UNIT 2: OBSTETRICS
SECTION A: NORMAL OBSTETRICS

# Educational Topic 11: Intrapartum Care

Rationale: Understanding the process of normal labor and delivery allows optimal care and reassurance for the woman and timely recognition of abnormal events.

### **Intended Learning Outcomes:**

A student should be able to:

- Differentiate between the signs and symptoms of true and false labor
- Perform the initial assessment of the laboring patient
- Describe the four stages of labor and recognize common abnormalities
- Explain pain management approaches during labor
- Describe methods of monitoring the mother and fetus
- Describe the steps of a vaginal delivery
- List indications for an operative delivery
- Identify maternal risks specific to delivery in developing countries

#### **TEACHING CASE**

CASE: A 23-year old G1P0 woman at 38 weeks gestation comes to Labor and Delivery complaining of a 5-hour history of painful contractions occurring every 5 minutes and lasting 45-60 seconds in duration. She denies leaking of fluid per vagina, but has noted bloody show. She reports normal fetal movement.

In reviewing her chart, you find that she has had an uncomplicated prenatal course. She had an ultrasound at 17 weeks that revealed a male fetus and was consistent with her last menstrual period dating. A screening culture at 36 weeks was positive for group B streptococcus. The cervical exam at the 36-week visit was closed and long.

Her blood pressure is 96/54, pulse 92 beats per minute, respirations are 20/minute and oral temperature is 98° F. Leopold's maneuver reveals the fetal back is palpable at the right side of the maternal abdomen and the vertex is palpable through the maternal abdomen just below her symphysis pubis. Fetal heart rate (FHR) is in the 150s with moderate variability, with accelerations and no decelerations. Contractions are noted on the external monitor every 3 minutes. The patient's cervix is 3 cm dilated, 50% effaced with the fetal vertex at 0 station. The remainder of the physical exam is unremarkable.

# COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

	<ul> <li>Patient Care</li> <li>Medical Knowledge</li> </ul>
1.	<ul> <li>Systems-Based Practice</li> <li>Is this patient in labor? What elements of the case history support a diagnosis of labor?</li> </ul>
2.	In addition to determining whether this patient is in labor or not, what should be included in the initial evaluation
	of a patient who presents in labor?
3.	What is the stage and phase of labor for this patient?
4.	What are your next steps in management of this patient?
5.	What options for pain management are available for this patient?
6.	Describe the process by which the fetus descends through the birth canal and the steps of vaginal delivery.
7.	What are other methods of delivery if the patient had not been able to push effectively or if fetal intolerance of

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labor had developed?

## **REFERENCES**

Beckman CRB, et al. Obstetrics and Gynecology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013.

Hacker NF, Moore JG, et al. Essentials of Obstetrics and Gynecology. 5th ed. Philadelphia: Saunders, 2010.

APGO Clinical Skills Curriculum. Vaginal Delivery:

http://www.apgo.org/elearn/clinical\_skills\_curriculum/HTML/delivery-learningoutcomes.html

ACOG Practice Bulletin 17, Operative Vaginal Delivery, June 2000.

ACOG Practice Bulletin 36, Obstetric Analgesia and Anesthesia, July 2002.

ACOG Practice Bulletin 49, Dystocia and Augmentation of Labor, December 2003.

ACOG Practice Bulletin 106, Intrapartum Fetal Heart Rate Monitoring: Nomenclature, Interpretation, and General Management Principles, July 2009.

ACOG Practice Bulletin 120, Use of Prophylactic Antibiotics in Labor and Delivery, June 2011

ACOG Practice Bulletin 116, Management of Intrapartum Fetal Heart Rate Tracings, November 2010

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