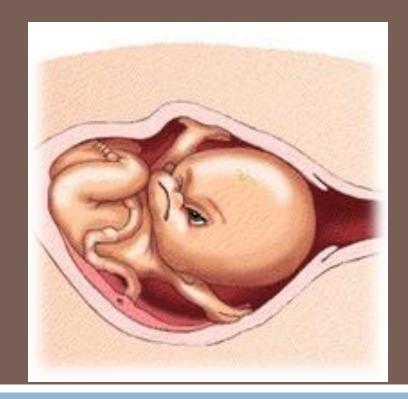
ONSET AND PHYSIOLOGY OF LABOR

Dr. Hana Alzamil



Objectives:

- Define labor/labour (parturition).
- Recognize the factors triggering the onset of labor.
- Describe the hormonal changes that occur before and during labor.
- Describe the phases of uterine activity during pregnancy and labor.
- Know the clinical stages of labor.

Parturition

- Definition
 - Uterine contractions that lead to expulsion of the fetus to extrauterine environment
 - Towards the end of pregnancy the uterus become progressively more excitable and develops strong rhythmic contractions that lead to expulsion of the fetus.

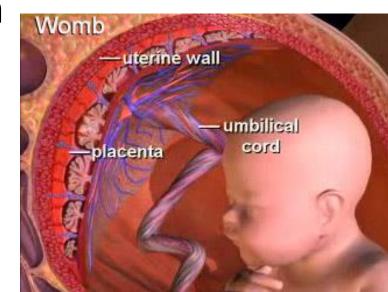
Small group activity

Does non pregnant uterus contract?

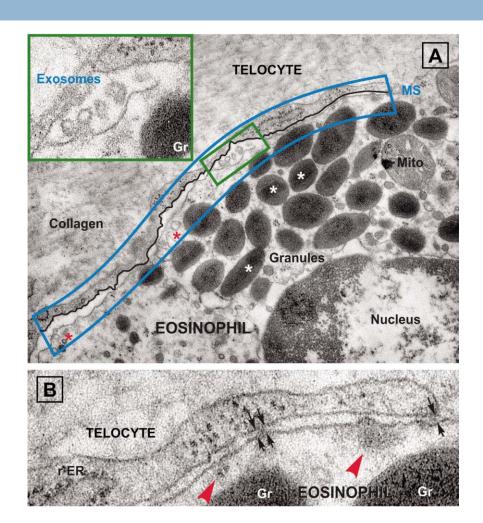


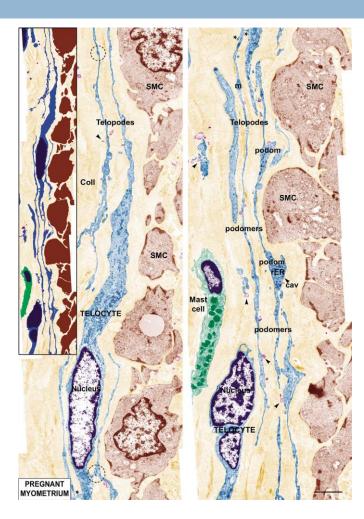
Parturition

- Uterus is spontaneously active.
- Spontaneous depolarization of pacemaker cells (Telocytes).
- Gap junctions spread depolarization
- Exact trigger is unknown
 - Hormonal changes
 - Mechanical changes



Telocytes





- Estrogen & Progesterone
 - Progesterone inhibit uterine contractility
 - Estrogen stimulate uterine contractility
- From 7th month till term
 - Progesterone secretion remain constant
 - Estrogen secretion continuously increase
 - Increase estrogen/progesterone ratio

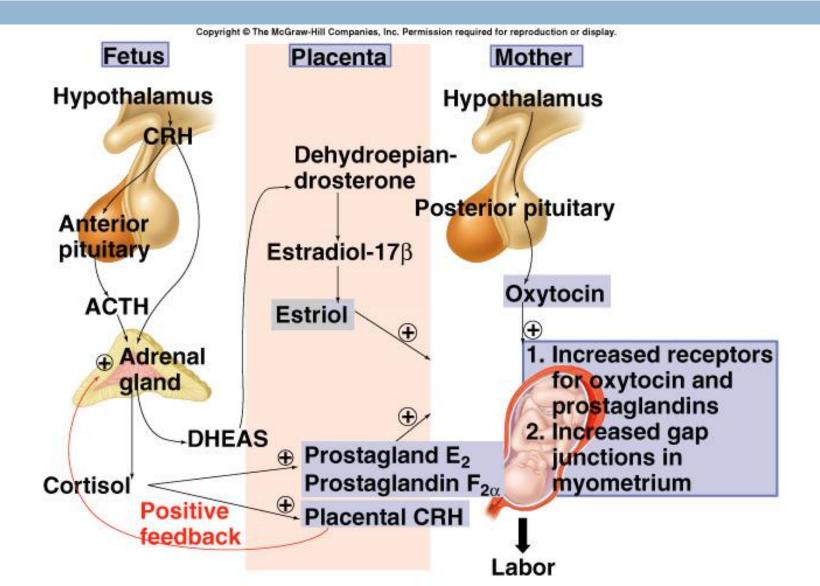
- Progesteron
 - ▼ GAP junctions
 - ▼ Oxytocin receptor
 - ▼ Prostaglandins.
 - Resting mem.
 Potential

- Estrogen
 - ▲ GAP junctions
 - A Oxytocin receptors.
 - A Prostaglandins

- Oxytocin
 - □ Dramatic ▲ of oxytocin receptors (200 folds)
 - gradual transition from passive relaxed to active excitatory muscle (†responsiveness).
 - Increase in Oxytocin secretion at labor
 - Oxytocin increase uterine contractions by
 - Directly on its receptors
 - Indirectly by stimulating prostaglandin production

- Prostaglandins
 - Central role in initiation & progression of human labour
 - Locally produced (intrauterine)
 - Oxytocin and cytokines stimulate its production
 - Prostaglandin stimulate uterine contractions by:
 - Direct effect:
 - Through their own receptors
 - Upregulation of myometrial gap junctions
 - Indirect effect:
 - Upregulation of oxytocin receptors

Parturition

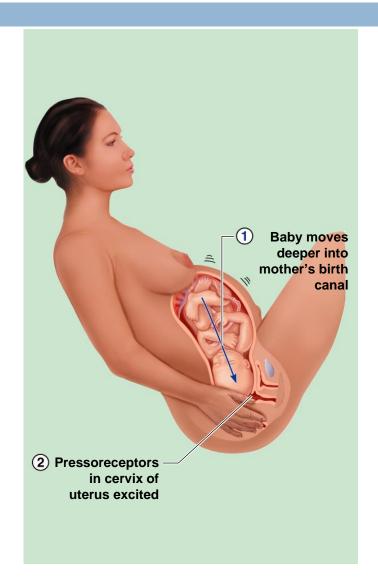


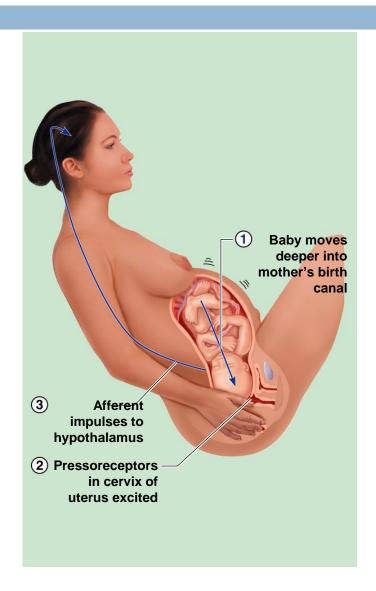
Mechanical changes

- Stretch of the uterine muscle
 - Increases contractility
 - Fetal movements
 - Multiple pregnancy
- Stretch of the cervix
 - Increases contractility (reflex)
 - Membrane sweeping & rupture
 - Fetal head
 - Positive feedback mechanism



Figure 16.19, step 1





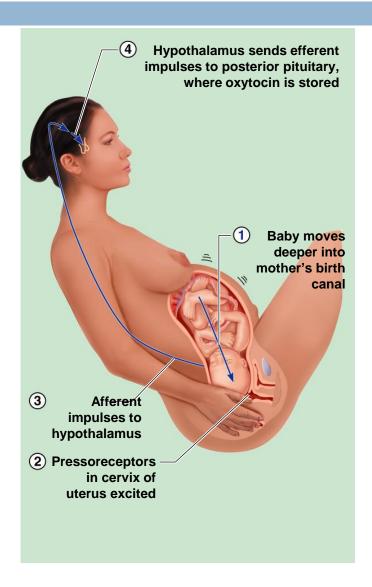
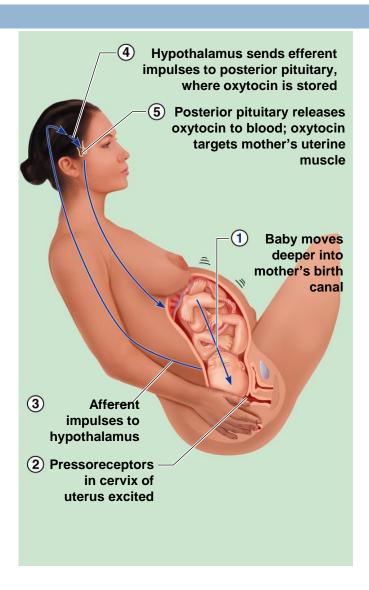


Figure 16.19, step 4



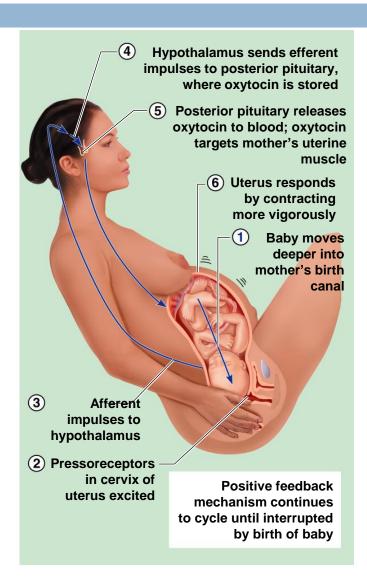
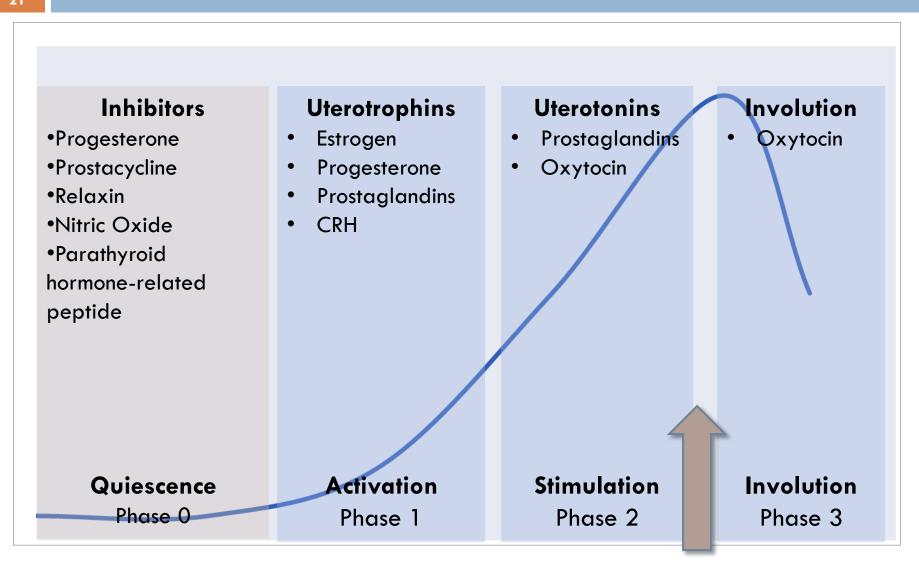


Figure 16.19, step 6

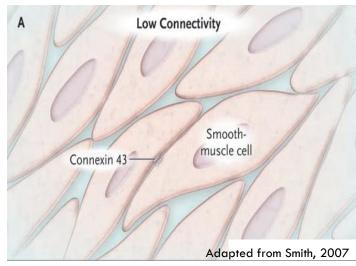


- Phase 0
 - Pregnancy: uterus is relaxed (quiescent)
- Phase 1
 - Activation
- □ Phase 2
 - □Stimulation: stage 1& stage 2
- □ Phase 3 = stage 3
 - Delivery of the placenta and uterine involution

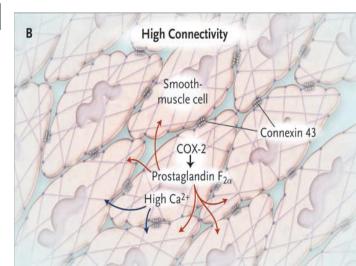
Uterine Activity During Pregnancy



- Phase 0 (pregnancy)
 - Increase in cAMP level
 - Increase in production of
 - Prostacyclin (PGI₂) cause uterine relaxation
 - Nitric oxide (NO) cause uterine relaxation



- Phase 1 (activation)
 - Occurs in third trimester
 - Promote a switch from quiescent to active uterus
 - Increase excitability & responsiveness by
 - Increase expression of gap junctions
 - Increase G protein-coupled receptors
 - Oxytocin receptors
 - ■PGF2 alpha receptors



□ Phase 2 (stimulation)

- Occurs in last 2-3 gestational weeks
- Increase in synthesis of uterotonins
 - Cytokines
 - Prostaglandins
 - Oxytocin
- Includes 2 stages:
 - Stage 1
 - Stage 2

- Phase 3 (uterine involution)
 - Pulsatile release of oxytocin
 - Delivery of the placenta
 - Involution of the uterus
 - Occurs in 4-5 weeks after delivery
 - Lactation helps in complete involution

Mechanism of parturition

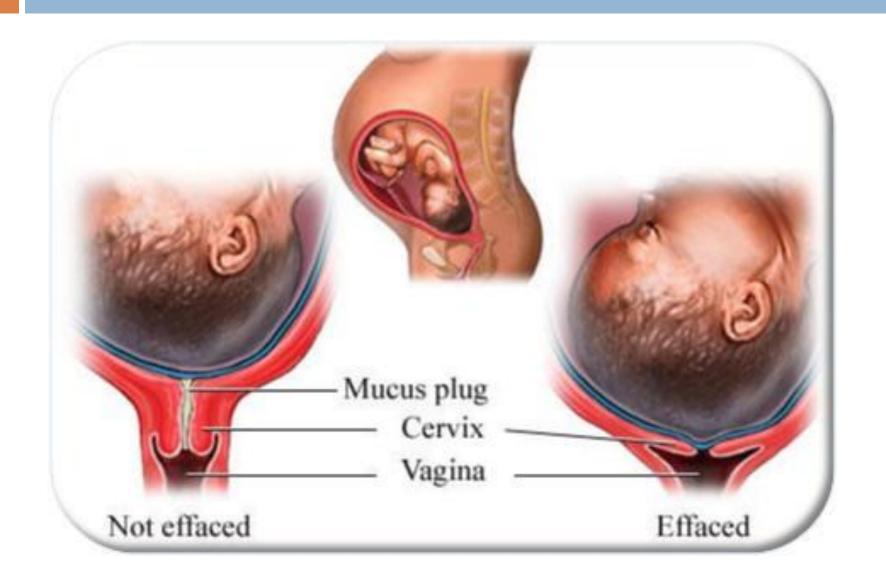
- Contractions start at the fundus and spreads to the lower segment
- The intensity of contractions is strong at the fundus but weak at the lower segment
- In early stages: 1 contraction/30 minuets
- As labor progress: 1 contraction/ 1-3 minutes
- Abdominal wall muscles contract
- Rhythmical contractions allows blood flow

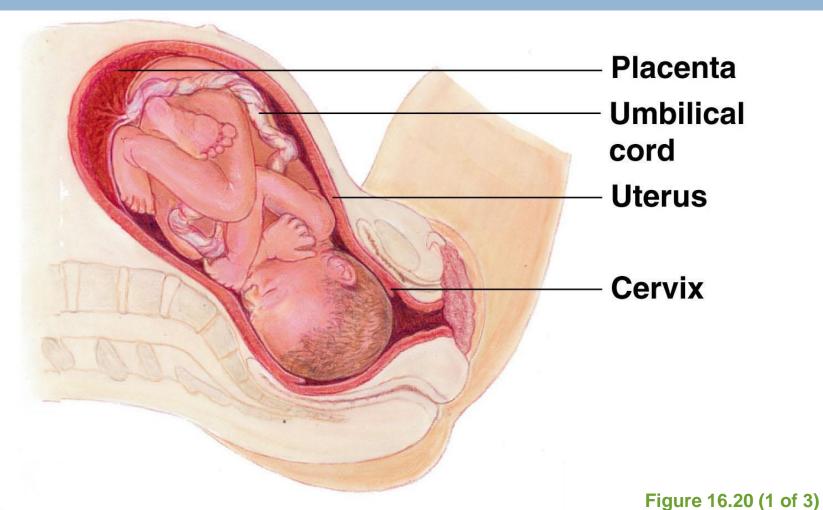
Onset of labor

- During pregnancy
 - Periodic episodes of weak and slow rhythmical uterine contractions (Braxton Hicks) 2nd trimester
- Towards end of pregnancy
 - Uterine contractions become progressively stronger
 - Suddenly uterine contractions become very strong leading to:
 - Cervical effacement and dilatation

- Dilation (stage 1)
 - Cervix becomes dilated
 - Full dilation is 10 cm
 - Uterine contractions begin and increase
 - Cervix softens and effaces (thins)
 - The amnion ruptures ("breaking the water")
 - Longest stage at 6–12 hours

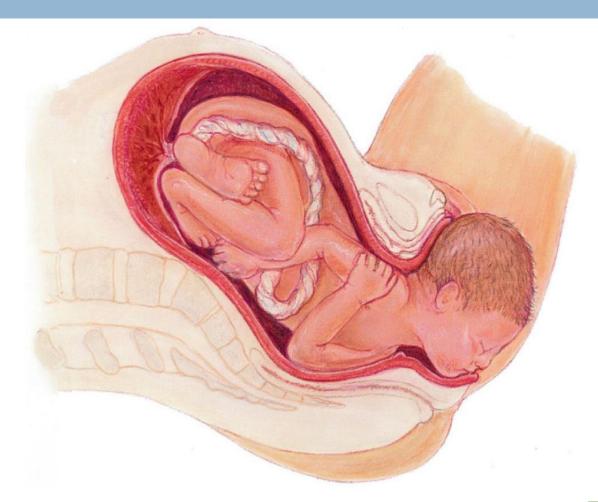
Cervical effacement and dilatation





1 Dilation of the cervix

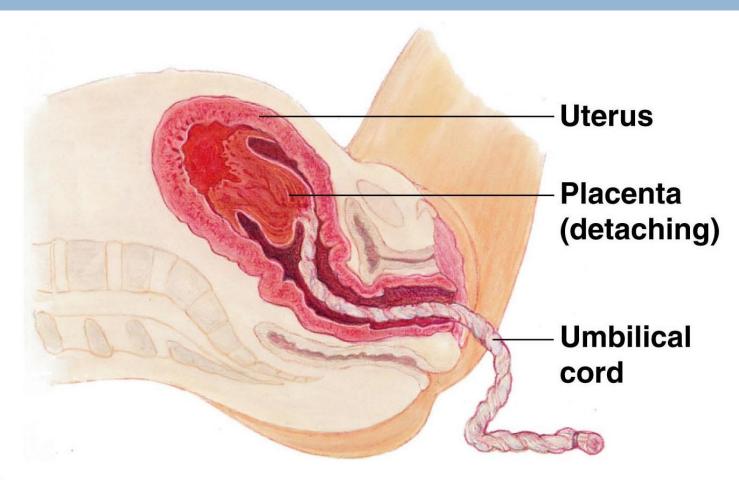
- Expulsion (stage 2)
 - Infant passes through the cervix and vagina
 - Can last as long as 2 hours, but typically is 50 minutes in the first birth and 20 minutes in subsequent births
 - Normal delivery is head first (vertex position)
 - Breech presentation is buttocks-first



(2) Expulsion: delivery of the infant

Figure 16.20 (2 of 3)

- Placental stage (stage 3)
 - Delivery of the placenta
 - Usually accomplished within 15 minutes after birth of infant
 - Afterbirth—placenta and attached fetal membranes
 - All placental fragments should be removed to avoid postpartum bleeding



3 Delivery of the placenta

New arrival



{فَأَجَاءهَا الْمَخَاصُ إِلَى جِذْعِ النَّخْلَةِ قَالَتْ يَا لَيْتَنِي مِتُ قَبْلَ هَذَا وَكُنتُ نَسْياً مَنْسِياً {23} فَنَادَاهَا مِن تَحْتِهَا أَلَّا تَحْزَنِي قَدْ جَعَلَ رَبُّكِ تَحْتَكِ سَيْاً مَنْسِياً وَهُزِّي إِلَيْكِ بِجِذْعِ النَّخْلَةِ تُسَاقِطْ عَلَيْكِ رُطَباً جَنِيّاً {25} سَرِيّاً {24} وَهُزِّي إِلَيْكِ بِجِذْعِ النَّخْلَةِ تُسَاقِطْ عَلَيْكِ رُطَباً جَنِيّاً {25} فَكُلِي وَاشْرَبِي وَقَرِّي عَيْناً } سورة مريم..

