Latent Phase of Labour Guideline

Speciality: Maternity

Approved by: Labour Ward Forum

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Contents

Latent Phase of Labour Guidelines

Definition

The latent phase or early labour, is a period of time, not necessarily continuous, when women experience painful contractions which may be associate with cervical changes including effacement and dilatation up to 4cm. (7)

Aim

The aim of this guideline is to support midwives who provide care for women in the latent phase of labour.

Inclusion Criteria

This guideline is applicable to women planning a vaginal birth at term (37-42 weeks gestation).

Antenatal period

As part of the planning birth discussion, which should be undertaken around 36 week's gestation. All women and their birth partners should discuss what to expect during this phase of labour, a record of this discussion should be documented using the birth discussion proforma (Appendix.1) at around 36 weeks. Information should include:

1. optimum environments - including the advantages of staying at home or returning home following the diagnosis of the latent phase of labour
2. working with pain and discomfort at this time
3. how to contact midwifery advice and support

Telephone support

All women should be given sufficient time to explain their clinical picture so the midwife can make a reasonable assessment of their needs. Women may be uncertain about their labour having started and their ability to cope (1,2,3,4) and evidence based compassionate verbal advice can be very supportive. When women are advised to stay at home at the present time this needs to be supplemented with advice regarding coping strategies.

All telephone advice must be documented carefully, it is recommended to use the SBAR on W-PAS where this is accessible.

Clinical assessment in early labour (either at home, MLU or assessment area setting)

The criteria for this assessment outlined in the All Wales Clinical Pathway for Normal Labour. Women who have an intrapartum risk factor may require advice from an obstetrician. Consideration should be given about the optimum environment for the women to have her assessment in, this can depend on acuity, time of day and other factors.

If, after this assessment, the woman is found to be in the latent phase and all clinical findings are within normal limits, she should be advised that the evidence supports returning home for optimum health and safety for mum and baby (7).

Key factors in supporting women in returning/remaining at home (6,8) include:

1. providing information that this stage of labour is normal
2. advice on coping strategies
3. advice when to call back

4. establishing that they have appropriate social/family support
5. ensuring that women receive advice and support over a period of approximately 60 minutes (7) prior to considering returning home.

Requesting admission during the uncomplicated latent phase

If women decline to follow our recommendation to be at home at this stage, they can be offered the option of staying on an antenatal ward or within the MLU for a few hours. During this time clinical observations including maternal pulse, fetal heart rate, monitoring of fetal movements and assessment of uterine contractions should be carried out at least 4 hourly. After a period of time, women may feel confident to return home if still in the latent phase of labour. All clinical advice must be documented in the maternity notes.

If the women remains in hospital, maternal satisfaction and probability of SVD is likely to increase (5) if:

1. The environment is free from medical equipment and facilitates self-comforting behaviour
2. Maternal positions are encouraged that promote fetal head rotations and relieve pain; such as standing and leaning forward, sitting upright, leaning forward with support, kneeling on all fours, side lying positions
3. Promote strategies to cope with pain such as water immersion, showering, TENS machine, simple analgesia. Other strategies could include breathing and relaxation techniques, hot and cold compresses, massage
4. Use interventions to reduce emotional distress such as reframing negative thoughts to positive ones, discussing the importance of relaxation, rhythm and visualisation techniques. Avoid the use of negative language such as "you are not in labour"
5. Encourage support from birth partners

If all other options have been exhausted, opiate analgesia may be considered after discussion with the woman. If, after 4 hours, the woman remains in the latent phase, with normal clinical observations and able to cope, another conversation should be held (and documented) to explore the advantages of returning home.

Prolonged latent phase

There is no standard definition for a prolonged latent phase of labour. It is not unusual for women to be in the latent phase of labour for 2-3 days.

A prolonged latent phase of labour can be a discouraging and exhausting experience for women. If a woman attends one of our units for a THIRD time and remains in the latent phase of labour after a clinical assessment of maternal and fetal well being, it is recommended to discuss with a senior midwifery colleague (co-ordinator) to gain support from a second opinion.

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

1. Maternal exhaustion, pyrexia, tachycardia or dehydration
2. Suspected fetal distress
3. Failure of descent of the presenting part or failure of cervical dilation despite regular, strong uterine contractions.

Auditable standards

- Telephone advice is completed for every woman calling for advice in labour
- A full assessment is completed for all women being assessed for the onset of labour
- All women who return home after an assessment receive care over approximately 60 minutes prior to returning home.

- Women who stay in hospital in uncomplicated latent phase of labour have at least 4 hourly observations and assessment of stage of labour, along with a conversation around the advantages of the home environment during the latent phase. E.g. less likely to require additional analgesia, less chance of intervention during birth.

References

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

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

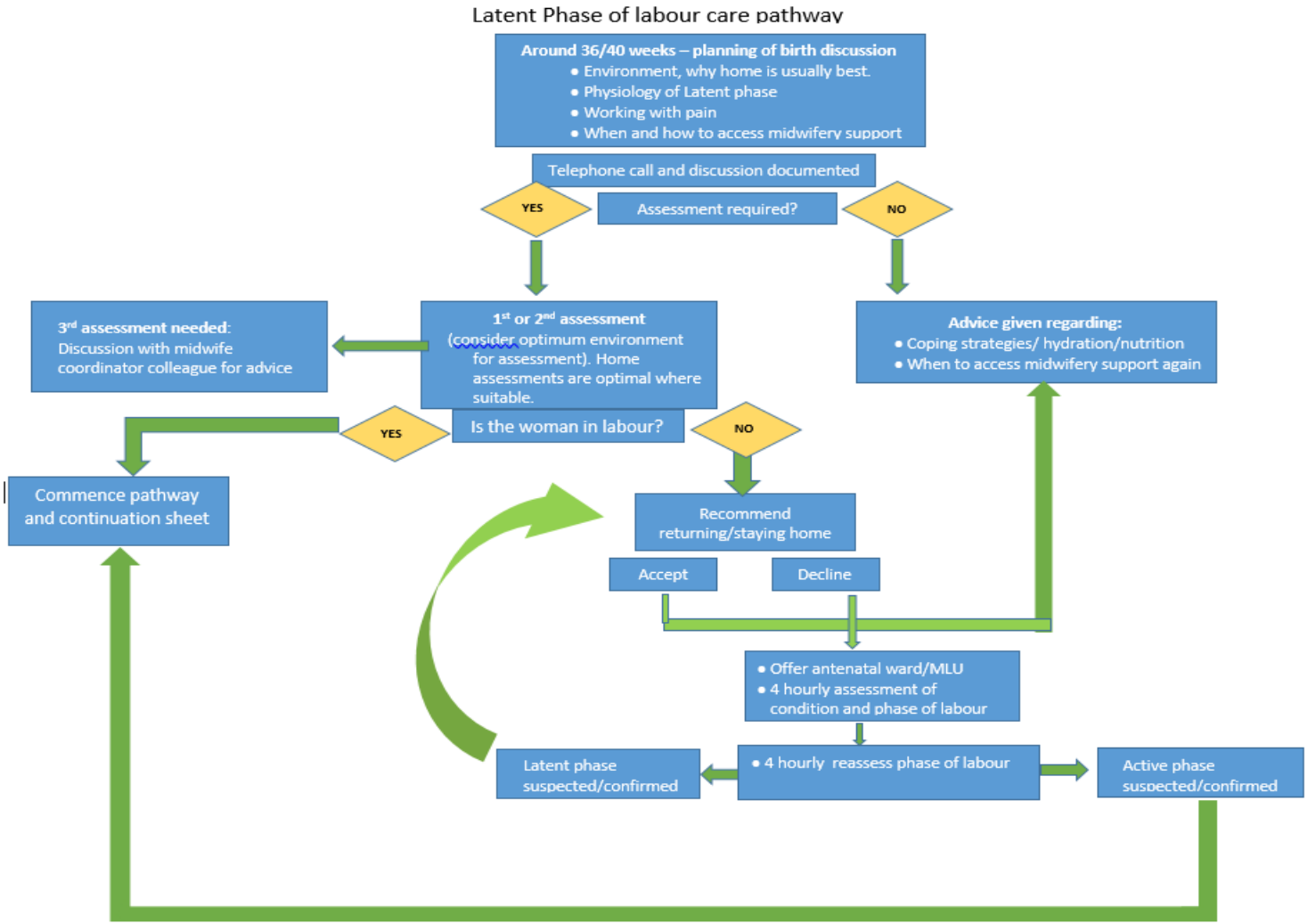
5. Hodnett ED et al Effect of birth outcomes of a formalised approach to care in hospital labour assessment units: international randomised controlled trial. BJM 2008 Vol 337: 618-622

6. Munro J and Jokinen M Latent Phase Midwifery Practice Guideline in RCM Evidence based guidelines-led care in labour 4th edition 2008

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

8. Spiby H 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 SDO/64/2003 London:NCCS

Appendix 1. Latent Phase of Labour Care Pathway



Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Labour Telephone number:

Addressograph

BIRTH DISCUSSION

EDD……

Special considerations ……

Suitable for MLC Yes / No

Planned place of birth……

TOPIC	DISCUSSED	
Birthplace Study (2011) revisited, Received birth place decisions leaflet.	YES/NO	
Recommendation of a suitable setting for birth.	YES/NO	Neath Port Talbot Birth Centre/ The Bay Birth Centre. Home birth/ Singleton CDS
For home birth confirm access has been considered.	YES/NO	
Birthing pool equipment checked	YES / NO	
Home assessments	YES / NO	Available between 0800-2200 and 24 hours for those considering home birth.
Signs of labour	YES/NO	
Latent phase and coping strategies. Working with pain	YES / NO	Keeping active,hydration and nutrition, isotonic drinks, environment, massage, paracetamol, TENS
Coping strategies for labour and birth.	YES / NO	Keeping active, birth companion, hydration and diet, massage, Hypnobirthing, visualization, water immersion and pharmacological analgesia.
Third stage management	YES / NO	Active/Physiological
Transfer protocols if required. Transfer times from MLU's/home to Obstetric unit.		The Bay Birth Centre- 5-10 Mins NPBC- Average in 2018, 63 mins for emergency, otherwise 85 mins. Homebirth- WAST attend attend emergency calls within 8 mins in over 70% of cases. Transfer depends on proximity of home to SGH.
Baby's first gift	YES / NO	
Vitamin K	YES / NO	
First examination of the new born discussed and' Reducing the risk of cot death' leaflet provided and discussed.	YES / NO	
Plan for the postnatal period including contraceptive plan.	YES/NO	

SIGNATURE…… DATE……..

Maternity Services

Checklist for Clinical Guidelines being submitted for Approval

Title of Guideline:	Latent Phase of Labour Guideline
Name(s) of Author:	Labour ward forum
Chair of Group or Committee approving submission:	Labour ward forum and antenatal forum
Brief outline giving reasons for document being submitted for ratification	Update
Details of persons included in consultation process:	Labour ward forum and antenatal forum
Name of Pharmacist (mandatory if drugs involved):	N/A
Issue / Version No:	3
Please list any policies/guidelines this document will supercede:	Guideline for the management of the early latent phase of labour (2011). Latent Phase care bundle (2010)
Date approved by Group:	17/07/19
Next Review / Guideline Expiry:	July 2022
Please indicate key words you wish to be linked to document	Latent phase, early labour
File Name: Used to locate where file is stores on hard drive	Maternity/policies and guidelines/ratified-obs