Ireland East Hospital Group

A Case Series of Obstructed Labour in Nulliparous Women: Recurring Intrapartum Patterns and Operative Challenges

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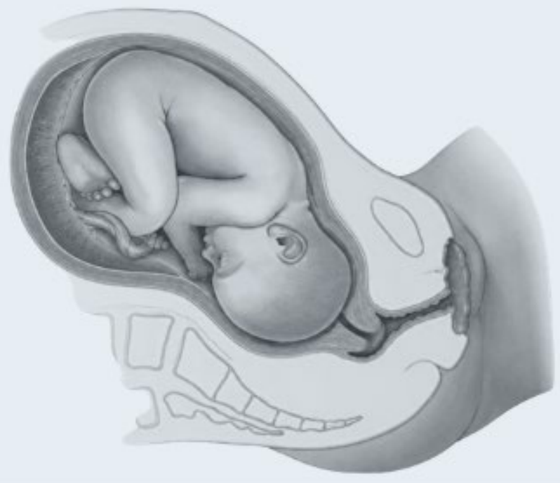
INTRODUCTION

Obstructed labour remains an important cause of maternal and neonatal morbidity, even in high-income settings.

In modern obstetric practice, it is often associated with labour dystocia, fetal malposition, and difficulty at Caesarean delivery.

This case series aimed to describe the intrapartum features, operative findings, and maternal morbidity associated with obstructed labour in nulliparous women at term.



METHODS

We reviewed six cases of nulliparous women at term or post-term who were diagnosed with obstructed labour during spontaneous or induced labour.

Clinical records were reviewed for labour course, cervical progress, mode of delivery, and intraoperative findings.

	AGE	PARITY	LABOUR	Intra-operative findings
1	33	0	Spontaneous onset	Bandl's Ring
2	23	0	Induction of labour	Malposition
3	22	0	Induction of labour	Malpresentation
4	34	0	Spontaneous onset	Malposition
5	30	0	Spontaneous onset	Impacted fetal head
6	24	0	Spontaneous onset	Impacted fetal head

The series aimed to highlight the intrapartum features preceding diagnosis and the operative difficulties encountered at delivery.

These cases demonstrate the importance of early recognition of abnormal labour patterns and anticipation of operative difficulty.

RESULTS

All six women were nulliparous and at term or post-term. The predominant clinical pattern was failure to progress despite established labour, induction, or augmentation with oxytocin.

Several cases progressed to full dilatation without descent of the fetal head, and one case involved a failed trial of operative vaginal delivery.

Recurrent operative findings included:
- Oblique lie or malposition
- Occiput posterior position and deflexed fetal head
- Mechanical obstruction, including Bandl's ring
- Impacted fetal head

Caesarean delivery was technically difficult in multiple cases, with prolonged extraction, reverse breech extraction for impacted fetal head, and one bladder injury.

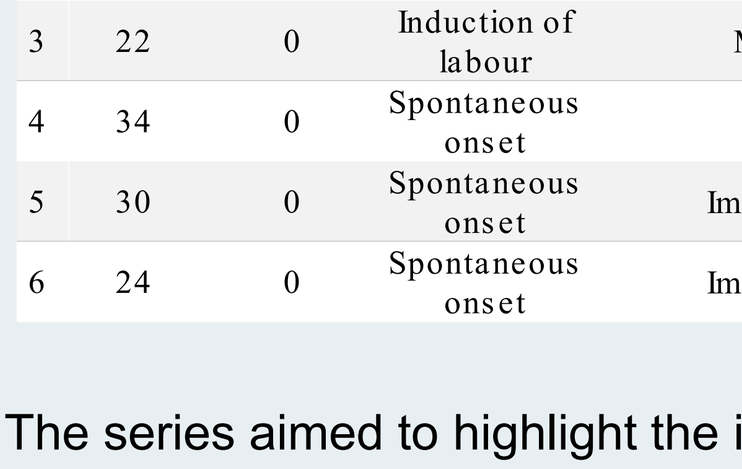
CONCLUSION

These cases suggest several intrapartum warning signs of obstructed labour in nulliparous women:
- Prolonged labour
- Arrest in active labour
- Full dilatation with a high fetal head
- Failed instrumental delivery
- Fetal malposition or malpresentation
- Impacted fetal head at Caesarean delivery

This series supports the need for early recognition, senior obstetric input, and anticipation of difficult extraction techniques when obstructed labour is suspected.

This six-case series highlights that obstructed labour in nulliparous women at term is frequently associated with fetal malposition, slow labour progress, and difficult Caesarean delivery.

The cases illustrate the substantial maternal operative morbidity that can arise, including prolonged extraction and bladder injury. Increased awareness of early intrapartum warning signs may facilitate earlier decision-making, senior involvement, and better preparation for a challenging delivery.



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