

1

Suspected slow progress of active first stage of labour: cervical dilatation < 2 cm in 4 h or <0.5-1 cm/h or above upper limit of P95th for given cervical dilatation.

2

Maternal assessment

- Assess general condition: dehydration.
- Perform maternal observations: pulse, blood pressure, temperature, urine output.
- Palpate uterus: fetal presentation, position, engagement of the presenting part and descent, frequency, intensity and duration of contractions in 10 minutes.
- Perform vaginal examination: asses membranes, liquor, bleeding, discharge, effacement, fetal presenting part, caput and moulding, position and descent, edematous cervix and cervix poorly applied to the presenting part.

Initial management

- Provide adequate pain relief.
- Ensure adequate hydration with IV fluids. Avoid oral fluids and food.
- Encourage upright position and mobility.
- Provide continuous companionship support.

Fetal assessment

- Asses fetal heart rate (FHR) using intermittent auscultation or cardiotocography if available.

3
Non-reassuring fetal heart rate ? OR thick meconium?

Yes

4
Suspected fetal distress

5

- Medical review for individualized plan of care and decision on mode of birth.
- Prepare for neonatal resuscitation.

No

6

Identify probable cause

7
Vertex or face presentation (mento anterior position)?

Yes

8
Are there signs of cephalopelvic disproportion/obstructed labour?*

Yes

No

9
Malpresentation

11
-Medical review for caesarean section.
-Consider vaginal birth for breech presentation.
-Prepare for neonatal resuscitation.

10
-Consider amniotomy if membranes intact.
-Regular routine maternal observations in labour.
-Repeat vaginal examination in 2h.

12
Is labour progress adequate?
2 cm in 4 h or below upper limit of P95th for cervical dilation.

Yes

Link to normal 1st stage of labour algorithm

No

13
Delay in progress of labour

14
3 or 4 contractions in 10 minutes each lasting 40-60 sec?

Yes

15
Are there signs of cephalopelvic disproportion*/ obstructed labour**?

Yes

16
Cephalopelvic disproportion / Obstructed labour

No

17
Inadequate uterine activity

No

Link to uterine hypoactivity algorithm

18
- Start oxytocin and adjust rate of infusion.
- Asses contractions, pulse and fetal heart rate every 30min.
- Review progress of labour.

Yes

19
Inadequate progress? <2 cm in 4 h or above upper limit of P95th for cervical dilation.

Yes

20
-Medical review to consider caesarean section.
-Prepare for neonatal resuscitation.

No

21

Vaginal birth

*Cephalopelvic disproportion is defined as secondary arrest of cervical dilatation and descent of presenting part in presence of good contractions.

**Obstructed labour is defined as secondary arrest of cervical dilatation and descent of presenting part with large caput, third degree moulding, cervix poorly applied to presenting part, oedematous cervix, ballooning of lower uterine segment, formation of retraction band, or maternal and fetal distress.

1

Suspected slow progress of second stage of labour:

More than 3 hours with or more than 2 hours without regional anaesthesia in nulliparous.
More than 2 hours with or more than 1 hour without regional anaesthesia in parous women.

2

Maternal assessment

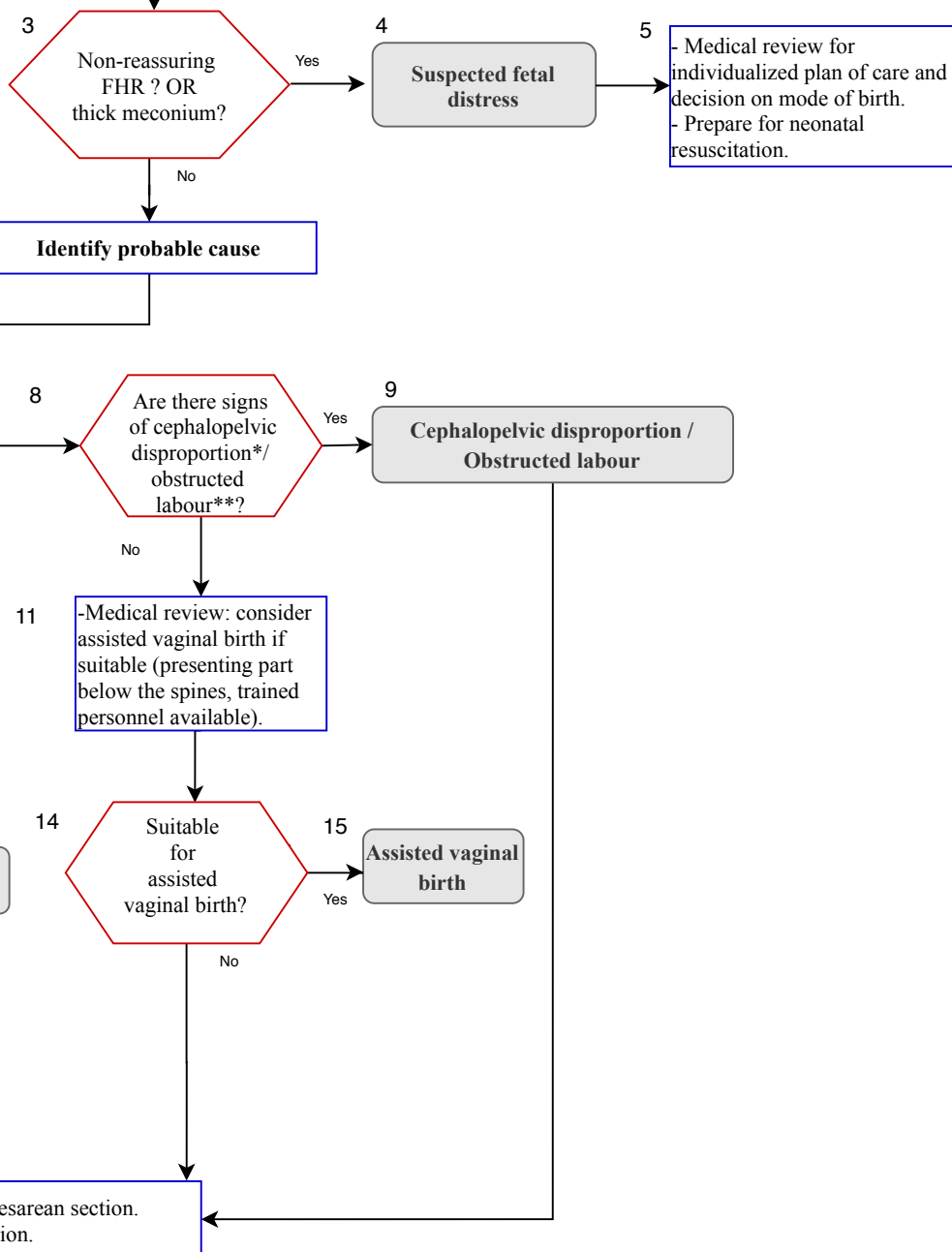
-Assess general condition: distress, anxious, pain.
-Perform maternal observations: pulse, BP, temperature, urine output.
-Palpate abdomen: palpate bladder.
-Palpate uterus: fetal presentation, position, engagement of the presenting part and descent.
frequency, intensity and duration of contractions in 10 minutes.
-Perform vaginal examination: assess membranes, liquor, bleeding, discharge, effacement, foetal presenting part, position and descent.
-Offer vaginal examination if progress is inadequate after 1 hour in nulliparous or 30 minutes in parous women. Confirm full dilatation.

Fetal assessment

-Asses fetal heart rate (FHR) using continuous auscultation or cardiotocography if available.

Initial Management

-Explain the situation to the woman and companion.
-Empty bladder if suspected full bladder.
-Provide adequate pain relief.
-Ensure adequate hydration with IV fluids. Avoid oral fluids and food.
-Encourage upright position and mobility.
-Provide continuous companionship support.



*Cephalopelvic disproportion is defined as secondary arrest of cervical dilatation and descent of presenting part in presence of good contractions.

**Obstructed labour is defined as secondary arrest of cervical dilatation and descent of presenting part with large caput, third degree moulding, cervix poorly applied to presenting part, oedematous cervix, ballooning of lower uterine segment, formation of retraction band, or maternal and fetal distress.