

Erratic uterine contractions with few resting phases between contractions. Because of a lack of urgent medical intervention, the situation has deteriorated and the uterus is staying contracted and moulded tightly round the foetus

Colon compressed between the sacrum and foetal head

Severe foetal distress has resulted in foetal death. There is excessive moulding, pronounced caput succedaneum, Spalding's sign and macerated skin

Vagina is hot with little or no amniotic fluid draining

Marked vulval oedema

Bandl's ring, indicating an imminent rupture of the uterus and requiring immediate medical intervention

Impending uterine rupture

Very distended bladder. Patient is unable to pass urine and it is difficult or impossible to pass a urethral catheter because of the extreme compression of maternal tissues, caused by the foetal head

Urethra stretched and compressed between the pubis and the foetal head

Ischaemic pressure necrosis lesion on foetal head

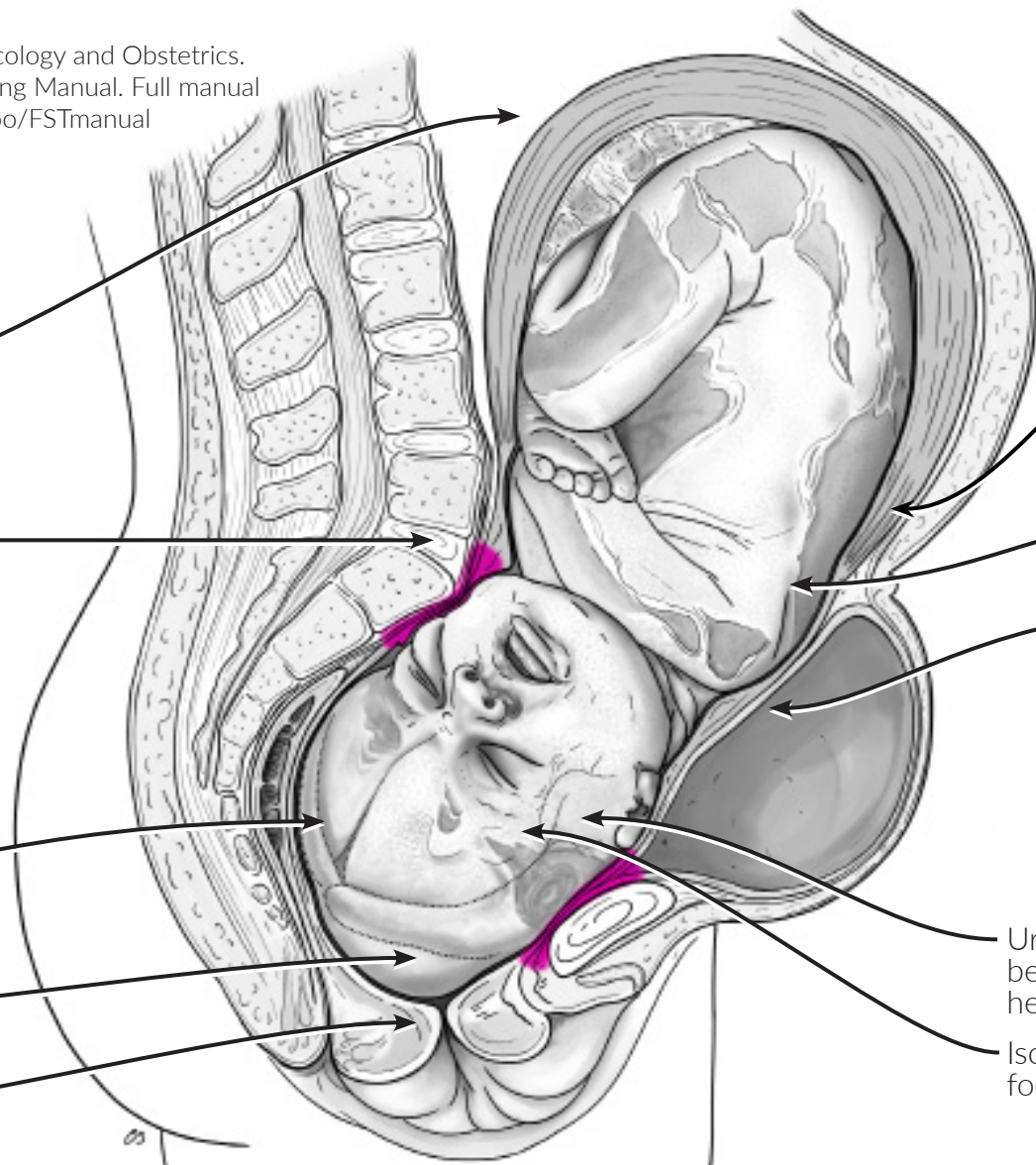


Figure 1. Maternal and foetal sequelae of prolonged obstructed labour. General maternal signs and symptoms include fever, sepsis, distress, pain, agitation and exhaustion. Due to the sustained compression of the L4–5 nerves and S1 roots, maternal footdrop is also likely to occur following delivery. Purple shading represents ischaemic necrosis of maternal tissues from the pressure of the foetal head during unrelieved obstructed labour. These purple areas are at high risk of becoming obstetric fistula(s).