1. Wound infection (Dehiscence or pus/discharge from episiotomies/ first degree perineal tears.)

**STATION 7- PROLONGED LABOR- CPD (INSTRUCTOR)**

**Evelyn Kwamboka is a 17-year-old primigravida admitted in labour at 10.00 with the following findings**

Fetal heart rate: 150 beats per minute

Amniotic fluid: Intact

Bones are separate and sutures are felt easily

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 3 in 10 lasting 40 seconds

No medications were given

Maternal pulse:80

Maternal blood pressure: 110/70

Maternal temperature: 36.4

Maternal urine volume: Nil

**Interpretation: Normal labor, active phase, 17 yr old primigravida**

**Actions: Continue routine observations**

**The following findings were made at 14.00**

Fetal heart rate: 130 beats per minute

Amniotic fluid: intact

Bones are just touching each other

Cervical dilatation: 6 cm

Head descent: 4/5

Contractions: 3 in 10 lasting 40 seconds

No medications were given

Maternal pulse:80

Maternal blood pressure: 110/70

Maternal temperature: 36.4

Maternal urine volume: Nil

**Interpretation: Slow progress of labor despite adequate contractions**

**Actions: ARM, clear liquor and continue routine observations, review in 2 hours**

**The following findings were made at 18.00**

Fetal heart rate: 92 beats per minute

Amniotic fluid: thick MSL

Bones are overlapping (+++)

Cervical dilatation: 8 cm

Head descent: 4/5

Contractions: 4 in 10 lasting 40 seconds

No medications were given

Maternal pulse: 80

Maternal blood pressure: 130/80

Maternal temperature: 37.0

Maternal urine volume: ketone+++

**Interpretation: Prolonged labor-CPD, Non-reassuring fetal status**

**Start IVF- normal saline or ringer’s lactate, Oxygen by mask, Position mother, inform theatre and paediatrician/neonatologist, prophylactic antibiotics, preop lab works, consent- by parent, guardian, consultant or appropriate personnel/Doctor**

**Actions: Deliver by emergency cesarean section**

**IMPORTANT POINTS TO LEARN**

1. **PATIENT WITHOUT DANGER SIGNS HAS TO BE MONITORED BEFORE ANY INTERVENTIONS/CONCERNS ARE RAISED**
2. **FREQUENCY OF CHARTING OF DIFFERENT SECTIONS OF A PARTOGRAPH**
3. **FEATURES OF PROLONGED LABOUR**
4. **FETAL CONSEQUENCES OF PROLONGED LABOUR**
5. **MANAGEMENT OF PROLONGED LABOUR**
6. **MANAGEMENT OF NRFS-DEFINITIVE AND SUPPORTIVE**
7. **COMPLETENESS OF DOCUMENTATION**

**STATION 7- STUDENTS**

**Evelyn Kwamboka is a 17-year-old primigravida admitted in labour at 10.00 with the following findings**

Fetal heart rate: 150 beats per minute

Amniotic fluid: Intact

Bones are separate and sutures are felt easily

Cervical dilatation: 4 cm

Head descent: 5/5

Contractions: 3 in 10 lasting 40 seconds

No medications were given:

Maternal pulse: 80

Maternal blood pressure: 110/70

Maternal temperature: 36.4

Maternal urine volume: Nil

**The following findings were made at 14.00**

Fetal heart rate: 130 beats per minute

Amniotic fluid: intact

Bones are just touching each other

Cervical dilatation: 6 cm

Head descent: 4/5

Contractions: 3 in 10 lasting 40 seconds

No medications were given

Maternal pulse:80

Maternal blood pressure: 110/70

Maternal temperature: 36.4

Maternal urine volume: Nil

**Findings at 1800hrs**

Fetal heart rate: 92 beats per minute

Amniotic fluid: thick MSL

Bones are overlapping (+++)

Cervical dilatation: 8 cm

Head descent: 4/5

Contractions: 4 in 10 lasting 40 seconds

No medications were given:

Maternal pulse: 80

Maternal blood pressure: 130/80

Maternal temperature: 37.0

Maternal urine volume: ketone+++