| Codes                                                                 | Subcategories                          | Category                                      |
|---------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|
| When mother tell us about a problem, we need proper examination and immediate action | Take action                             |                                               |
| If referred mother says she's tired and had long labour, she needs hastily action |                                               |                                               |
| We take action after checking partograph.                             |                                               |                                               |
| No development in 3 PVs need fast action                              |                                               |                                               |
| Action must be taken when head is not descending despite enough contractions |                                               |                                               |
| Some have strong contractions but not dilation - then you have to take action |                                               |                                               |
| Partograph leads to action and if baby is big you must take early action |                                               |                                               |
| Early admittance exhausts mother                                      | Too early or too late admission          |                                               |
| Early admittance ends in PL                                           |                                               | Using appropriate intervention at appropriate time |
| For referrals there is a long process of diagnosing PL, organizing transport and do the transport. |                                               |                                               |
| If referred PL case, the baby can be tired on arrival and can have poor outcome. wrongly early admission is bad for the mother |                                               |                                               |
| Delayed ARM prevents PL                                               | When to perform artificial rupture of membranes |                                               |
| timing ARM                                                            |                                               |                                               |
| Sometimes membranes can rupture on its own                            |                                               |                                               |
| tell us when to rupture membranes                                     |                                               |                                               |
| ARM is done from 4cm                                                 |                                               |                                               |
| ARM can be enough, some also need oxy                                |                                               |                                               |
| ARM is helpful if level is ok                                         |                                               |                                               |
| We can not do ARM before 6-7cm                                       |                                               |                                               |
| ARM at 7-8 cm gives quick descent                                    |                                               |                                               |
| ARM-results are 50/50                                                 |                                               |                                               |
| ARM can detect meconium                                               |                                               |                                               |
| ARM from 7cm                                                          |                                               |                                               |
| ARM can help to identify position                                    |                                               |                                               |
| ARM will not make big baby descend                                   |                                               |                                               |
| ARM at 8-9cm prevents cord                                           |                                               |                                               |
| Suspect nurses delay ARM because they worry about PL                 |                                               |                                               |
| Membranes can be blocking the passage causing PL                     |                                               |                                               |
| ARM add to fetal heart rate about baby's condition                   |                                               |                                               |
| If we don't do ARM we don't know how baby is doing                   |                                               |                                               |
| Time of oxytocin administration                                      | When to administer oxytocin              |                                               |
| Dilation in favour of oxytocin                                       |                                               |                                               |
| timing oxytocin                                                      |                                               |                                               |
| Oxy at 3cm will fail                                                 |                                               |                                               |
| Before no oxy at night, now anytime                                  |                                               |                                               |
### Before oxy until 6pm, now one nurse is alone in monitoring oxy
Oxytocin if foetal heart rate is ok
Oxytocin and extraction if no progress
What is to be done when mother is stagnant but already on oxy?
On oxy you need to hear foetal heart rate most of the time

### Early ARM leads to PL
ARM when HIV gives problem to child
ARM and oxy at 2-3cm will give delay
Alert when silence after oxytocin
No ARM in HIV-patients
No ARM in HIV-patients
ARM can not be done with head high
oxy can cause overstressed uterus
improper administration of oxy can give PL
Early application of oxy causes PL
Early ARM can cause baby infection
ARM can give cord prolapse
Early ARM can risk the baby's life
ARM can cause PL
unnecessary induction causes PL

### Risks associated with artificial rupture of membranes and oxytocin

### Scared of vacuum, not put into good use
If you do vacuum extraction you have to be sure the baby will come out

### Use of vacuum extraction

### Referred PL needs only ARM to birth, parto says c-section
If PL we consider CS 2 hours after starting oxytocin
Referral case called PL and with 3cm dilation but no danger signs was sent straight to operation
If they stay long they should get CS
Mother refused operation and got normal birth
If early interventions are done, only CS is left
CS depends on cause of PL
If no descent on 10cm you might have to do CS
If PL I think we might need CS, I call doctor
Referral with hot vagina and high level can not get trial of labour
Too big baby for the pelvis means CS
Those with OPP and transverse will get PL and CS. Partograph says c-section but only need for ARM

### Use of caesarean section

### Woman wants oxy to shorten labour
Sometimes decision is affected by mothers demands - we have humanity
Many ask for operation
Listen to those with HIV when they want CS

### Mothers want interventions
Some think crying will give operation
If no danger, we don't give CS on request
If mother wants CS, but no danger signs, I reassure her she will be fine
If mothers wish is not the best for her, we don't approve
Some patients say if you cry much you will have operation.
Little knowledge of labour pain may lead to women demanding c-section

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