Case History of Delay in the Second Stage of Labour

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Delay in the second stage of labour in a breech presentation, as a result of the umbilical cord being wound round the child's neck, must be a comparitively rare complication of labour. The following case history deals with a case in which this complication occurred, and resulted in delivery by Caesarean Section.

Mrs. M. aged 28 years, gravida three, was admitted to the Women's Hospital, at 1 p.m. on 2.11.55., having been in labour for one hour. The patient had taken 1 ounce of castor oil, on her own initiative during the morning, as she was three days post mature.

The last menstrual period was on January 24th and the expected date of delivery was October, 31st. The patient had a regular menstrual cycle.

Obstetric history

One full term normal delivery in 1951—no complications in pregnancy, labour or puerperium. Child alive and well.

One abortion at 3 months of pregnancy, in 1953.

On examination, the patient was observed to be a healthy woman of flabby build. There was no anæmia and no œdema detected.

C.S. | Urine—N.A.D.
N.A.D.
R.S. |

The blood pressure on admission was 154/110. This was not regarded as being of great significance in view of the absence of any other sign of pre-eclamptic toxaemia. Moreover, the blood pressure when recorded on the evening prior to the onset of labour, had been 126/80.

Per abdomen :

Uterus enlarged to the size of full term pregnancy.

Presentation—breech.

Position—right sacro-anterior. The breech was engaged in the pelvic brim.

Fœtal heart sounds normal in rate and volume.

The presentation had been confirmed by X-ray one week prior to admission, and external version had been attempted unsuccessfully as the breech could not be dislodged from the pelvis.

At 2-40 p.m. one hour and forty minutes after admission, the membranes ruptured.

At 3 p.m. one foot prolapsed. The contractions were strong but not frequent—about one in every seven or eight minutes.

The Obstetric Consultant was called, and glucose 25% 50 cc. with Coramine 1 cc. was ordered and given intravenously at 3-30 p.m.

At 3-35 p.m. a vaginal examination was made. Thin anterior lip of cervix could still be felt. The breech was well above the level of the ischial

spines although engaged in the pelvis. One foot was just outside the vulva, and the other foot could not be palpated per vagina. No pelvic contraction was detected.

Uterine contractions improved and came at shorter intervals after the injection of glucose and Coramine.

At 4-25 p.m. No further progress. On observation of the abdomen, the child could be seen to be making violent movements. Fœtal heart sounds remained normal in rate and volume. There was no distention of the perineum at this time.

Cæsarean Section was decided upon, as no progress was being made. The patient was therefore prepared and taken to the operating theatre.

At 4-45 p.m. under general anæsthesia, a second vaginal examination was made. The cervix was found to be fully dilated, and the breech was still above the level of the ischial spines. Lower segment Cæsarean section was performed and the child extracted breech first at 5 p.m. The cord was found to be wound three times round the child's neck, leaving only a very short portion between the placenta and the baby. Intravenous Ergometrine 0·5 mgs was given and the placenta and membranes separated from the uterine wall, and were removed complete. No undue hæmorrhage occurred.

The child—a boy, was not asphyxiated at birth. The weight was 6 lbs. 4 ounces, and the total length of the cord was 22 inches.

The condition of mother and baby at the completion of operation was good, and their subsequent progress was entirely satisfactory.

Summary.

A case of breech presentation is described in which there was delay in the second stage of labour as a result of the umbilical cord being wound round the baby's neck three times, leaving insufficient to allow of descent of the baby.

The cause of the delay could not be diagnosed before delivery, and for this reason Cæsarean Section was performed with a satisfactory result for mother and baby.

Points of special interest in this case :

(*a*) External version was attempted at the 39th week of pregnancy, and proved unsuccessful. Several reasons for failure in this case could be found :—The pregnancy was well advanced, therefore the child was larger and the amount of liquor amnii less than if version could have been attempted at the 32nd-36th week. 2. The breech was already engaged, and could not be dislodged from the pelvis in spite of the fact that the patient had been placed in the Trendelenberge position for half an hour prior to attempted version. 3. The cord was so many times round the baby's neck, that the baby could not be turned on the remaining short piece of cord.

(*b*) The cord never became tight enough to constrict the blood vessels and cut off the oxygen supply, and therefore the baby never showed signs of distress during labour, or asphyxia at birth. This would certainly have happened, resulting, perhaps, in death of the baby, and/or premature separation of the placenta, had the decision to attempt vaginal delivery been made, instead of Cæsarean Section.

(*c*) Lastly the length of the cord which was found to be not much less than normal.

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