**STATION 5- HYPOTONIC CONTRACTIONS/INADEQUATE CONTRACTIONS**

**Esther Katunge a 30-year-old para 1+0 Gravida 2 is admitted in labour at 10.15 a.m. with the following findings**

Fetal heart rate: 160 beats per minute

Amniotic fluid: Intact

Moulding: Nil

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 2 in 10 lasting 15 seconds

No medications were given

Maternal pulse:80

Maternal blood pressure: 110/70

Maternal temperature: 36.8

Maternal urine volume: Nil

**At 14:15 hours**

Fetal heart rate: 150 beats per minute

Amniotic fluid: intact

Moulding: Nil

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 2 in 10 lasting 15 seconds

No medications were given

Maternal pulse:70

Maternal blood pressure: 110/70

Maternal temperature: 36.7

Maternal urine volume: Nil

**POINTS FROM THIS STATION**

1. **Patient without danger signs has to be monitored before any interventions/concerns are raised**
2. **Frequency of evaluating the mother and charting of different sections of a partograph**
3. **When to augment labour and how to augment labour via amniotomy and membrane sweeping or oxytocin.**
4. **Completeness of documentation**
5. **Mention adverse effects of oxytocin**

**STATION 5 (STUDENTS)**

**Manage the parturient in the case scenario**

**Esther Katunge a 30-year-old para 1+0 Gravida 2 is admitted in labour at 10.15 a.m. with the following findings**

Fetal heart rate: 160 beats per minute

Amniotic fluid: Intact

Moulding: Nil

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 2 in 10 lasting 15 seconds

No medications were given

Maternal pulse:80

Maternal blood pressure: 110/70

Maternal temperature: 36.8

Maternal urine volume: Nil

**At 14:15 hours**

Fetal heart rate: 150 beats per minute

Amniotic fluid: intact

Moulding: Nil

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 2 in 10 lasting 15 seconds

No medications were given

Maternal pulse:70

Maternal blood pressure: 110/70

Maternal temperature: 36.7

Maternal urine volume: NiL