

FIRST STAGE LABOUR CARE FOR WOMAN WITH 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

- Maternal and fetal wellbeing is appropriately monitored during first stage of labour

2. PATIENT

- Woman in active phase of first stage labour

3. STAFF

- Medical and midwifery staff

4. EQUIPMENT

- Pinard's stethoscope
- Hand held Doppler

5. CLINICAL PRACTICE

- Include woman, her partner and/or support people actively in all decisions made regarding labour care
- Advocate for woman and her family during labour
- Palpate abdomen on admission, as required in labour, and preceding all vaginal examinations to determine fetal:
 - lie
 - position
 - presentation
 - engagement of presenting part
 - volume of amniotic fluid
- Document any vaginal loss e.g. show, blood, amniotic fluid
- Auscultate fetal heart rate (FHR) with Pinard's or Doppler every 15-30 minutes, and check maternal pulse simultaneously, immediately after a contraction for at least one minute.
- Palpate contractions for at least 10 minutes every half hour to monitor frequency, strength and duration
- Monitor maternal temperature and blood pressure (BP) two hourly.
- Monitor presence and colour of liquor half hourly
- Encourage oral fluid intake
- Encourage two hourly emptying of bladder and urinalysis. If the woman is unable to void and the bladder is palpable, then an in/out catheter should be inserted if delivery is imminent. If delivery is not imminent, then an indwelling catheter (IDC) should be inserted.
- Commence intravenous (IV) hydration if required e.g. ketosis, vomiting
- Encourage woman to mobilise and adopt a position of her choice
- Recommend and perform vaginal examination four hourly
- Consult with the obstetric medical team and midwifery team leader if there are concerns about progress in labour and/or maternal/fetal wellbeing
- Document maternal/fetal assessment, all discussions with woman and plan for ongoing care in labour

6. DOCUMENTATION

- Partogram
- Integrated clinical notes
- ObstetriX

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
16 February 2017

FIRST STAGE LABOUR CARE FOR WOMAN WITH A LOW RISK PREGNANCY cont'd

7. EDUCATIONAL NOTES

- First stage labour begins with regular painful contractions, which shorten and progressively dilate the cervix.
- The benefits of a woman remaining home until in established labour are well documented
- Established labour is defined as the presence of regular, painful contractions with cervical effacement and dilatation > 4cm
- Care in labour is to be individualised to meet each woman's needs
- Progress in labour is individualised and measures of progress in labour include assessment of uterine activity and cervical dilatation in the context of the complete clinical picture
- Midwives should provide both hands on and verbal encouragement to support a woman in labour
- Midwives are best able to be effective advocates for a woman by providing care that is evidence based
- Frequency of observations is increased if maternal condition changes

8. RELATED POLICIES/ PROCEDURES/CLINICAL LOPs

- Midwifery Admission Guideline
- Vaginal Examinations in Labour
- First Stage of Labour Care - Recognition of Normal Progress and Management of Delay
- Second Stage of Labour Care – Recognition of Normal Progress and Management of Delay
- Intrapartum Fetal Heart Rate Monitoring

9. RISK RATING

- Low

10. NATIONAL STANDARD

- CC – Comprehensive Care

11. REFERENCES.

1. National Institute for Health and Clinical Excellence. Intrapartum Care: Care of healthy women and their babies during childbirth. Policy. London: RCOG Press, 2014 NICE clinical guideline 55.
2. Australian College of Midwives. National Midwifery Guidelines for Consultation & Referral. Canberra: Australian College of Midwives, 2013
3. Hornett ED, Gates S, Hofmeyr GJ, Sakala C. Continuous support for women during childbirth. Cochrane Database Syst Rev 2012; 10: CD003766. PubMed PMID:23076901.

REVISION & APPROVAL HISTORY

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Maternity Services Clinical Committee 11/4/06

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