WOMEN'S & NEWBORN HEALTH PROGRAM
Clinical Practice Guideline

TITLE: Term Labour Assessment	**NUMBER: 6803**
Sponsor**:** Jennifer West, Manager- Birth Unit	Page: 1 of 5
Approved by: Child Birth Care Team	Approval Date: May 9th, 2016 Effective Date: March 23rd, 2017
Applies To: Birth Unit Registered Nurses, Midwives, and Physicians	

PREAMBLE

The following clinical practice guidelines outline the assessment and nursing care management of patients presenting through Early Labour Assessment Unit (ELAU) and triage for assessment of labour progress. This includes when the collaboration and consultation with the patient's physician/midwife occurs and appropriate management as labour progress.

GUIDING PRINCIPLES AND VALUES

There are significant variations in normal labor progression and duration among childbearing women. Labor and birth are natural processes. Most women do well with support and minimal intervention. At times, pregnant women may come to the hospital before labour is established. They may be experiencing uterine contractions that have not yet resulted in cervical changes or they may be in very early labour.

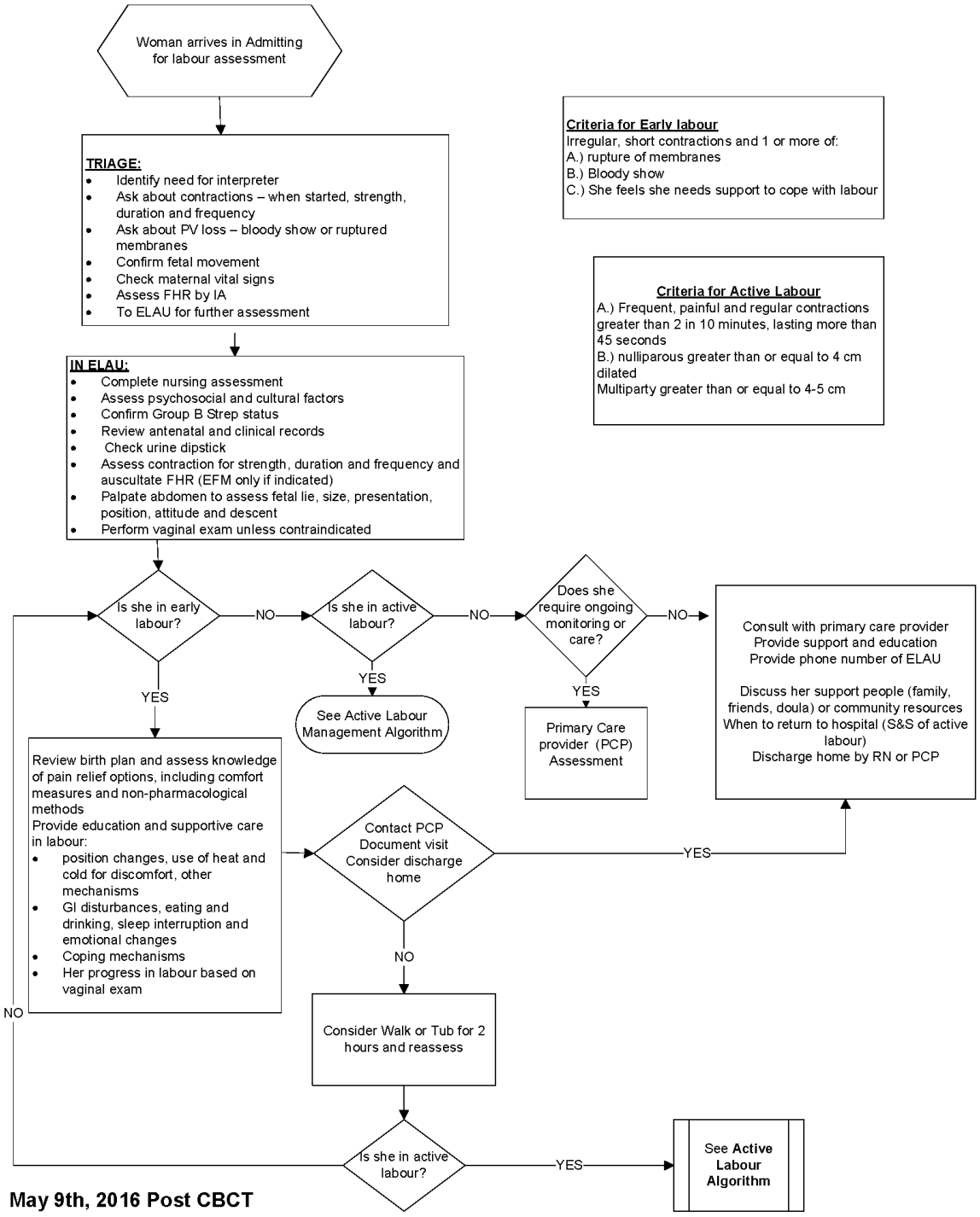
CLINICAL PRACTICE GUIDELINES

- The frequency of assessment is based on individual clinical situations, guidelines and standards with an increase in frequency necessary with a change in status, such as with the progression from early labour to active labour, according to clinical signs and symptoms.

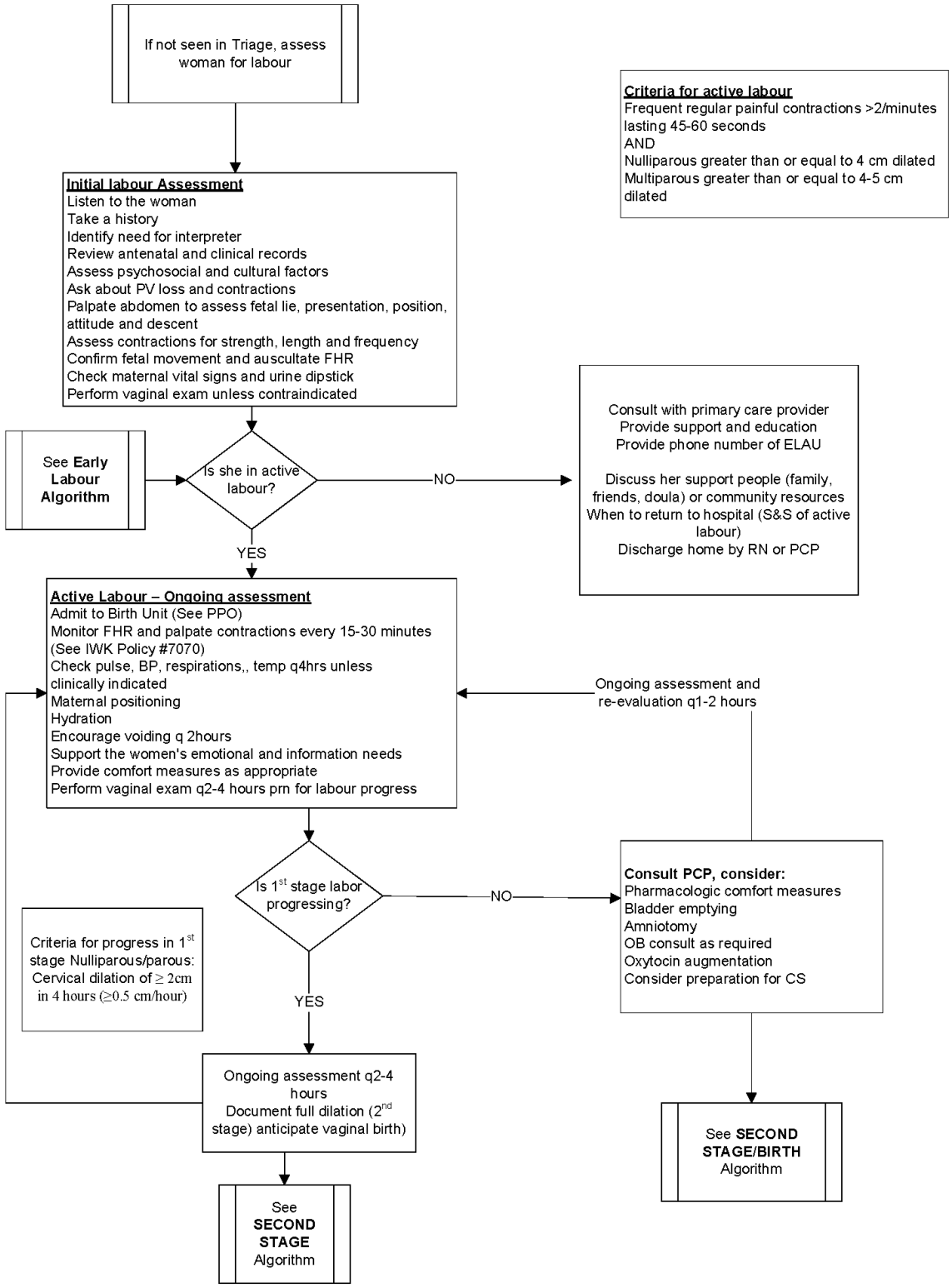
- Maternal temperature, pulse, respirations and blood pressure should be assessed and recorded at regular intervals during labour or at least every 4 hours.

- Fetal health surveillance will be assessed via electronic fetal monitoring (EFM) or intermittent auscultation (IA) and documented as outlined by the *IWK Policy #7070 Intrapartum Fetal Health Surveillance.*

TERM EARLY LABOUR ASSESSMENT IN HOSPITAL



ACTIVE LABOUR AT TERM - FIRST STAGE



May 9th,2016 post CBCT

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RELATED DOCUMENTS

Policies

IWK Health Centre Policy # 6801 Triage Assessment

IWK Health Centre Policy #7070 Intrapartum Fetal Health Surveillance

IWK Health Centre Policy # 7172 Vaginal Examination

Patient Education

IWK Health Centre Patient Pamphlet When to Come to the Hospital PL#0598

Appendix (es):

Appendix A: Definitions

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Nulliparous: a woman who has never given birth > 20 weeks gestation

Multiparous: Having given birth to one or more children

First stage of labour: cervical changes are used to assess progression through the stages of labour. There is individual variation with each stage and changes reported depend upon parity and history of previous labour. The first stage of labour includes the latent and active phases.

Latent phase: Presence of uterine activity resulting in progressive effacement and dilatation of the cervix proceeding the active phase. It is complete when a nulliparous woman reaches 4 centimeters dilated and a parous woman reaches 4 to 5 centimeters. Contractions may be irregular lasting 30-40 seconds and mild to palpation.

Active phase: presence of a pattern of contractions leading to cervical effacement and dilation at 4 centimeters or greater in a nulliparous woman or 4 to 5 centimeters in a parous woman. The contractions are regular and every 2-5 minutes that last 45-60 seconds, are moderate to strong by palpation and are associated with increasing discomfort.

Transition phase: 8 to 10 centimeters, contractions every 2 minutes, lasting 60-90 seconds, strong by palpation, increased bloody show, urge to push, increased rectal pressure

Second Stage of Labour: begins at complete cervical dilation (10 centimeters) and ends with birth of the baby. Contractions are regular 2-3 minutes lasting 40-60 seconds, strong by palpation. As presenting part descends the urge to push increases, increased rectal and perineal pressure; sensation of burning, tearing and stretching of vagina and perineum.

Third Stage of Labour: begins with the birth of the baby and ends with the delivery of the placenta

Fourth Stage of Labour: begins with delivery of the placenta and lasts until the woman is stable in the immediate post-partum period usually within the first hour after birth. The immediate postpartum period extends beyond the fourth stage and includes at least the first 2 hours after birth.

Dystocia: delayed or arrested progress in labour, irrespective of the cause.

District Health Authority/IWK Policies Being Replaced

(Please List)

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)