ABSTRACT

Background

The recommended management of pronged latent phase of labour in South Africa is augmentation or delivery by caesarean section. A retrospective cohort study conducted at Chris Hani Baragwanath Academic Hospital in 2002 showed that prolonged latent phase of labour compared to normal labour was associated with an increase in caesarean sections (29% vs. 6%), and poor neonatal outcome compared to women without a prolonged latent labour. However, they were unable to state whether the poor outcome was due to a prolonged latent labour. Recently larger studies have shown that the latent phase of labour may be a long as 24 hours with good maternal and neonatal outcomes.

Objectives

The main objective of this study was to describe the maternal and neonatal outcomes as well as the labour performance in women with prolonged latent phase of labour at CHBAH. v

Methods

The study was a descriptive, retrospective cohort study of pregnant women conducted at CHBAH from June 2016 – May 2017. These were women who were referred to CHBAH with prolonged latent phase of labour. They were term, must have had at least 2 per vaginal exams, <6 cm dilated at admission with a neonatal weight of more than 2000g, a normal foetus and an unscarred uterus.

Results

There were 89 women that were included in the study. The median time to reach full dilatation was 14.4 hours (IQR 9.5 – 23.9). The median time between one cm of dilatation to the next was more than 1 hour. A total of 60 (68.2%) women had a normal vaginal delivery and 28 (31.8%) were delivered by caesarean section, with 75.8% being for foetal distress. Two women had pyrexia and 12 had a tachycardia in the postpartum period. One woman sustained a 4th degree perineal tear and had a PPH requiring admission to ICU. There were no neonates born with an APGAR less than 7 at 5min. Neonatal resuscitation was performed in 6.7% of the neonates and 7.9% of the total neonates were admitted. There were no neonatal deaths.

Conclusion

This study should be considered as a pilot in the study of labour patterns. The caesarean section rate is lower than what is expected at this institution and no neonates were born with an APGAR of less than 7 at 5 minutes. This may be because of better fetal monitoring with better resources in 2016. However, women who have prolonged latent phase of labour should be monitored adequately.