



Team Name: Regional Perinatal Team Team Lead: Regional Director – Acute Care Approved by: Executive Director - Mid	Reference Number: CLI.5810.SG.003 Program Area: Obstetrics Policy Section: General
Issue Date: November 27 2014 Review Date Revision Date: April 13 2018	Subject: Routine Care of the Labouring Patient

STANDARD GUIDELINE SUBJECT:
 Routine Care of the Labouring Patient

PURPOSE:
 The purpose is to ensure labouring patients are attended to in a consistent and comprehensive manner in accordance with family-centered care.

DEFINITIONS:

Stages of Labour:

- 1st Stage is the onset of regular contractions to fully dilated. It may have two stages:
 - Latent Phase: The presence of uterine activity resulting in progressive effacement and dilation of the cervix. It is complete when a nulliparous (nullipara) woman reaches 3-4 cm dilation and a parous woman reaches 4-5 cm. Cervical length should be less than 1 cm. (MoreOB – Management of Labour)
 - Active Phase: The presence of a pattern of contractions leading to a cervical effacement and dilatation after 3-4 cm dilatation in a nulliparous (nullipara) woman or 4-5 cm dilatation in a parous woman. (MoreOB – Management of Labour)
- 2nd Stage is full dilation until fetus is delivered
- 3rd Stage is from delivery of fetus to delivery of placenta
- 4th Stage is recovery from delivery of placenta to 2 hours postpartum

PROCEDURE:

Admission:

- Obtain a history of this pregnancy and labour and complete the Maternal Nursing Database form if time permits, based on your admission assessment
- Ensure that the patient is registered
- Orient the patient to the surroundings and call bell

Assessment:

- Maternal vital signs:
 - Blood pressure, pulse, respiratory rate and temperature to be taken on admission then every 4 hours and as needed (PRN)
 - If the blood pressure is greater than systolic 140 and/or diastolic 90, repeat. Assess the patient's anxiety and provide care measures to reduce it.

- Temperature to be taken every 2 hours if membranes are ruptured or temperature is greater than 37.6°C and PRN
- Oxygen saturation as indicated
- Fetal Health Surveillance - refer to Fetal Health Surveillance in Labour Standard Guideline (CLI.5810.SG.002)
- Notify the Primary Care Provider (PCP):
 - When calling the attending primary care giver, have all the pertinent information ready (see Supporting Documents). Obtain the prenatal sheet if available. Use the SBAR obstetrical report (CLI.5810.SG.003.SD.01) format when communicating with a primary care provider.
- Standard Orders:
 - Activate the Standard Orders Labour and Delivery (CLI.5810.FORM.51) or Standard Orders Vaginal Birth
 - After Cesarean (VBAC) (CLI.5810.FORM.66) as written and document verbal or phone orders as received
- Diet:
 - As tolerated (clear fluids only for VBAC)
 - Encourage adequate fluid intake during labour
- Intravenous (IV):
 - PRN
 - #18 gauge catheter preferred
 - If an IV is needed for antibiotic therapy only, it may be locked between doses
 - Required for Syntocinon induction and trial of labour after a c-section
 - Should be considered with a prior history of a postpartum hemorrhage (PPH) or multigravida greater than 5
 - Choose your IV site carefully – it is best to avoid the hand, wrist or antecubital sites. Three fingers above the wrist is the most appropriate site.
- Charting:
 - Complete the admission package including the Maternal Nursing Database
 - Chart on Labour Record, Fetal Heart Tracing and Integrated Progress Note (IPN) as warranted
 - Document admission note, physician notification, physician visits to see patient in hospital, orders, delivery note, abnormal findings, etc.
- Activity/Positioning:
 - Ambulation is encouraged if the membranes are intact or if ruptured, head is well applied
 - If patient is in bed, change position frequently (at least hourly) and discourage supine position
- Comfort and Support:
 - Unrestricted, one to one support is encouraged
 - Discuss early on the patient preferences for comfort measures
 - Keep the patient and her support person informed as to the process and progress
 - Showers/baths are encouraged for relaxation. Have the support person stay with the labouring patient during the shower/bath
 - Birthing Ball
 - Massage, counter pressure
 - Encourage frequent position changes and ambulation
 - Encourage the use of breathing and relaxation techniques
- Rupture of Membranes:
 - Note and record time, amount and color of the amniotic fluid
 - Document on the Labour Record, Obstetrical Record and Fetal Heart Tracing if applicable
 - Assess FHR and fetal movement post rupture of membranes
 - If meconium is noted in the amniotic fluid, inform the respiratory therapist (when available and during normal working hours)

- Oxygen:
 - Establish nasal prongs at 3L for decreased SPO2 (less than 94%) and/or for suspected maternal hypovolemia
- Visitors (at patient discretion):
 - A support person is encouraged
 - Maximum 2 support persons unless otherwise agreed upon
- Pain Management:
 - Discuss options, benefits and risks to the patient
 - Monitor mother/fetus tolerance of analgesic
- Voiding:
 - Encourage patient to void every one to two hours.
 - If unable to void assess for bladder distension and straight catheterize PRN
 - Urine dip as necessary (multi-stix)

Documentation:

- Maternal Nursing Database
- Labour Record
- Intergrated Progress Notes
- Delivery Record
- FHR Tracings

EQUIPMENT/SUPPLIES:

- Blood Pressure Machine
- Electronic Fetal Monitor or Doptone
- Thermometer
- Admission Package

SUPPORTING DOCUMENTS:

CLI.5810.SG.003.FORM.01	SBAR Obstetrical Report
CLI.5810.SG.003.SD.01	Circumcision Information for Parents - Bilingual
CLI.5810.SG.003.SD.02	Checking Your Baby's Movement - Bilingual
CLI.5810.SG.003.SD.03	Checking Your Baby's Movement - German
CLI.5810.SG.003.SD.04	Group B Streptococcus - Bilingual
CLI.5810.SG.003.SD.05	Group B Streptococcus - German
CLI.5810.SG.003.SD.06	Vitamin K Deficiency Bleeding Disorder - Bilingual
CLI.5810.SG.003.SD.07	Vitamin K Deficiency Bleeding Disorder - German
CLI.5810.SG.003.SD.08	We Care About the Safety of You and Your Baby - Bilingual
CLI.5810.SG.003.SD.09	We Care About the Safety of You and Your Baby - German
CLI.5810.SG.003.SD.10	Leaving Baby's Cord Clamp On - Bilingual

REFERENCES:

Salus Global Corporation (2014). Management of labour. Accessed on Sept 22, 2014 <https://secure.moreob.com/en?t=/contentManager/onStory&e=UTF-8&i=1317992669064&l=0&active=no&sort=Price&StoryID=1218589799198>