CARE DURING THE FIRST STAGE OF LABOUR

AIM:
To assess maternal and fetal health, determine the stage and progress of labour, evaluate the women’s needs, determine if she requires continuous midwifery care and whether her chosen place of birth remains appropriate for her clinical needs.

PROCEDURE

ON ARRIVAL AT THE CLIENT’S HOME:
Assess the home situation to determine if it is safe for labouring and birthing (as per the Home Birth Policy and Guidance for Health Professionals, Health Services and Consumers, Perth, Health Networks Branch, Department of Health, Western Australia; 2012).6

- Introduce yourself to the support people and determine who is playing what role (i.e. caring for children, primary support, doula etc.).
- Listen to the woman’s history, considering her emotional and psychological needs. Discuss and confirm maternal wishes for labour if not already known to you.
- Obtain a verbal history of events leading up to your arrival.
- Assess maternal behaviour.
- Document arrival time and initial assessment in the client’s Birth Record.

INITIAL LABOUR ASSESSMENT:
Obtain relevant medical and obstetric history from client and review clinical records. This includes review of antenatal screening test results including recent Hb, blood group, ultrasound scan reports and GBS status.

- Perform and record maternal observations to establish a baseline: Temperature, Pulse, Blood Pressure and urinalysis (to assess for protein, ketones and haematuria).
- Perform and record an abdominal palpation to assess fundal height, lie, presentation, position and station.
- Auscultate fetal heart rate for a minimum of 1 minute following a contraction via intermittent auscultation using a Doppler. Record baseline, variability (documenting the lowest and highest baseline of fetal heart rate), the presence of accelerations and/or decelerations.
- Monitor length, strength and frequency of contractions.
• Assess vaginal loss - show, blood and liquor. If the woman has ruptured membranes observe the colour, amount and odour of the liquor. If meconium stained liquor is present the woman must be transferred to hospital. Refer to clinical guideline Transfer from Home to Hospital for mode of transfer considerations.

• Consider performing a baseline vaginal examination, particularly where a long spurious latent phase has preceded the arrival of the midwife. Verbal agreement prior to the procedure must be obtained and documented. Record findings as per CMP MR08 page 5.

• If active labour is confirmed commence IV antibiotics if GBS positive and the woman has consented to treatment (refer to CMP Protocol – GBS Management during Labour).

• Document all findings.

• Plan for labour according to history and assessment and discuss with woman and support person/people.

MIDWIFERY CARE DURING THE ACTIVE PHASE OF LABOUR:

• Perform and record on the partogram in the birth record:
  
  - Maternal pulse hourly
  - Blood Pressure 4 hourly
  - Respiration rate 4 hourly
  - Maternal Temperature
    - 1 hourly if in the pool/bath (5)
    - 2 hourly with ruptured membranes and not in the pool.
    - 4 hourly with intact membranes and not in the pool.

  - Fetal heart rate every 15 minutes, auscultate, with a Doppler for a minimum of 60 seconds following a contraction (1, 2). If an abnormality is suspected more frequent auscultation should be performed and documented before, during and after a contraction. If an abnormality is detected immediate transfer to the hospital must occur.

  - Progress of labour is monitored by assessing maternal behaviour, length, strength and frequency of contractions, vaginal loss, descent of presenting part, and cervical dilatation.

  - Document assessment as follows:
    - Contraction 30 minutes
    - Vaginal loss 30 minutes (details as per initial assessment)
    - Abdominal palpation 4 hourly
    - Vaginal examination 4 hourly

USE AND FREQUENCY OF VAGINAL EXAMINATIONS:

• Where labour is progressing normally vaginal examinations are based on Individual requirements. The midwife, in consultation with the woman, should determine if a
vaginal examination is necessary and appropriate. Verbal agreement prior to the procedure must be obtained.

- A vaginal examination is indicated after 4hrs of strong regular contractions with no further signs of progress: such as increase in strength, frequency, length of contractions; decent of presenting part and maternal behaviour. Ongoing assessment of progress or other clinical indications may require more frequent vaginal examinations. Refer to CMP guideline Midwifery Care during Labour Dystocia in the First Stage of Labour. Encourage fluids and light nutrition\(^{(1,2)}\).

- Encourage the woman to empty her bladder 4 hourly and prior to an abdominal palpation or vaginal examination. Monitor and record voiding pattern to determine maternal hydration status. Perform regular urinalysis if condition necessitates (refer initial assessment). If the client is unable to void and a full bladder is palpable, catheterise (in/out catheter) to exclude retention and dehydration.

- Encourage mobilisation during labour to aid optimal fetal positioning and comfort.

- Provide continuous midwifery support during the Active Phase of labour.

- A detailed documentation of progress and management plans should be recorded in the Birth Record (CMP MR-08).

REFERENCES / STANDARDS

1. OD 0482 / 13 WA Health Policy for publicly funded Home Births including guidance for consumers, health professionals and health services
3. Women and Newborn Health Service. Clinical Guidelines. Section B. 5 Intrapartum Care. 5.8 First Stage of labour. 5.8.1 Care of a woman during the first stage of labour. Jan 2010
9. ACMI Guidelines for Consultation and referral, 3rd Edition
National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice  
4 Medication Safety

Legislation - Nil

Related Guidelines / Policies: KEMH Labour First Stage: Care of the Woman  
Use of a Partogram
Midwifery care when a Client Makes a Decision that is Incompatible with the CMP  
Midwifery Standard of Practice
Latent Phase of Labour
Dystocia in the First Stage of Labour
Transfer Home to Hospital

Other related documents –

RESPONSIBILITY

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<tr>
<th>Policy Sponsor</th>
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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.

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