

Abnormal polarity (Incoordinate uterine contraction)

The logo of Galgotias University is a stylized, circular emblem with a central swirl. It features a color gradient from light blue at the top to light orange at the bottom, with a white center. The logo is positioned behind the main title text.

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SPASTIC LOWER SEGMENT

- Fundal dominance is lacking
- Reverse polarity
- Lower segment contractions are stronger
- Inadequate relaxation in b/n the contractions
- Premature bearing down
- Cervix loose, edematous, not well applied to the presenting part

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Clinical features

- Patient is in agony with unbearable pain
- Dehydration
- Ketoacidosis
- Bladder is distended with often retention of bladder
- **PER ABDOMEN: Uterine tenderness, increased uterine contractions with poor relaxation** in between
- Palpation of fetal parts is difficult
- Fetal distress in the form of fetal tachycardia
- **PER VAGINUM:** Cervix is thick loose edematous hanging like a curtain, not well applied to the presenting part
- Absence of membranes and meconium stained liquor

MANAGEMENT:

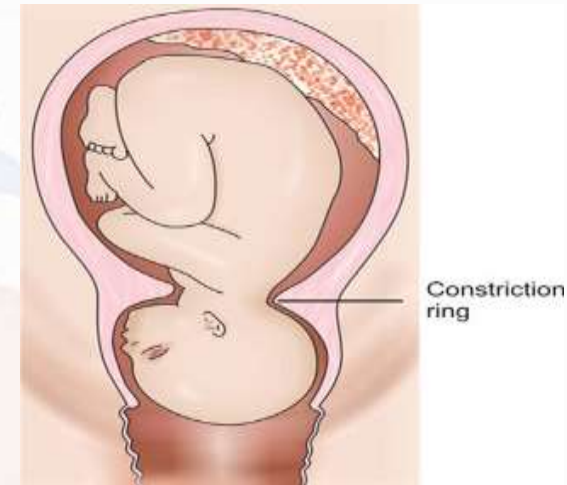
- Most of the patients need to be terminated by caesarean section.
- Correction of dehydration and keto acidosis must be achieved by rapid infusion of ringer's lactate.

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CONSTRICTION RING:

Also called Schroeder's ring.

- May appear in all stages of labour.
- Localized myometrial contraction forms a ring of circular muscle fibers of the uterus.
- Situated at the junction of upper and lower segment.
- Usually around constricted part of the fetus.



- **Cause:** injudicious administration of oxytocin, premature rupture rupture of membranes, premature attempt of instrumental delivery
- **Features:** Maternal condition not affected. Fetal distress may occur. Ring is not palpable during per abdomen.

First stage of Labour: Caesarean Section

Second Stage of Labour: Forceps Application

Third Stage of Labour: Manual Removal of Placenta

Delivery is usually be caesarean section

Cervical dystocia

Progressive cervical dilation needs an effective stretching forces by the presenting part. Failure of cervical dilation due to

- Inefficient uterine contraction
- Malpresentation, malposition
- Spasm of the cervix

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Types :

- **Primary** : commonly observed during
 - ✓ First birth where the external os fails to dilate.
 - ✓ Rigid cervix
 - ✓ Inefficient uterine contraction

Treatment

- ✓ if malpresentation , malposition is associated then **caesarean section** is preferred.
- ✓ If the head is sufficiently low down with only thin rim of cervix left behind , the rim may be pushed up manually during contraction or traction is given by **ventouse**.
- ✓ Where the cervix is very thinned out but only half dilated. **Duhrssen's incision** at 2 and 10 'O clock position followed **by forceps or ventouse extraction is quite safe and effective** .

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Cont..

Secondary : This type of cervical dystocia results usually due to excess scarring or rigidity of the cervix from the effect of previous operation or disease. Others are:

- Post delivery
- Post operative scarring
- Cervical cancer.

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Generalized tonic contraction:

Also called as uterine tetany.

In this condition , pronounced retraction occurs involving whole of the uterus up to the level of internal Os. Thus , there is no physiological differentiation of the active upper segment and the passive lower segment of the uterus . The whole uterus undergoes a sort of tonic muscular spasm holding the fetus inside. Usually no risk of rupture uterus. New pacemaker appears all over the uterus.

Causes:

- Cephalopelvic disproportion
- Obstruction
- Injudicious use of oxytocic

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Clinical feature:

- Severe and continuous pain,
- **Abdominal examination:**

Palpation : reveals uterus smaller in size, tense and tender , fetal parts are neither well defined

Auscultation : no fetal heart sound audible

- **Per vagina examination** : jammed head with big caput, dry and edematous vagina.

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Treatment

- Correction of dehydration and ketoacidosis : by rapid infusion of ringer's solution
- Antibiotic :
- Adequate pain relief: pethidine
- Hyper contractility is induced by oxytocics can be managed by tocolytic (terbutaline 0.25 mg subcutaneous). Oxytocin infusion should be stopped.
- Caesarean delivery is done in majority of the cases.

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