



MANAGEMENT OF LABOR (37-42 weeks of gestation)

There are three stages of labor: the first stage is defined as cervical change from the onset of contractions until complete cervical dilatation of 10 cm; the second stage is from complete cervical dilatation until delivery of the baby; and the third stage is from delivery of the baby to the delivery of the placenta. The first stage of labor is divided into the latent phase and the active phase. During the latent phase, the cervix changes from minimal dilation to 4 cm. In the active phase, the cervix changes from 4 cm to complete at 10 cm. The latent phase of labor can sometimes last up to 10 hours; however, the contractions are generally not as frequent or as strong as in the active phase of labor. In women without any pregnancy complications, much of the latent phase of labor can be spent at home where the mother can take a warm shower or bath and be in the comfort of her bed or favorite chair.

Once the contractions become more regular and painful, we recommend that consideration be given to going to the hospital. If this is the first baby, generally the contractions will be 3-5 minutes apart before the active stage of labor begins, for a subsequent pregnancy this may be when the contractions are 5-7 minutes apart. If you feel that the contractions are so painful that you want to go to the hospital to be checked, you should call the hospital and let them know that you will be coming in. If you think that the membranes have ruptured or are leaking, you should go to the hospital for verification.

Once you are at the hospital, the nursing staff will evaluate the status of the baby with a fetal monitor and determine the frequency of the contractions as well as the dilation of the cervix. The nurse will then call the doctor with this information. Usually after another hour of observation it can be determined if admission to the hospital is necessary or if you can labor at home for a few more hours.

If it is determined that you are in labor, the cervix should change at a certain rate per hour; this rate will depend on whether this is your first pregnancy or a subsequent pregnancy, as a second or third labor frequently is faster than the first. If the cervix does not dilate at the appropriate rate, effectiveness of the contractions is determined. Even though the contractions may be regular and painful, if they are inefficient, the cervix will not dilate appropriately. In these instances, you will become very fatigued and may run out of the reserve necessary in the second stage of labor to push the baby out. To facilitate an efficient labor, the medication Pitocin is used. This medication is chemically identical to the hormone that the body produces to make the uterus contract. This drug has been available for many decades.



Years ago it was available as a pill that was placed under the tongue; this was a very convenient method by which to give the drug, however, sometimes the contractions became too strong or too frequent. Now the medication is monitored very carefully and given by the intravenous route. A small needle is put in the vein in the hand and the medication is given in low and predictable doses. Women who have been given this treatment sometimes say that their labor became more painful with this medication and were unhappy with its use, and in some cases they blamed this drug for a subsequent c-section. It has, however, been shown by several studies that the early use of Pitocin for inefficient labor actually decreases the rate of a c-section. The increase in the pain is associated with the more effective contractions. "Labor is labor." Another instance in which Pitocin would be used is when the membranes have ruptured and labor has not begun on its own. Because of the risk of infection and the probability of maternal fatigue, Pitocin may be used to induce labor, in other words to begin the process of labor.

No woman should have to go through labor without the availability of pain medication. There are several types of medication that are used for pain. During the early stages of labor, a drug called Vistaril is used for relaxation; this is given as an injection into the muscle. Nubain, a narcotic, is used intravenously during the active phase of labor. For labors that are long and for which the previously described drugs are ineffective, epidural block anesthesia can be utilized.

Pregnancy is part of nature, labor is part of nature, and problems are part of nature. Our goal in the care of you and your unborn child is to provide the safest and best environment for this blessed event. When nature steers off of the safest and best path, we try to bring you back onto the path so the baby can be delivered in the safest way both for you and your unborn child. If this means utilizing medications to help out a natural process we will do so.