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**MATRIC NO: 16/MHS01/204**

**COURSE CODE: NSC404**

**ASSIGNMENT**

**A USE OF PARTOGRAPH TO MONITOR SECOND STAGE OF LABOUR**

The second stage of labor is defined as that time from the completion of dilitation of the cervix to the delivery of the infant.

A Partograph is a composite graphical record of key data (material and fetal) during labour entered against time on a single sheet of paper. Relevant measurement might include statistics such as cervical, dilation, fetal hearth rate, duration of labour and vital signs.

It is intended to provide an accurate record of progress in labour, so that any delay or deviation from normal may be detected quickly and treated accordingly. However, a Cochrane review came to the conclusion that there is insufficient evidence to recommend partograph in standard labour and care.

**ADVANTAGES**

* Provides information on single sheet of paper at a glance.
* Early prediction of deviation from normal progress of labour.
* Improvement in material morbidity, perinatal morbidity and mortality.

**MANAGEMENT OF SECOND STAGE OF LABOUR**

PRINCIPLES:

**-** To assist in the natural expulsion of the fetus slowly and steadily.

**-** To prevent perineal injuries.

GENERAL MEASURES:

**-** The patient should be in bed.

**-** Constant supervision.

**-** To administer analgesics.

**-** Vaginal examination.

PREPARATION OF DELIVERY:

**-** Positioning.

**-** Nurse and obstetrician scrubs up and puts on sterile gown, mask and gloves.

**-** Toileting the external genitalia and inner side of the thighs.

**-** One sterile sheet is placed beneath the buttock of the patient and one over the abdomen. Sterilized leggings are to be used.

**-** Essential aseptic procedures are remembered as 3C’s: clean hands, clean surfaces, clean cutting and ligaturing of the cord.

**-** To catheterize the bladder, if it is full.

**B. MANAGEMENT OF THIRD STAGE OF LABOUR**

**-** Active management of third stage is considered in the management of the patient, which involves three major things. Viz:

**-** Delivery of placental by controlled cord traction.

**-** Giving uterotonic e.g. Pitocin or oxytocin or syntocinon.

**-** Massaging of the uterus.

**-** The midwife maintain aseptic technique.

**-** After delivery of the baby the cut clamped end of the cord is placed inside a kidney dish in-between the mother’s thigh.

**-** Give baby to mother to breastfeed.

**-** Give 1m oxytocin 5units.

**-** Ensure that the bladder is empty.

**-** Ensure that uterus is well contracted.

**-** Monitor and record vital signs- Temperature, pulse, respiration, blood pressure.

**-** Observe for signs of placenta separation such as;

**-** Lengthening of the cord.

**-** Trickling of blood.

**-** Fundus smaller, mobile and more firm.

**-** Ensure that the uterus is well contracted.

**-** Deliver the placenta and membrance by controlled cord traction.

**-** With one hand, brace the uterus up.

**-** The cord is wound round the index finger or artery forceps, while the left hand is placed on the uterus to brace back the uterus.

**-** Keep light tension on the cord and wait for strong uterine contraction.

**-** When the uterus become rounded or the cord lengthens, apply gentle downward and backward traction on the cord following the line of the birth carnal.

**-** Continue to apply counter-traction with the other hand placed on the abdomen.

**-** As the placenta delivers, hold it with both hands, and twist slowly so that the membranes are expelled intact.

**-** Slowly pull to complete delivery.

**-** Expel blood clot(rub up contraction).

**-** Inspect perineum vulva and cervix for injury or extent of episiotomy.

**-** Suture any laceration or episiotomy.

**-** Palpate the uterus and ensure it is well contracted.

**-** Clean up patient and make her comfortable.

**-** Examine placenta and membranes for completeness and abnormality.

**-** Measure and record amount of blood loss.

**-** Take immediate postpartum vital signs.

**-** Allow client to rest in the labor ward before transfer to lying in or postnatal ward.

**-** Record all findings.