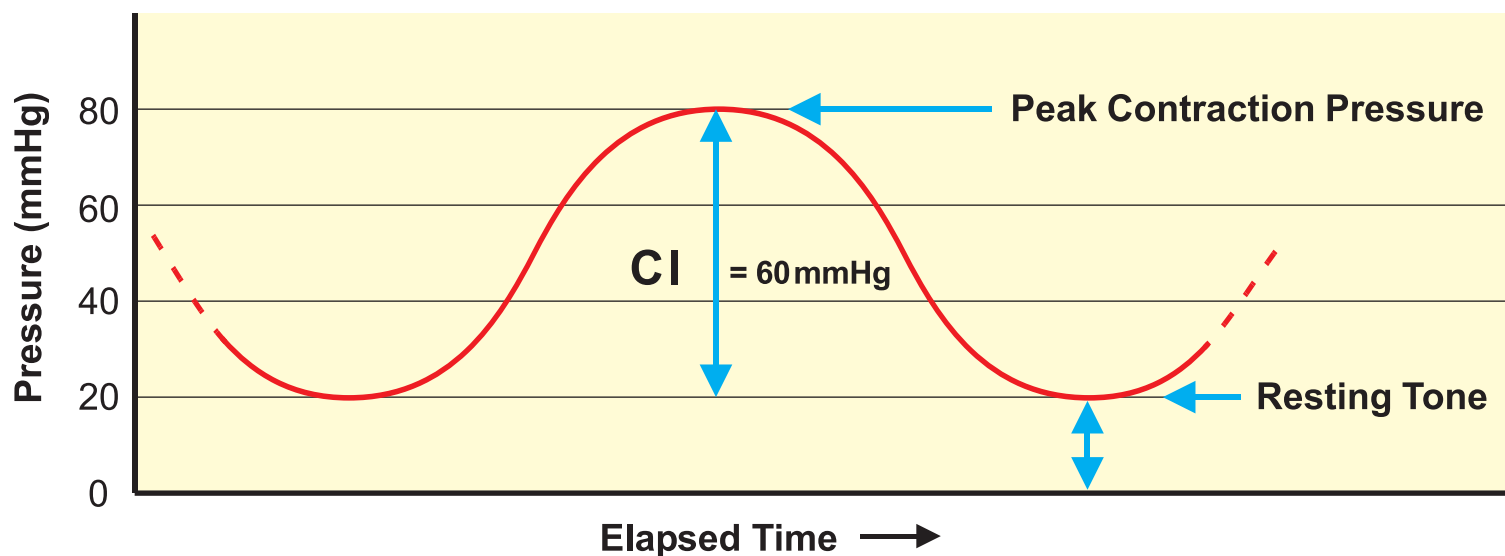


Management of the Progress of Active Labor

“The proper management for dystocia requires assessment of the Powers (uterine contractility and expulsive effort), the Passenger (the fetus) and the Passage (the pelvis).” — ACOG Technical Bulletin No. 218, December 1995

POWERS: Monitoring uterine activity requires investigation of uterine contractility through measurement of CI (Contraction Intensity) where $CI = (\text{Peak Contraction Pressure}) - (\text{Resting Tone})$



If measured resting tone is improperly elevated, and/or peak contraction pressure is damped, calculated CI can indicate substantially lower uterine activity than is actually the case.

IMPLICATION: In response, patient inadvertently receives excessive Oxytocin.

RISKS: Compromised maternal-fetal circulation, placental abruption, uterine abruption.

CONCLUSION: Administration of Oxytocin is routine, especially after an epidural which increases the likelihood of a prolonged second stage of labor and the need for an instrumental delivery. An accurate IUPC will allow proper titration of the dose.

IUP Surveillance for Fetal Distress

- Intervillous blood flow is interrupted, and maternal-fetal circulation is compromised, by high intrauterine pressure. The amplitude of the resting tones intervening contractions must be sustained low enough to allow adequate fetal-placental exchange.
- A clear recording of contraction timing, uterine tonus and peak contraction strength when correlated with FHR patterns, especially decelerations, provides more timely detection of persistent fetal hypoxia leading to fetal distress.

Monitoring Pressure Amplitudes in the Presence of Complications



- Amnioinfusion is intended to decrease the cesarean section rate for fetal distress by cushioning the fetus and umbilical cord, as well as decrease the rate of MAS in the presence of meconium staining. Monitoring the magnitude of IUP is important during this intervention technique to avoid serious potential side effects of fluid embolism or uterine abruption.
- In the presence of a uterine scar, IUP monitoring is indicated to avoid uterine abruption.

