CONTRACTED PELVIS AND CPD

- DIAGNOSIS
- COMPLICATIONS
- MANAGMENT

DIAGNOSIS

HISTORY

- H/o rickets , TB ,fractures ,poliomyelitis
- Previous difficulty vaginal delivery
- Birth asphyxia
- Still birth
- Previous vaginal delivery of an avg sized baby in good condition excludes contracted pelvis

GENERAL EXAMINATION

- Short stature
- Abnormal waddling gait
- Pendulous abdomen
- Deformities of limbs or spine

ABDOMINAL EXAMINATION

- Mobile head in a nullipara at term raises the suspicion of CPD
- Most common cause is occipitoposterior position

ASSESSMENT OF CPD BY *MUNRO KERR-MULLER* METHOD

- Bimanual method
- Position : modified dorsal position with legs flexed and the bladder and bowels empty
- Left hand over the abdomen pushes the head into the pelvis, while the fingers of the other hand inserted vaginally

- If the head can be pushed down to the level of the spines there is no CPD
- 1st degree CPD : If head can be pushed a little but not upto the level of ischial spine
- 2nd degree CPD : if head cannot be pushed at all

RADIOPELVIMETRY

- Not recommended
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COMPLICATIONS

COMPLICATIONS - MATERNAL

- Premature rupture of membranes
- Malpresentations
- Prolonged labour
- Obstructed labour and rupture uterus
- Increased chance of instrumental delivery
- Intrauterine infections
- Traumatic and atonic PPH

COMPLICATIONS – FETAL

- Birth asphyxia
- Cord prolapse
- Neonatal sepsis
- Excessive caput and severe moulding

MANAGEMENT

- Elective caesarean section
- Trial of labour

ELECTIVE CAESAREAN SECTION

- Severely contracted pelvis
- Second degree CPD with maternal/fetal complication
- High risk pregnancy
- Previous caesarean section
- Malpresentations

TRIAL OF LABOUR

- With a good uterine contraction, there is a give of the pelvis and the fetal head moulds to overcome minor degrees of disproportions.
- Successful – if healthy baby vaginally
- Failed – cs or delivery of dead or deeply compromised baby

SELECTION OF PATIENTS FOR TRIAL LABOUR

- Suspected minor/first degree CPD without any complications
- Facility must provide for emergency CS

CONTRAINDICATION

- Sever contracted pelvics (midpelvic and outlet contraction)
- Any maternal or fetal complication
- Non availability of emergency CS

MONITORING PROGRESS

- Partogram
- Vaginal examination repeated every 4 hour
- Cervical dilatation, Position of head, moulding noted
- Cardiotocography monitaring
- Intermittent ascultation
- Epidural analgesia is ideal

AUGMENTATION OF LABOUR

- Amniotomy is done
- Nullipara – oxytocin used in ineffient uterine contraction
- Multipara – reassessment from senior person needed

TERMINATE THE TRAIL BY EMERGENCY CS

- No progress in cervical dilatation
- Failure of decent of the head
- Excessive moulding and caput
- Fetal or maternal distress

THANK YOU