

Obstructed labour score

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SUMMARY: **Obstructed labour score.**

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The sensitivity and predictivity of a partograph are increased by a score, which combines fifths of head and height of the low uterine segment. It also proves to be a useful tool to assess efficacy and polarity of uterine contractions.

RIASSUNTO: **Parto ostruito - Indice diagnostico.**

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La sensibilità e predittività del partogramma sono migliorate dall'impiego di un indice che considera i quinti della testa al disopra della sinfisi e l'altezza del segmento uterino inferiore. Tale indice è anche un utile strumento per valutare l'efficacia e la polarità delle contrazioni uterine.

KEY WORDS: Obstructed labour score - Partograph - Partogram - Rupture of the uterus.
Score parto ostruito - Partogramma - Parto ostruito - Rottura dell'utero.

Introduction

In underresourced countries, obstructed labour is quite frequent an event and the misery of its untreated outcome (death of child, maternal mortality and disability) is well known and strictly related to the time elapsed between onset of labour and diagnosis and management of this condition.

The management is only surgical and even in skilled hands and in an adequate environment some of the above mentioned inconveniences can't be prevented; thus the necessity of its early recognition at least in Health Centers and Hospitals.

The partograph, currently used in our Hospital, a rural hospital of Northern Uganda, allows timely detection of prolonged labours; but what we feel, in it strikingly missing, is the evaluation of the low uterine segment whose stretching and being pulled upwards is one of the main features when the head is not engaging or not progressing in its descent.

As stretching of the LUS and descent of the head are intimately related, we have thought of a score, which combining both could increase accuracy, sensibility and predictivity of partograph.

Method

The score (LUS score) consists of:

Fifths of head above synphysis x height (transverse fingers) of LUS.

Example: Head 4/5, LUS 6 (transverse fingers above synphysis); LUS score; $4 \times 6 = 24$
Head 5/5, LUS 7 (transverse fingers above synphysis); LUS score $5 \times 7 = 35$

To be assessed every hour or during every observation.

On the partograph below the Time line there is an area of one blank square high going across the length of the graph; each blank square coinciding with the one of time and on the left hand side is written "LUS score" (Fig. 1).

Under normal conditions the score remains unchanged, or may initially increase, slightly reaching a maximum of 25, but later on decreases. A continuous increasing trend is matter of suspicion, the score of 28 is alarm point and above 30, rupture of the uterus is imminent.

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PARTOGRAPH

Name _____	Gravida _____	Para _____	Hospital no. _____
Date of admission _____	Time of admission _____	Ruptured membranes _____	hours _____

180
170
160
150
140
130
120
110
100
Fetal heart rate

Liquor Moulding

Cervix (cm) [Plot X]

 Descent of head [Plot O]

 Hours 0

 Time

Latent Phase

Active Phase

Alert

Action

LUS score

Contractions per 10 mins

Oxytocin U/L drops/min

Drugs given and IV fluids

180
170
160
150
140
130
120
110
100
90
80
70
60
Pulse and BP

Temp °C

Urine { protein
acetone
volume

WFO 03/03

Comment

We feel that the introduction of this score has resulted in a better management of the labouring mother, by allowing an earlier detection of prolonged labour and improving the diagnostic capacities of

the Staff; furthermore as contractions are observed only for frequency and duration the assessment of height and the stretching of LUS is a useful tool for evaluating their effectiveness (efficacy), polarity, and instructs us whether any pharmacological treatment may be beneficial.

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