Prolonged/Obstructed Labor: Gaps in Guidelines & Knowledge

Vandana Tripathi | June 20, 2017

Obstructed labor doesn't end at delivery: Strengthening postpartum care following prolonged/obstructed labor

Obstructed labor – prevalence and impact

- 3-6% of deliveries are complicated by obstructed labor.
  [Dolea & AbouZahr, 2003]
- Obstructed labor contributes ~2.8% of global maternal mortality, up to 6.4% in Southeastern Asia. [Say et al., 2014]
- Obstructed labor estimated to be "the most disabling of all maternal conditions," with long-term sequelae including genital fistula, other forms of incontinence, and nerve injuries.
  [Dolea & AbouZahr, 2003; GBD, 2008]
- Estimates that, in 49 countries with inadequate access to C-section, appropriate management of obstructed labor would result in:
  - 1.1 million DALYs averted
  - 59,150 obstetric fistulas prevented
  - 16,800 maternal deaths prevented [Alkire et al., 2012]
- And yet…

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Challenges in definition of P/OL

- There appears to be no consensus on the definition of prolonged/obstructed labor.
- Numerous definitions in global literature.
  - e.g., ECSA-HC 2012, Kongnyuy et al. 2008, Neilson et al. 2003, WHO 2000, 2006, 2008, 2015
- Terms associated with prolonged/obstructed labor (P/OL) are not well defined, e.g., “unsatisfactory progress of labor” and “delay in labor.”
- This inconsistency can lead to delays in identification, referral, and management.

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Source: Pett 2015, Literature synthesis, unpublished

Gaps in guidelines and evidence

- Much guidance for managing P/OL and assessing the quality of care for P/OL ends with delivery ("decided on assisted or operative delivery section") and cursory mention of immediate post-operative monitoring.
  - e.g., Bailey et al., 2002: Improving EmOC through Criteria-based Audit
- Postpartum care for P/OL more frequently referenced in the fistula literature.
  - e.g., WHO fistula prevention guidelines & ECSA nursing curriculum
- Very little guidance for the postpartum period specific to P/OL; guidance that does exist is inconsistent.
  - e.g., WHO OF manual + midwifery training module on managing P/OL recommend urinary catheterization (UC) for **14 days** for all women who have recently experienced P/OL (WHO 2006, 2008); WHO IMPAC manual recommends UC for **48 hours** after P/OL (WHO 2009)

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Source: Pett 2015, Literature synthesis, unpublished

P/OL – Addressing knowledge gaps

- Limited information on actual practices in defining and managing P/OL, including postpartum care.
- FC+ has launched an online global survey of low- and middle-income country (LMIC) skilled birth attendants (SBAs), particularly midwives, to understand routine bladder care practices as well as practices during and after P/OL.
  - Pilot phase: May 7-June 2, 2017
  - 108 SBAs initiated the survey
  - 59 SBAs completed enough questions to be included in analytic sample

Global SBA Survey – Sample

- 71% work in sub-Saharan Africa and 15% in South/Southeast Asia.
- 85% are midwives or nurse-midwives.
- All have at least two years of professional experience, 37% ≥10 years.
- 46% work in national or academic hospital; 32% work in district or sub-district hospital.
- Most work in urban/peri-urban settings (81%) and public facilities (78%).
- 61% work in comprehensive emergency obstetric and newborn care (CEmONC) facilities; 27% work in basic EmONC (BEmONC) or "BEmONC-1" facilities.

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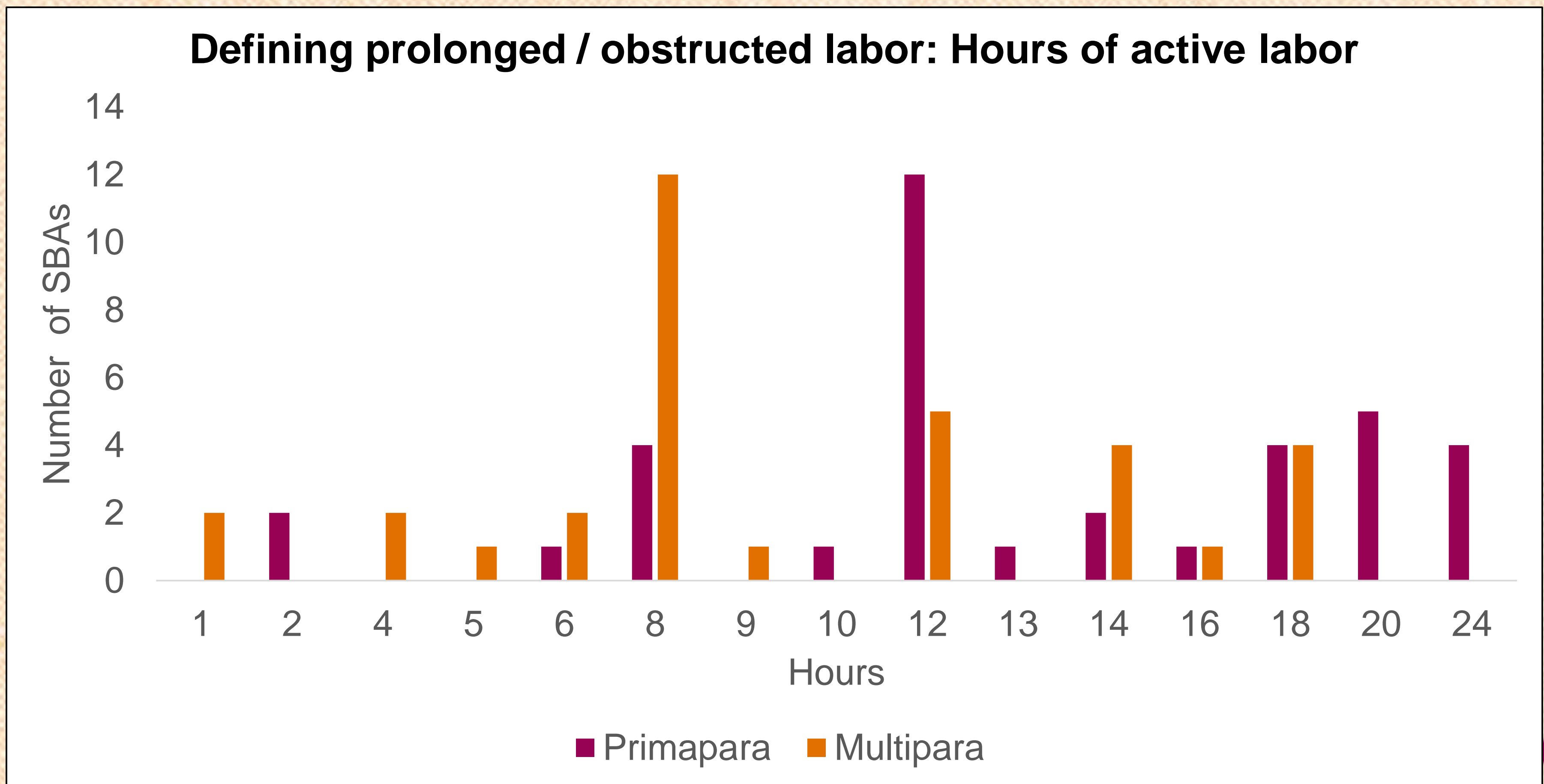
Global SBA Survey – Defining P/OL

- Responses showed considerable variation in how P/OL is defined by SBAs.



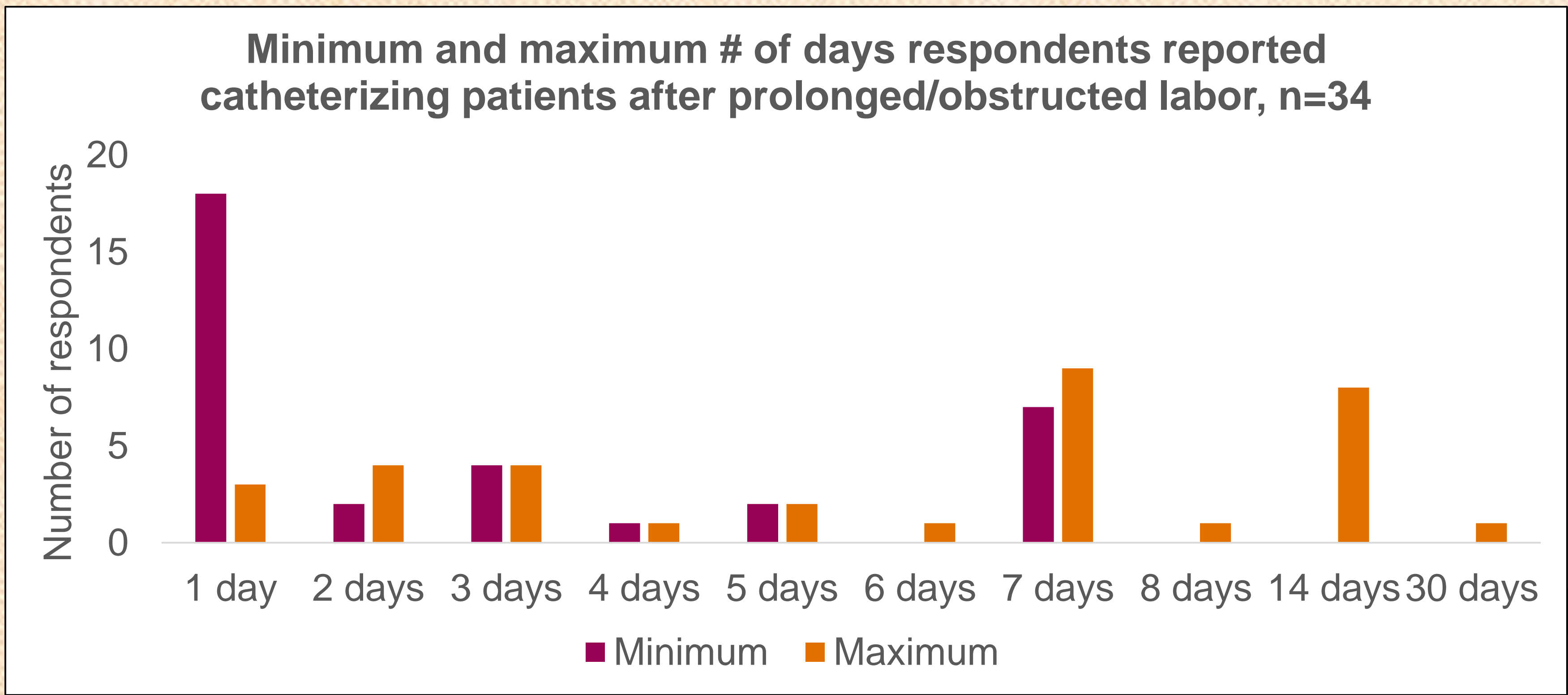
Global SBA Survey – Defining P/OL (2)

- Variation extended to other criteria used in identifying P/OL

Criteria used to identify prolonged/obstructed labor, n=37		
	n	%
No advance of the presenting part despite strong uterine contractions	35	95%
Slow or no dilation of the cervix despite strong uterine contractions	31	84%
Fetal distress	27	73%
Maternal distress	26	70%
Clinical signs of shock (systolic blood pressure <100 mmHg, pulse >100/min	13	35%
Temperature ≥37.5◦ C	13	35%
Odorous vaginal discharge	14	38%
Active phase of labor > 12 hours	28	76%
Uterine tetany	12	32%
Uterine atony	15	41%
Abnormal pelvis	24	65%
Bandl's ring	24	65%
Haematuria	16	43%
Caput and /or molding	27	73%

Global SBA Survey – Care after P/OL

- 67% of respondents report that they always provide UC after P/OL, with no difference between midwives and other cadres.
- One-third identified specific benefits of UC, including: fistula prevention, bladder injury prevention, and monitored urinary output.
- Respondents report a wide range of UC duration.



Global SBA Survey – Barriers to UC after P/OL

- Perceived risks/challenges: Infection is most frequently identified risk or challenge noted by midwife respondents.
  - Others include bladder injury during insertion, inadequate monitoring, and increased hospital stay.
- Lack of guidance: Only 42% of respondents report that their facility has a protocol for UC after P/OL.
- Lack of consistent supplies: Less than half (47%) of respondents report that catheterization supplies are always/generally available.

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Global SBA Survey – Please participate!

- The survey is available in English at:
  https://www.surveymonkey.com/r/SBA-Survey-En
- The survey is available n French at:
  https://fr.surveymonkey.com/r/SBA-Survey-Fr
- Please share the survey with other skilled birth attendants in your professional networks!

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