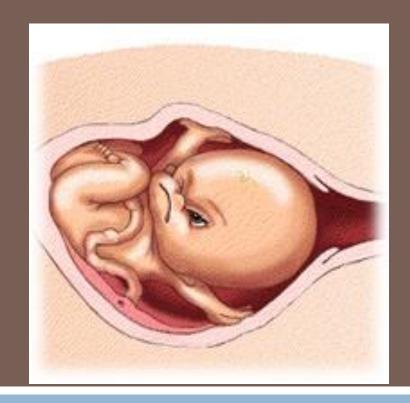
# ONSET AND PHYSIOLOGY OF LABOR

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.

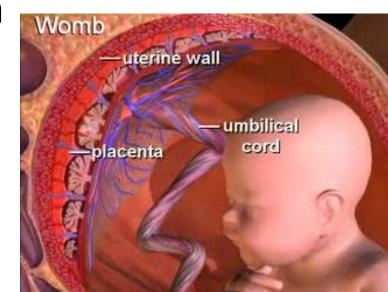
# Small group activity

Does non pregnant uterus contract?

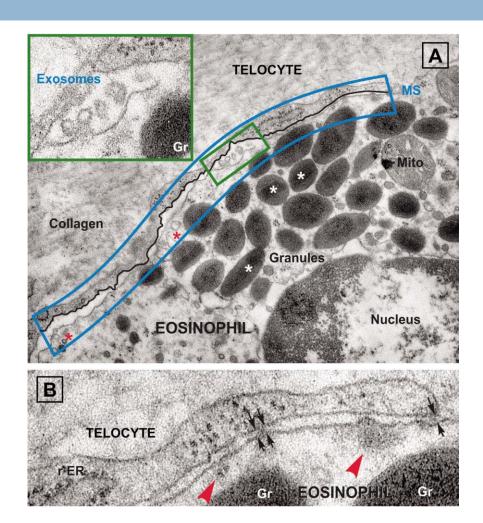


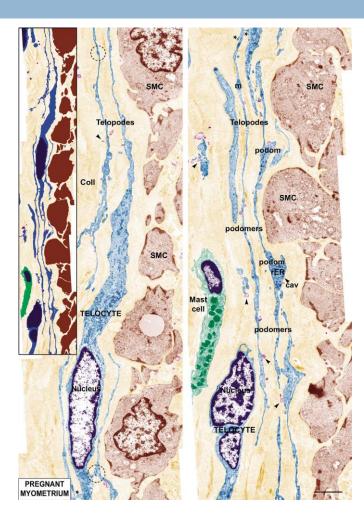
#### **Parturition**

- 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 7<sup>th</sup> month till term
  - Progesterone secretion remain constant
  - Estrogen secretion continuously increase
  - Increase estrogen/progesterone ratio

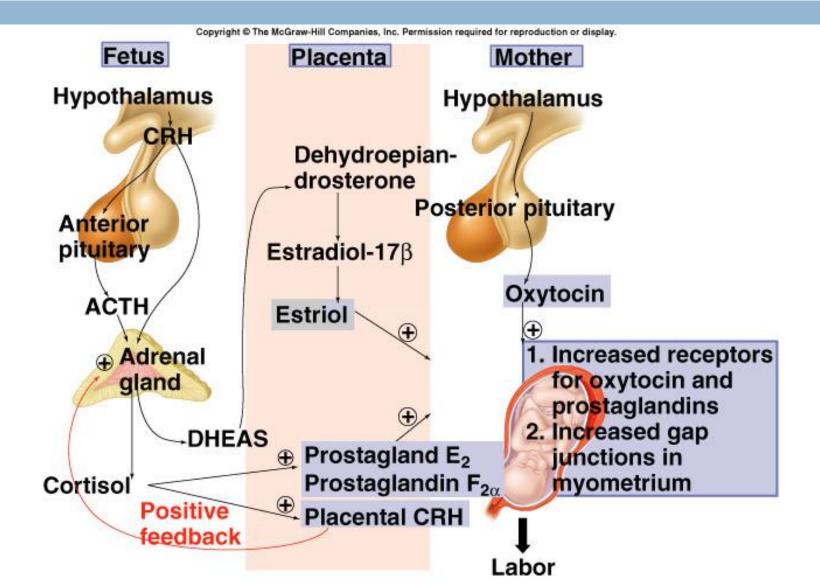
- Progesteron
  - ▼ GAP junctions
  - ▼ Oxytocin receptor
  - ▼ Prostaglandins.
  - Resting mem.
    Potential

- 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**

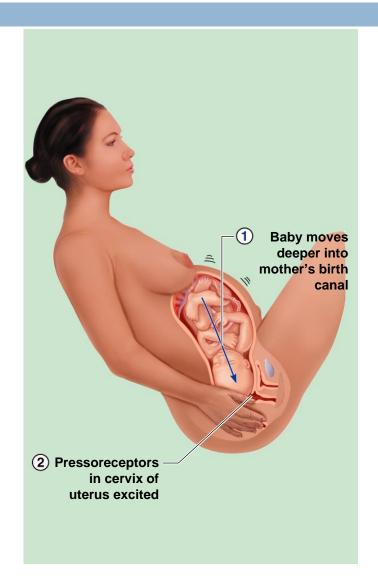


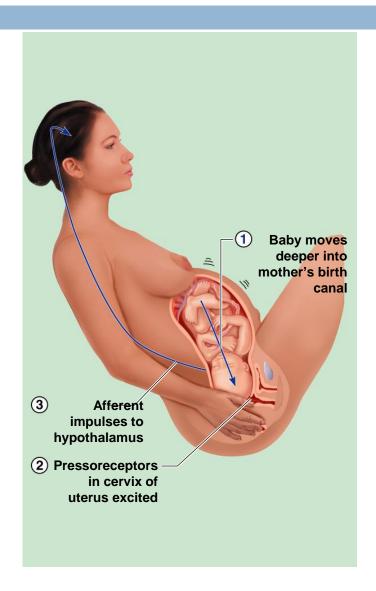
# Mechanical changes

- 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** 





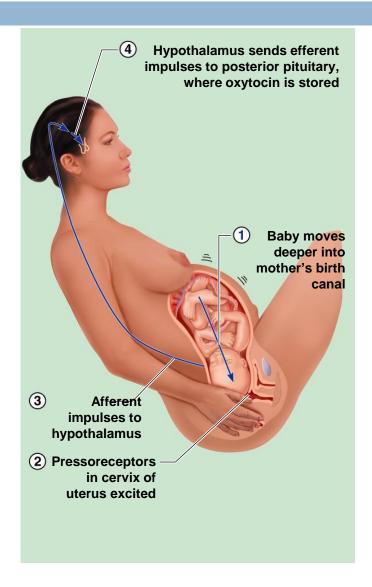
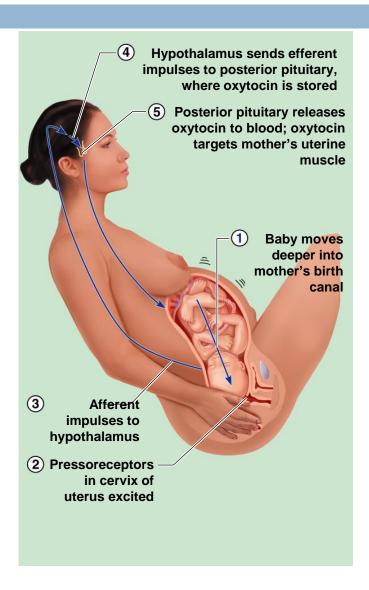
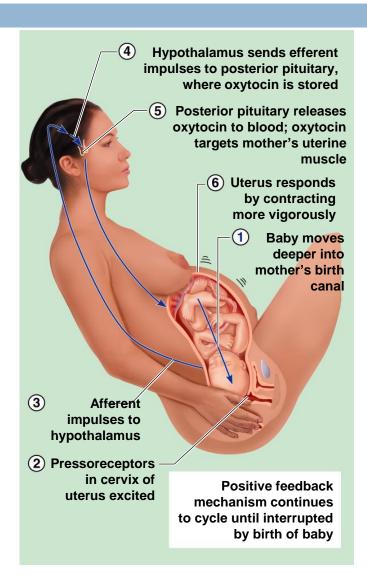


Figure 16.19, step 4



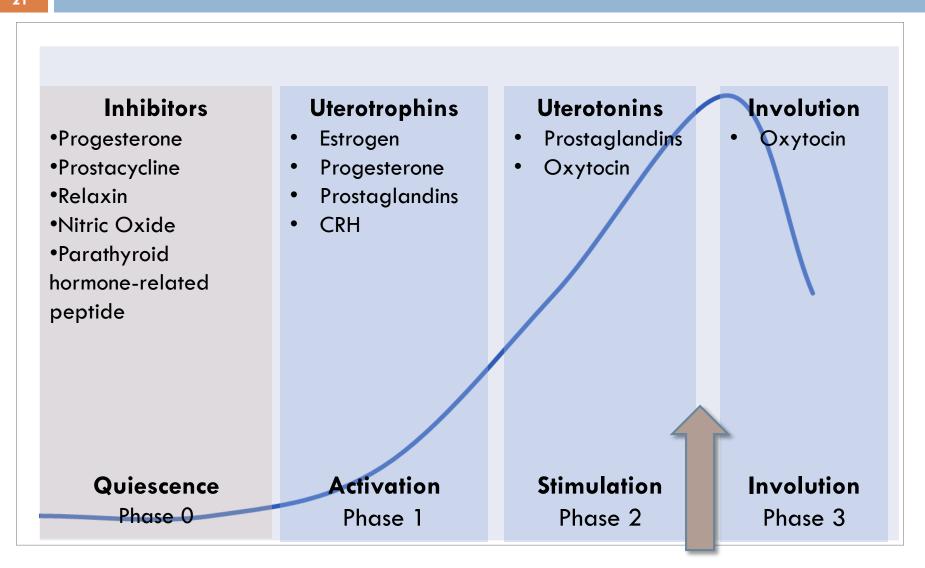


**Figure 16.19, step 6** 

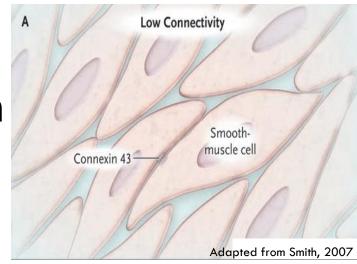


- Phase 0
  - Pregnancy: uterus is relaxed (quiescent)
- Phase 1
  - Activation
- □ Phase 2
  - □Stimulation: stage 1& stage 2
- □ Phase 3 = stage 3
  - Delivery of the placenta and uterine involution

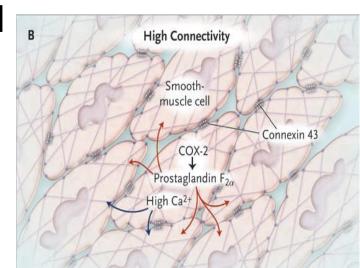
## Uterine Activity During Pregnancy



- Phase 0 (pregnancy)
  - Increase in cAMP level
  - Increase in production of
    - Prostacyclin (PGI<sub>2</sub>) 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

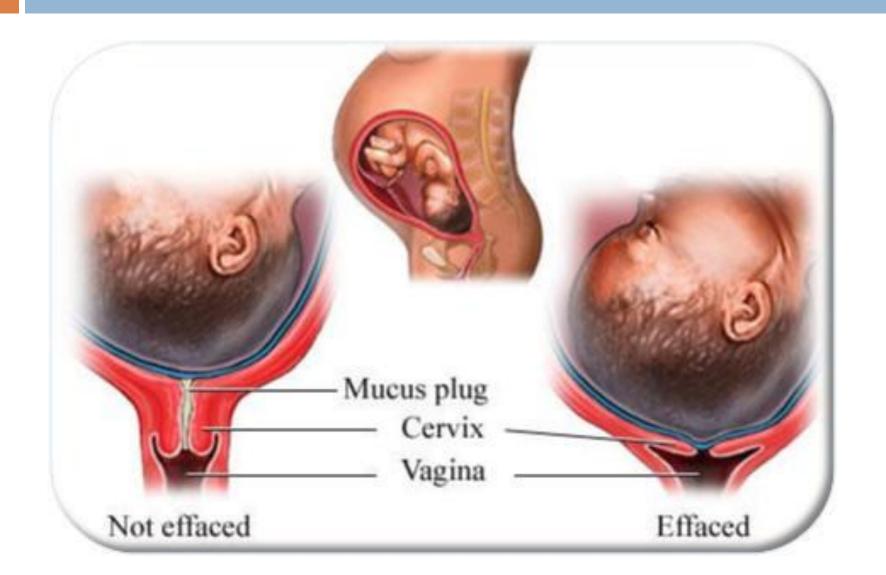
- Contractions start at the fundus and spreads to the lower segment
- The intensity of contractions is strong at the fundus but weak at the lower segment
- In early stages: 1 contraction/30 minuets
- As labor progress: 1 contraction/ 1-3 minutes
- Abdominal wall muscles contract
- Rhythmical contractions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

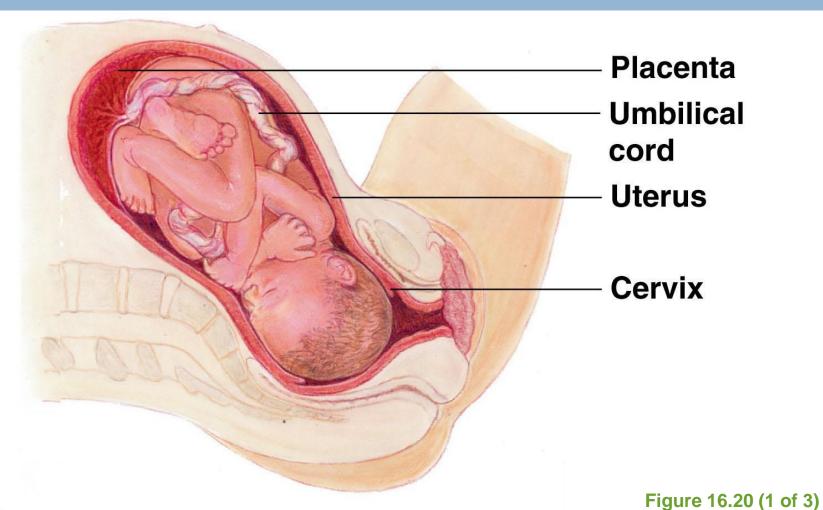
#### Onset of labor

- During pregnancy
  - Periodic episodes of weak and slow rhythmical uterine contractions (Braxton Hicks) 2<sup>nd</sup> 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

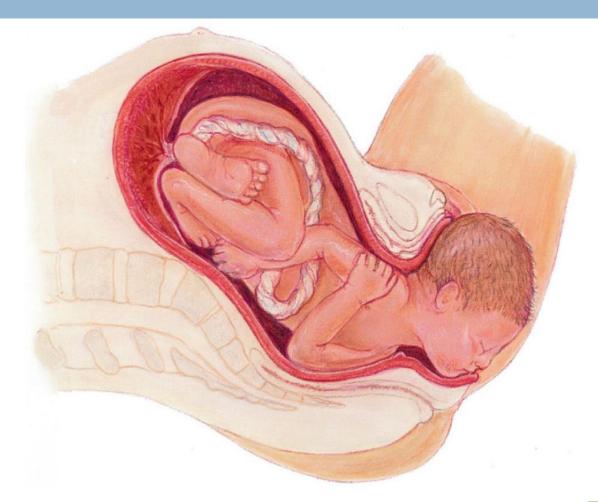
#### Cervical effacement and dilatation





1 Dilation of the cervix

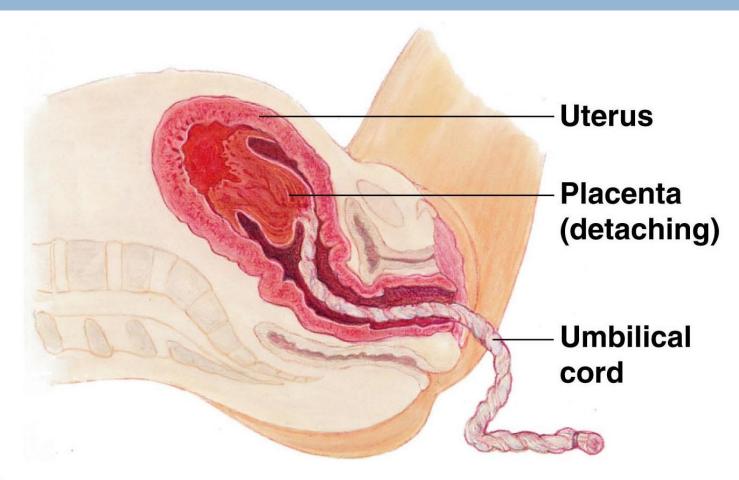
- Expulsion (stage 2)
  - Infant passes through the cervix and vagina
  - Can last as long as 2 hours, but typically is 50 minutes in the first birth and 20 minutes in subsequent births
  - Normal delivery is head first (vertex position)
  - Breech presentation is buttocks-first



(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..

