Active management of labour in mothers with a singleton, cephalic fetus at term for women booked or transferred to consultant care – GL865

Approval

<table>
<thead>
<tr>
<th>Approval Group</th>
<th>Job Title, Chair of Committee</th>
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<tr>
<td>Maternity &amp; Children’s Services Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>4th March 2016</td>
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Change History

For previous version details, see V5.0 archived March 2016

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<tr>
<th>Version</th>
<th>Date</th>
<th>Author, job title</th>
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<tr>
<td>4.0</td>
<td>2011</td>
<td>Pat Street (Consultant Obstetrician)</td>
<td>Reviewed</td>
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<td>5.0</td>
<td>Oct 2013</td>
<td>Pat Street (Consultant Obstetrician)</td>
<td>Reviewed</td>
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<td>6.0</td>
<td>Feb 2016</td>
<td>Jane Siddall (Consultant Obstetrician)</td>
<td>Reviewed – extensive changes throughout</td>
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Author: Miss Jane Siddall
Job Title: Consultant Obstetrician
Review Date: March 2018
Policy Lead: Group Director Urgent Care
Version: 6.0 ratified 4th March 2016 Mat CG mtg
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Definitions: see NICE CG190, 2014 1.3.1

Established Labour - regular uterine contractions leading to progressive change of the cervix, established/active labour can be diagnosed when the cervix is 4cm or more dilated, or when there is a change in the cervix over 2 vaginal examinations.

Definition of delay in labour should take into consideration all aspects of progress in labour and should include:

- Cervical dilatation
- Descent and rotation of the head
- Changes in the strength, duration and frequency of uterine contractions (NICE, 2014)

Procedure:

- When any woman is admitted in labour a risk assessment should be performed, all relevant medical, previous obstetric history, anaesthetic problems and allergies should be documented. (Risk assessment in labour)
- The woman’s pulse, blood pressure respiratory rate, temperature and urinalysis should be recorded and a MOWs score calculated.
- An abdominal examination should be performed to confirm the presentation of the fetus and how much of the fetal head is palpable per abdomen on admission and repeated at every vaginal examination to ascertain fetal descent.
- Once labour has been diagnosed a vaginal examination should be performed with the mother’s consent, and repeated every 4 hours. The findings documented on the partogram. There may be a need to undertake vaginal assessments sooner in some cases, especially when delay is suspected or there are abnormalities of the fetal heart rate.
- If the fetal monitoring Red Amber Green assessment indicates the need for continuous fetal heart rate monitoring, a cardiotocograph should be attached when in established labour unless other advice is recorded in the mothers notes. Wired or wireless devices can be used. The CTG should be assessed every hour in the first stage of labour, with ‘fresh Eyes’ reviews as described in the CEFHM guidance.
- The maternal pulse and blood pressure should be checked every hour and the temperature taken every 4 hours, the findings should be documented on the partogram.
- On diagnosis of the active phase of labour, women under consultant care would be expected to make progress at a rate of 1cm cervical dilatation(4,5), or more, for every hour of labour. Progress at 2cm or less in four hours should be carefully evaluated by the obstetrician on duty. Factors include:
  - adequate analgesia and support to the woman
- emptying the bladder/bowel
- ARM and repeat vaginal examination in 2 hours (NICE CG190, 2014, sections 1.12.13 to 1.12.23)
- If progress is <2cm on next VE - augmentation with Oxytocin should be advised, and prescribed promptly (Oxytocin for augmentation or induction guideline (GL925) and Risk assessment use of Oxytocin 1st stage under Stationery). The aim is to achieve a cervical dilatation of 1 cm per hour with Oxytocin.

**Please note**
- Painful uterine contractions do not necessarily lead to progressive cervical dilatation
- The tocograph does not quantify the uterine contractions but does accurately define the timing of contractions (essential in interpreting the CTG).
- Continuous electronic fetal heart rate monitoring is mandatory when Oxytocin is being used. (Combined fetal monitoring guideline (GL964)

**References:**