



اسم السياسة /الخطة: سياسة إدارة حالة متعددة الولادات أثناء المخاض Management of Malti para in Labor
رقم السياسة/ الخطة: OSD-PP- 04

المجموعة: رعاية المرضى	المعنيين بالسياسة: كوادر قسم النسائية والتوليد
إعداد: قسم النسائية والتوليد	تاريخ الاعداد: 2025/8/12
دققت من قبل: مدير قسم الجودة	تاريخ التدقيق: 2025/11 /1
اعتمد من قبل: مدير المستشفى	تاريخ الاعتماد: 2025 /11 /8
عدد صفحات السياسة/الخطة: (3)	الطبعة: الاولى
	تاريخ المراجعة القادمة: 2027/ 11 /8

1. Purpose:

- 1.1 To safeguard mother and fetuses well being
- 1.2 To keep mother and the baby free from any complications
- 1.3 To prepare patient physically and emotionally for delivery

2. Policy:

- 2.1 Standard precaution must be observed
- 2.2 Consent is a must for any surgical intervention
- 2.3 Pediatrician must be informed and must be available during delivery
- 2.4 Mode of delivery depends on the maternal and fetal status , and gestational age
- 2.5 Multipara is high risk for;
 - 2.5.1 gestational hypertension
 - 2.5.2 Gestational diabetes
 - 2.5.3 Mal presentation
 - 2.5.4 Antepartum hemorrhage.
 - 2.5.5 Decrease efficiency of uterine. contraction
 - 2.5.6 Fetal macrosomia
 - 2.5.7 Prematurity
 - 2.5.8 Iron deficiency (anemia)

3. Scope:

- 3.1 This policy is applicable to all patients in Labor department with multipara

4. Responsibility:

- 4.1 It is responsibility of head department unit to assure applied this policy
- 4.2 It is responsibility of all midwives who interact with patient
- 4.3 It is responsibility of all resident doctors who interact with patient

5. Definitions:

- 5.1 A woman who has born two or more children, all pregnancies more than 28wks to viable fetus delivered alive or died

6. Equipment's/Forms/Attachments:

- 6.1 Delivery set
- 6.2 Sterile Gloves
- 6.3 External Fetal monitor, ultrasound
- 6.4 Stethoscope
- 6.5 BP apparatus
- 6.6 Sterile gown
- 6.7 Sterile delivery package
- 6.8 Local anesthetic
- 6.9 Female catheter

7. Procedure:

- 7.1 Complete initial assessment general and specific by resident doctor and midwife to determine any disorder

- 7.2 Monitor fetal heart and uterine contraction continuously as (reviews policy first stage)
- 7.3 Check vital sings regularly as mentioned in first stage policy
- 7.4 Observe the signs of the Labor pain
 - 7.4.1 Contractions occur at regular intervals
 - 7.4.2 Intensity gradually increases
 - 7.4.3 Discomfort and pain could not stop by sedation
- 7.5 Keep patient on bed when contractions become intense. avoid supine position
- 7.6 Maintain adequate parenteral intake as ordered to maintain fluid balance
- 7.8 Empty bladder every 2-3 hours , catheterize if needed
- 7.9 Explain Labor process to patient and support person as Labor progress
- 7.10 Give analgesia if patient request and as ordered by physician
- 7.11 Continue close observation to determine progress of labor as mentioned in first stage policy :
 - 7.11.1 Uterine action – note the duration , frequency and strength of contraction
 - 7.11.2 Assess cervical dilatation
 - 7.11.3 Descent of presenting part
 - 7.11.4 Vaginal discharges – observe and record color , volume and odor of liquor
 - 7.11.5 Continue observing fetal heart , pattern in relation to uterine contraction with continuous monitoring
- 7.12 As second stage start
 - 7.12.1 assessment by resident doctor and midwife to insure active descent of presenting part and efficiency of contraction ,and wellbeing of the fetus by lessening to fetal heart after each contraction
 - 7.12.2 Assist doctor in delivery of baby
- 7.13 Active management of third stage by administered ergomtrine at delivery of anterior shoulder (if blood pressure normal reading)
- 7.14 After insuring of separation of placenta ,delivered placenta by controlled cord traction by doctor
- 7.15 Placental examination must done by doctor and midwife to insure complete expulsion of placenta and membranes
- 7.16 Insure contraction of uterus and uterine massage must done if not contracted well to prevent bleeding
- 7.17 Insure empty bladder to prevent uterine atony
- 7.18 Strict observation to mother on fourth stage of labor as in fourth stage policy
- 7.19 Encourage breast feeding to increase mother and baby bonding
- 7.20 Documentation : accurate recording provides information to medical team as a basis for the continuity of care to post-natal period

8. References:

NICE 2024