Latent Phase of Labour Guideline

Document Type:	Clinical Guidelines
Ref:	(For Non-Clinical References – Contact: CTM_Corporate_Governance@wales.nhs.uk For Clinical References – Contact: CTM_ClinicalPolicies@wales.nhs.uk
Author:	Dawn Apsee, Laura Little, Fran Hodge
Executive Sponsor:	Executive Nurse Director
Approved By:	**Quality & Safety Committee**
Approval / Effective Date:	April 2026
Review Date:	April 2029
Version:	2

Target Audience:

People who need to know about this document in detail	All clinical health care professionals working within Women & Children care group
People who need to have a broad understanding of this document	As above
People who need to know that this document exists	As above

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: April 2026
	Outcome: No negative impact
Welsh Language Standard	Choose an item.
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Choose an item.

Disclaimer:
If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Adapted from Aneurin Bevan University Health Board publication 'Latent Phase of Labour Guideline' 2024
Policy Number: ABUHB/F&T/1227

Contents

1. Introduction/Overview

Guidance to support the provision of consistent care in the latent phase of labour for women and birthing people who are ≥ 37 weeks' gestation and planning a vaginal birth.

The terms woman/women have been used throughout this guideline as this is the way the majority of those who are pregnant and having a baby will identify. However, it also includes those whose gender identity does not correspond with their birth sex or who may have a non-binary identity. All professionals should be respectful and responsive to individual needs and individuals should be asked how they wish to be addressed throughout their care.

It is the responsibility of individual health care providers to make sure they are aware of and follow the most recent guidance included in this publication.

2. Aims/Purpose

The aim of this guideline is to provide information on providing care and support to women or birthing people in the latent phase of labour and is applicable to women planning a vaginal birth between 37 – 42 weeks gestation.

3. Objectives

The aim of this document will be achieved by the following objectives:
• Definitions of latent phase of labour/ long latent phase of labour
• Advise and support that can be given antenatally and during latent phase given
• Clarifying that the woman is "happy"/in agreement with any plan made and understand that that they have the option to attend for assessment regardless of how many times they have rung.
• When to advise women to attend for assessment.

4. General Principles

The latent phase of labour is the very early part of the first stage of labour. It is a normal physiological part of labour, but its duration is difficult both to measure and predict as women may experience the onset of labour in a variety of different ways.

It is vital that health care professionals caring for women in the latent phase of labour understand this physical process and the psychological impact it may have.

The management of a woman's care during this phase of labour has implications for her entire labour experience. Furthermore, the latent phase of labour is considered to be more sensitive to external influences than the active phase of labour; especially regarding its duration.

As a result, the care provided to women and birthing people in the latent phase of labour should focus on relieving their fears and anxieties, educating them and providing reassurance, emotional and physical support as well as ongoing clinical assessment and recognition of possible pathology in 'prolonged latent phase'.

5. Definition

Latent first stage of labour is a period of time, not necessarily continuous, when:

- there are contractions **and**
- there is some cervical change, including cervical position, consistency, effacement and dilatation up to 4 cm (NICE 2025)

Antenatal period

It is good practice for the midwife to discuss with the woman and, consideration to include, her birthing partner what to expect during this phase of labour at the birth planning visit. Information should include pain management strategies ,how and when to contact chosen place of birth, and what to do in an emergency.

This topic should also be included in antenatal birth discussions.

Early labour support via telephone

There is limited research into women's views of this stage of labour. A theme commonly highlighted is that nulliparous women, in particular, may be uncertain about their labour having started and their ability to cope; therefore, all women who call the service for advice should be given sufficient time to explain their symptoms during each telephone call so that the midwife assessing the woman/birthing person can make an assessment of their needs.

If a woman phones for advice on a second occasion in the latent phase, then she should be invited to attend for face-to-face assessment.

Using the BSOTS telephone triage proforma or Part 1 of All Wales Clinical Pathway for Normal Labour (Normal Labour Pathway) the Midwife must obtain and document all information to carry out a thorough telephone assessment.

Midwives should exercise professional judgement when advising women by telephone and only where appropriate, encourage women to stay at home following discussion of possible coping strategies.

If the woman requires or requests a face-to-face assessment, expert opinion in this area of care suggests that women find it helpful if they have continuity of care with a named midwife during this stage of labour. Where this is not possible midwives should aim to provide continuity in telephone assessment and face to face assessment where possible.

For women with uncomplicated pregnancies (under a midwife led care pathway), labour assessment at home (regardless of planned place of birth) OR in the woman's planned place of birth should be supported. The Maternity Priority unit is not an appropriate clinical area for this cohort.

NICE (2023) recommends 1:1 midwifery care for at least one hour for all women during any initial labour assessment, regardless of care pathway or place of assessment.

Clinical assessment in early labour

The criteria for this assessment are outlined in the All-Wales Clinical Pathway for Normal labour (part 2) and or BSOTS documentation. The midwife is responsible for ensuring that this minimum level of care is carried out.

Professional discretion dictates whether a vaginal examination is required as part of the holistic assessment of onset of labour.

If, after this assessment, the woman is found to be in the latent phase and all clinical findings are within normal limits, the recommendation would be for her to return home where it is safe for her to do so.

Studies have shown that women admitted to hospital in the latent phase of labour, subsequently have higher rates of obstetric intervention this information should be discussed and documented.

Key factors in supporting women in returning home include:
That the women is happy/ in agreement with plan to return home and understand that they can return for assessment when they feel they want or need to.

- Providing information that this stage of labour is normal
- Advice on coping strategies,
- Advice when to call back and understands can phone again at any time should they feel they need OR want to.
- Establishing that they have appropriate social support.

In a small study, some women felt unsupported and experienced more anxiety when sent home during this phase of labour. Accordingly, some women may reject this advice. It is good practice to offer women choice with the option of staying on the ward

for a few hours, and it is important that women are informed that it is their choice and are asked where they feel safest.

Where women choose to remain in the clinical area, arrange transfer to appropriate area i.e alongside MLU or antenatal ward. Observations including maternal pulse, fetal heart auscultation and assessment of uterine contractions should be carried out hourly, and this should be clearly documented in the woman's records.

Women may chose to return home in the latent phase of labour. If the woman remains in the clinical area, maternal satisfaction and probability of spontaneous vaginal birth is likely to increase if the environment is free from medical equipment and facilitates a safe calming environment.

Maternal positions are encouraged that promote fetal head rotation and relieve pain, such as standing and leaning forward, sitting upright, leaning forward with support, kneeling on all fours, side lying positions.

Advise women that breathing exercises, having a shower or bath, and massage may reduce pain during the latent first stage of labour (NICE 2023) along with simple analgesia.

If a woman seeks advice or attends a midwifery-led unit or obstetric unit with painful contractions, but is not in established labour:

- Recognise that a woman may experience painful contractions without cervical change and offer her individualised support and analgesia if needed.

- Encourage her to remain at or return home, unless doing so leads to a significant risk that she could give birth without a midwife present or become distressed.

- Avoid the use of negative language such as "you are not in labour" "you are only 2cm's".

If all other options have been exhausted, and the pain of the latent phase is considered excessive by the woman, opiate analgesia may be considered after discussion. Continue with hourly clinical observations - all observations and interventions should be clearly documented.

If after 4-6 hours after opioid administration the woman remains in the latent phase of labour and is able to cope, she can return home if all clinical observations are normal.

Prolonged latent phase
Opinions are polarised about the management of a prolonged latent phase of labour. For some, it is considered benign and not clinically significant whereas others consider

it to be associated with subsequent development of labour abnormalities and a higher chance of caesarean birth.
There is no standard definition for a 'prolonged latent phase of labour'. The teaching literature for midwives, states that early labour can take up to 6-8 hours. However, The Royal College of Obstetrics and Gynaecology state that it is common for the latent phase of labour to last between 18 and 24 hours.

Mal positions/or biomechanical issues may lead to prolonged latent phase. Strategies such as biomechanical techniques and pharmacological pain relief can be used to restore the physiology.

A 'prolonged latent phase of labour 'can be a discouraging and exhausting experience for women and thorough holistic assessment is vital to recognise physiology versus pathology and individualised care planning.

If a woman attends the unit for a third time and remains in latent phase of labour after clinical assessment of maternal and fetal wellbeing, consider a professional discussion/review with a senior Midwife/Obstetrician depending on the care pathway so that an individualised assessment and plan of care, incorporating the woman's preferences, can be created. For women with uterine scarring obstetric review and individualised care planning should be considered, following the 2nd admission where the women remains in the latent phase.

If any of the following signs or symptoms are present at any assessment, referral to the obstetric team is recommended:

- Maternal exhaustion, pyrexia, tachycardia or dehydration
- Fetal heart changes, including an increase of fetal heart baseline by 10% ,since the last assessment.
- Failure of descent of the presenting part or failure of cervical dilation despite, strong, regular uterine contractions

Auditable standards

- Telephone BSOTS SBAR/part 1 AWCPNL is completed for every woman calling for advice about labour .
- The clinical criteria outlined in Part 2 of the All Wales Clinical Pathway for Normal Labour is completed for every admission in suspected labour
- Advice and information on coping strategies is given to all women returning home in the latent phase of labour
- All women who stay in hospital in the latent phase of labour are offered advice and support to enable them to cope and have relevant observations recorded.

References

Austin D.A & Calderon L. Triaging patients in the latent phase of labour. Journal of Nurse Midwifery 1999 Vol 44 (6): 585-591.

Akmal S. and Paterson-Brown S. Malposition's and malpresentations of the fetal head. Obstetrics, Gynaecology and Reproductive Medicine 2009 Vol19 (9): 240 -246

Barnett C. et al 'Not in labour': impact of sending women home in the latent phase. BJM 2008 Vol 16 (3): 144-153

Baxter J. Care during the latest phase of labour: supporting normal birth. BJM 2007 Vol 15 (12): 765-767

Cheyne H. et al 'Should I come in now?': a study of women's early labour experiences. BJM 2007: Vol 15 (10): 604 – 609

Fogarty V Intradermal sterile water for injections for the relief of low back pain in labour – A systematic review of the literature. Women and Birth, Journal of the Australian College of Midwives 2008: Vol 21 (4): 157-163

Hodnett E.D. et al Effect of birth outcomes of a formalised approach to care in hospital labour assessment units: international randomised controlled trial. BMJ 2008 Vol 337: 618 –622

Hutton EK et al Sterile water injection for labour pain: a systematic review and meta analysis of randomised controlled trials. BJOG 2009: Vol 116 (9): 1158-1166

All Wales Midwifery Led guidelines (WMNN 2022) All Wales Midwifery Led Care Guideline (WMNN 2022)

Munro J. and Jokinen M. Latent Phase Midwifery Practice Guideline in RCM Evidence based guidelines for midwifery – led care in labour 4th edition. 2008. Available online at: www.rcm.org.uk

NICE (2023) Intrapartum Care. National Institute for Health and Care Excellence. Available on line at: https://www.nice.org.uk/guidance/ng235/resources/intrapartumcare-pdf-66143897812933 Intrapartum care

National Collaborating centre for Women's and Children's health Intrapartum Care. Clinical Guideline 190. 2014 RCOG Press: London

Spiby H., Green J.M. et al Labouring to better effect: studies of services for women in early labour.
2007 Final report to the NIHR Service Delivery and Organisation Programme.