

EARLY LABOUR ASSESSMENT AND MANAGEMENT IN A LOW RISK PREGNANCY

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Woman in early labour, with a low risk pregnancy, is assessed over the telephone and given options of staying at home, or coming in to hospital for assessment

2. PATIENT

- Woman in the early stage of labour

3. STAFF

- Medical and midwifery staff

4. EQUIPMENT

- Telephone
- Clinical assessment tools

5. CLINICAL PRACTICE

Telephone assessment

- Ask woman appropriate questions, as per maternity telephone enquiry record prompts, and fill in accordingly
- Ascertain through questioning whether the woman is in early or active stage of labour (length, strength and frequency of contractions) and consider previous labour history
- Provide woman with information regarding the early stage of labour and strategies she may use at home (e.g. mild analgesia, bath, shower, hot packs, transcutaneous electrical nerve stimulation (TENS), mobilisation, relaxation techniques)
- Provide woman with option of staying at home if no concerns or risk factors, or coming to hospital for clinical assessment if she wishes
- Reassure woman that she will not have to return home if she does not feel comfortable or have appropriate supports or transport
- Give woman option of home visit for labour assessment if time and model of care allow
- Recommend review in Birthing Services if a woman calls a third time for the same indication

Clinical assessment

- Perform maternal and fetal assessment. This may include a vaginal examination if indicated or if the woman requests
- Discuss ongoing options with woman in early labour:
 - Discharge home to await established labour
 - Admit for pain relief e.g. morphine, if required
 - Medical review if woman is not reassured by either of the above options, or has individual clinical circumstances that warrant this. After assessment and counselling a woman may wish to have her labour augmented. This decision should be an informed one and should confer more benefit than risk for the woman and her neonate. The timing of augmentation will be subject to acuity in Birthing Services

6. DOCUMENTATION

- Maternity telephone enquiry record
- Integrated clinical notes

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
15 February 2018

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PREGNANCY cont'd**

7. EDUCATIONAL NOTES

- There is a paucity of evidence around early labour management.
- A woman and her partner can be apprehensive regarding labour, especially if it is their first baby. Maternity staff should be sensitive to these feelings and have the ability to reassure them of the normality of early labour.
- A woman should feel welcome to come in to hospital if she so wishes.
- Antenatal education is important for a woman to recognise the beginning of labour and understand the physiology of early labour.
- A woman will sometimes anticipate the onset of labour with some degree of fear and anxiety. In this instance there is little benefit to her staying at home during this time. She may however be reassured by an assessment at the hospital which could empower her to return home. This may include the use of simple analgesia.
- It is important that a woman feels involved in the decision making of her care.
- Research indicates that, providing that there are no complications, a woman should be encouraged to stay at home as long as she feels comfortable and confident to do so. She is less likely to require interventions such as artificial rupture of membranes (ARM), Syntocinon augmentation, epidural analgesia and an operative birth.
- There is unclear evidence for the role of augmentation in the early labour setting.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Early labour assessment in the woman's home
- Midwifery Admission
- First stage of labour care - recognition of normal progress of labour
- Vaginal examination

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES

- 1 Myles textbook for midwives, 2014, 16th edition, Churchill Livingstone, Sydney
- 2 Midwifery preparation for practice, 2015, 3rd edition, Churchill Livingstone, Sydney
- 3 Lauzon. L. & Hodnett, E. (2008) Labour assessment programs to delay admission to labour wards. (Systematic review) Cochrane database of Systematic Reviews.4.

REVISION & APPROVAL HISTORY

Maternity Services LOPs group 4/12/17

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