Haemorrhage
- Uterine fundal level
- Evidence of collapse
- Respiratory difficulty
- Unusual behaviour
- Abdominal pain

Pain relief

Opioid -Pethidine
Regional analgesia-Epidural
Other-splinal analgesia
Combined spinal-epidural analgesia
Inhalational analgesia-Entonox
Pudendal block for episiotomy/forceps/vacuum

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