

## Normal Labour

### DEFINITIONS

- > **Labour** - series of events that take place in the genital organs in an effort to expel the viable products of conception out of the womb through the vagina into the outer world.
- > **Delivery** - the expulsion or extraction of a viable fetus out of the womb.
- > **Normal Labour (Eutocia)** - Labour is called normal if it fulfils the following criteria:
  1. delivery of a single baby
  2. by vertex presentation
  3. vaginally
  4. at or near term
  5. with spontaneous onset
  6. the whole process of delivery getting over within 24 hours
  7. with minimal intervention
  8. leaving behind a healthy mother and a healthy fetus.
- > **Abnormal Labour (Dystocia)** — any deviation from the definition of normal labour.

### CAUSE OF ONSET OF LABOUR

It is unknown but the following theories were postulated:

#### (I) Hormonal factors:

1. **Oestrogen theory:** During pregnancy, most of the oestrogens are present in a binding form. During the last trimester, more free oestrogen appears increasing the excitability of the myometrium and prostaglandins synthesis.
2. **Progesterone withdrawal theory:** Before labour, there is a drop in progesterone synthesis leading to predominance of the excitatory action of oestrogens.
3. **Prostaglandins theory:** Prostaglandins E<sub>2</sub> and F<sub>2α</sub> are powerful stimulators of uterine muscle activity. PGF<sub>2α</sub> was found to be increased in maternal and fetal blood as well as the amniotic fluid late in pregnancy and during labour.
4. **Oxytocin theory:** Although oxytocin is a powerful stimulator of uterine contraction, its natural role in onset of labour is doubtful. The secretion of oxytocinase enzyme from the placenta is decreased near term due to placental ischaemia leading to predominance of oxytocin's action.
5. **Fetal cortisol theory:** Increased cortisol production from the fetal adrenal gland before labour may influence its onset by increasing oestrogen production from the placenta.

#### (II) Mechanical factors:

1. **Uterine distension theory:** Like any hollow organ in the body, when the uterus is distended to a certain limit, it starts to contract to evacuate its contents. This explains the preterm labour in case of multiple pregnancy and polyhydramnios.
2. **Stretch of the lower uterine segment:** by the presenting part near term.

### CLINICAL PICTURE OF LABOUR

#### > Prodromal (pre - labour) stage:

The following clinical manifestations may occur in the last weeks of pregnancy-

1. **Shelfing:** It is falling forwards of the uterine fundus making the upper abdomen looks like a shelf during standing position. This is due to engagement of the head which brings the fetus perpendicular to the pelvic inlet in the direction of pelvic axis.
2. **Lightening:** It is the relief of upper abdominal pressure symptoms as dyspnoea, dyspepsia and palpitation due to :
  - a. descent in the fundal level after engagement of the head and
  - b. shelfing of the uterus.
3. **Pelvic pressure symptoms:** With engagement of the presenting part the following symptoms may occur:
  - a. frequency of micturition,
  - b. rectal tenesmus, and
  - c. difficulty in walking.
4. **Increased vaginal discharge.**
5. **False labour pain:**

# Normal Labour Obstetrics N Gynaecology Made Easy

**Patrick Vollmar**



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