LABOUR DYSTOCIA IN THE FIRST STAGE OF LABOUR

Delay in first stage is defined as:
- Cervical dilatation of less than 2 cm in 4 hours for primiparous women.
- Cervical dilatation of 2 cm or less in 4 hours or slowing of progress for multiparous women.
- No progress in descent and rotation of the fetal head.
- Reduced change in strength, duration and frequency of contractions.

Cervicograph ALERT and ACTION line management:
- Repeat the V.E. in 2 hours if the dilatation on the cervicograph crosses the Alert line.
- If the dilatation on the cervicograph touches or crosses the Action Line, progress is delayed and action must be taken as below.

Midwifery care during delay in the first stage of labour:
1. Record a formal summary of events leading up to the delay in the Birth Record (CMP MR 08), referring to the partogram and cervicograph.
2. Transfer to the support hospital must occur if ANY non-reassuring signs of maternal or fetal wellbeing, including pyrexia, tachycardia or fetal heart rate abnormalities are present.
3. Note any warning signs of a malposition including:
   - Spurious onset of labour: long latent phase.
   - Asymmetrical cervical dilatation.
   - Poor application of the presenting part.
   - Deflexed head or a lack of descent of the head noted on abdominal palpation.
   - In-coordinate uterine contractions.
   - Maternal exhaustion and dehydration.
4. Continue to perform and record all maternal and fetal observations as per CMP guideline Midwifery Care in the First stage of Labour.
5. Assess maternal bladder. If the woman is unable to void spontaneously, discuss and gain consent to perform intermittent catheterisation.

6. Perform a urinalysis to check for blood and ketones.

7. Perform an abdominal palpation and document descent of the presenting part.

8. Record the fetal heart rate, noting variability.

9. Perform a vaginal examination to assess progress and document findings.

10. Record all observations and document a plan of management in the Birth Record (CMP MR 08). If there are any abnormal findings, consultation and/or referral with the supporting hospital MUST occur.

11. Discuss the findings and the plan of management with the woman, the on-call midwifery manager (business hours only) and the appropriate medical staff at the supporting obstetric hospital.

12. If transfer to hospital is indicated follow the CMP guideline ‘Transfer from Home to Hospital’.

13. If, following consultation with the support hospital obstetrician, the woman can remain at home, the management plan may include:
   - Maternal rest and rehydration with oral isotonic liquids. Consider placing the woman in a quiet, darkened room.
   - Augmentation of labour using ARM (if indicated).
   - Mobilisation and position changes to encourage fetal rotation.
   - Discuss delay, all findings and the management plan in consultation with the woman and her partner. Offer support and encouragement and consider all non-pharmacological analgesia.

14. Review progress after one hour to assess whether the plan has been effective.

   **Signs of progress may include:**
   - Contractions have become more regular with increased intensity and longer duration.
   - Abdominal palpation which demonstrates descent of the presenting part.
   - Increased rectal pressure or rectal pouting may indicate further descent of the presenting part into or through the mid-cavity of the pelvis.
   - Maternal observations, including urinalysis, within the normal range and a healthy, reassuring fetal heart rate pattern.

15. Document all observations and discuss findings with the woman and her partner.

16. A repeat vaginal assessment with consent must occur within 2 hrs following the last vaginal assessment when a delay has been detected.
17. If no further delays occur during the first stage, continue to manage the first stage of labour as per CMP Clinical Guideline. Inform the support hospital and on-call midwifery manager of progress (during business hours only).

**Actions if progress remains delayed:**

1. Transfer to the support hospital must occur if progress ceases or continues to be delayed despite following the recommendations listed.

2. Document all findings.

3. For transfer to hospital follow the CMP Clinical Guideline ‘Transfer from Home to Hospital’.

4. Take all maternity records and accompany the woman to hospital.

5. Complete an Intrapartum Clinical Handover form (CMP MR 08D) and provide an appropriate handover to the support hospital on arrival.

6. Inform the on-call midwifery manager of transfer (during business hours only) and complete an Intrapartum Transfer form and submit to the CMC within 24hrs of the birth.

7. Continue to provide continuity of midwifery care, either as the primary or support midwife as per CMP Clinical Guideline ‘Roles and Responsibilities of the CMP Midwife in the back-up hospital’.

**REFERENCES / STANDARDs**


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Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.