

Labor Management Issues

While most labor and delivery experiences are uneventful, some labor become high-risk requiring intervention for the health of the mother or the baby. If an intervention is necessary, your physician will discuss the indication with you.

Amniotomy: Breaking the amniotic sac to stimulate labor or to allow the placement of internal monitors such as a fetal scalp electrode or intrauterine pressure catheter.

Amnioinfusion: Saline is infused through an intrauterine pressure catheter to mimic amniotic fluid. This may cushion the cord and minimize decelerations in the fetal heart rate.

Fetal Scalp Electrode (FSE): An internal fetal monitor that is attached to the baby's head with a very thin wire to monitor the baby's heart rate. If external monitoring shows a non-reassuring pattern, internal monitoring may be used to confirm that the baby actually has good variability and is doing well. An internal monitor may also be used on twin A if twin B is very close and needs to be distinctive. It can also be used for obese women if the external monitor cannot hear the baby during labor.

Intrauterine Pressure Catheter (IUPC): The IUPC is used to directly measure the strength and frequency of the uterine contractions. A small catheter is placed into the uterus next to the baby. An external monitor shows the frequency and duration of contractions, not intensity. Intensity is important if dystocia occurs. The catheter is also used if an amnioinfusion is necessary.

Forceps: These instruments look like large spoons. They are inserted in the vagina and gently placed on baby's head to facilitate delivery. Although not used very often, they are valuable in cases of distress when the baby is on the perineum or the mother is exhausted from pushing. They are used to avoid a cesarean section.

Vacuum extraction: A soft plastic suction cup that is placed on the baby's head to hold the head at the same level in the pelvis rather than having the baby go in and out without making forward progress. The infant is then delivered during a contraction with the mother pushing. The vacuum is frequently used when the baby's head is slightly asynclitic (rotated from occiput anterior). It is used instead of a cesarean section.

Medication for Preeclampsia and Hypertension: Magnesium Sulfate is used to prevent seizures in patients with preeclampsia. It is given intravenously and may cause a feeling of warmth or lethargy. Side effects include possible respiratory depression. Labetalol and Hydralazine are medications given for high blood pressure during labor.

Medications for Preterm Labor: Terbutaline is a smooth muscle relaxants (tocolytic) that acts on the uterus to reduce contractions. Nifedipine is a calcium-channel blocker that also has a temporary effect in delaying delivery. Ibuprofen also seems to work to decrease the frequency of uterine contractions for a short period of time. Tocolysis is rarely successful beyond 24–48 hours because current medications do not alter the fundamentals of labor activation. However, just gaining 48 hours is sufficient to allow the pregnant women the opportunity to receive corticosteroids. Betamethasone (corticosteroid) is used to stimulate fetal lung maturation by producing surfactant in an effort to reduce Infant Respiratory Distress Syndrome. If premature delivery is anticipated, Betamethasone is given between 26 and 34 weeks of pregnancy.

Medications for Group B Strep Carriers: Antibiotics are given to mothers' who test positive for Group B Strep in their urine or on their vaginal culture near term. Antibiotics should be given intravenously at least four hours before delivery. If delivery occurs before the antibiotics have been given, the baby will have a blood culture and complete blood count drawn after delivery. The baby will also need close clinical observation for infection for at least 24 hours after delivery. This does not apply to cesarean delivery with intact membranes at delivery.

Medications for Postpartum Hemorrhage: Pitocin is used during labor to stimulate contractions and after delivery to contract the uterus and prevent excessive bleeding. If bleeding persists due to a loss of tone in the uterine musculature, uterine atony can occur. Methergine, Hemabate and Misoprostel may also be used to help contract the uterus.