Pathway of appropriate birth setting for women in labour in the hospital environment

NHS Lanarkshire

All pregnant women will be given information in the antenatal period from their named midwife. This will inform their choice of birth setting. The place of birth should be documented in the labour and birth preferences section of Badger notes. If a woman wishes to birth her baby in a hospital setting, she has the option of an alongside midwife led unit (AMU) or an obstetric led unit (OLU)

Is the woman free of any **Antenatal Risk Factors ?**

Yes

AMU birth is recommended if:

- Is between 37 and 42 weeks pregnant
- Aged between 16 and 40 years at time of booking appointment
- Has a BMI at booking appointment between 18 and 35
- Has a last recorded haemoglobin of at least 10g/dl
- Has had no more than 4 births
- Has had an SROM prior to labour less than 24 hours, with no sign of infection and is feeling well
- Has had a threatened early labour which has now settled
- Has a health condition which does not affect her pregnancy or general health.
- Has signs of non-significant meconium staining only and after fetal assessment, baby is otherwise well.
- Has had a previous OASI which has healed well and not resulting in ongoing problems

NO

In addition, women who do not meet the criteria in green section, but following assessment and informed discussion, can plan to give birth in an AMU if:

- Are aged under 16 or aged over 40 years at booking appointment
- Have a BMI at booking appointment of >35 & < 45 and have good mobility and audible FH on auscultation.
- Have haemoglobin of at least 8.5g/dl when last recorded and this will be rechecked on admission in labour.
- Have had more than 5 previous births.
- Have had an SROM greater than 24 hours, in established labour with no sign of infection.
- Had a PPH in previous pregnancy >1000ml.
- Is in labour following induction with vaginal PGE2 prostaglandins. **Must have assessment CTG prior to transfer to AMU for a period of at least 20mins**
- Are group B Strep in this pregnancy and have no signs of infection (There is no contra-indication to pool use)
- Have had one previous caesarean section and wish to aim for VBAC without the need for prostaglandins (CAN USE WIRELESS/WATERPROOF TELEMETRY

- Advise care is recommended within the **obstetric led unit**.
- Give time to answer any questions and expand on any explanations required.
- Document discussion in labour & birth preferences of Badger notes (free text box). Give opportunity to discuss with more senior maternity colleague
- Document woman's choice should this differ from recommendation in notes

<u>Any woman with a pregnancy or general health condition which would recommend birth in an obstetric led unit, but requests birth in an AMU</u>.

- It is recommended the woman be referred to , and attend the midwife led birth choice clinic where a fuller discussion with regards to risks and benefits can be discussed and documented within the labour and birth preferences section of her badger
- Follow the above recommendations in red box

<u>TRIAGE ADMISSION/INTRAPARTUM CARE</u>

A thorough risk assessment of maternal and fetal wellbeing should be performed. All findings should be recorded and documented in appropriate sections in Badger.

Is the woman in Established labour?

YES

A woman has the option of birthing in the AMU if on assessment:

- Gestation is between 37 – 42 weeks
- Maternal pulse is <120 bpm
- BP systolic is <150mmhg and diastolic is <90mmhg
- Maternal temp is no higher than 38 degrees or triggers the sepsis protocol
- No significant APH
- SROM <24 hours prior to labour
- Has insignificant meconium and suitable for intermittent auscultation of FH during labour
- Does not have any risk factors which need obstetric led care
- Does not have abnormal fetal presentation
- Does not have High free vertex on palpation in a primigravida in active labour
- Does not have IUGR
- Does not have poly or oligohydramnios

NO

Spend time with the woman and her partner explaining coping mechanisms for latent phase of labour. Discuss methods as described on latent phase information leaflet. Direct to link on Badger APP for demonstration of coping methods. Discuss benefits of being in own environment at this stage of labour

Criteria for transfer from AMU

To Obstetric Led maternity Unit

Labour Event

Maternal

- Any woman with observations out with normal parameters during her labour which requires full maternity team involvement in care.
- Epidural pain relief request
- Pv bleeding – suspected to be APH
- Malpresentation is detected during labour
- Slow progress in labour – (1st stage) after 2 assessments of cervical dilatation ,labour progression fails to meet 0.5cm per hour despite evidence of good contractions, position change, mobilisation, hydration and feeding. Requires IV Syntocinon for augmentation.
- (2nd stage) – Despite good contractions, **no evidence of imminent delivery or fetal descent of head** after 2 hours for Primigravida, and 1 hour for multigravida. Requires IV Sytocinon to expedite delivery.
- Any reason to consult medical staff with regards to care, then consideration should be given to transfer to obstetric unit

Fetal

- Abnormal FH findings
- Women within the AMU may require a CTG during labour if there are any occasions during intermittent auscultation when a concern is heard.
- The mother should be given a reason for the closer monitoring with understanding acknowledged and documented prior to commencing the FH trace.
- If all findings after 20 minutes of continuous monitoring are found to be normal, then the CTG can be discontinued and the woman can continue her care episode within the AMU.
- In the event of abnormal parameters and a deteriorating CTG, then a discussion with medical staff should take place with transfer to OLU to be considered (unless delivery is imminent)
- Any evidence of particulate or significant meconium

Post delivery event

- Any woman with an unstable postnatal condition that warrants referral to medical staff should be considered for transfer to OLU.

Guidance for midwives in risk assessing

- If a woman has multiple risk factors within the amber pathway, assess each one individually followed with a detailed discussion involving the woman on the B – benefits, R-risks, A-alternatives and if she does N- nothing on each element. The recommendation with rationale should be documented by midwife followed by the woman's informed decision on choice of birthplace.
- Women who wish to birth in AMU (and in birthing pool) with a previous c/section should be recommended continuous fetal monitoring. This is the best indicator when there is a distinct change in FH baseline that potential scar dehiscence has occurred. The Telemetry monitor is both wireless and waterproof and can accommodate this request.

References

Healy M, Gillen P (2015) Planning birth in and admission to a midwife-led unit: development of a GAIN evidence based guideline.

RCM 2015 https://www.rcm.org.uk

NHS Lanarkshire (2017) Guideline for hypertensive disorders in pregnancy. Firstport maternity guidelines (reviewed 2017)

NHS Lanarkshire (2016) Guideline for the management of pre labour rupture of membranes at term.

Firstport maternity guidelines (reviewed 2016)

NICE (2008) Inducing labour CG70 Monitoring in labour 1.6.1.3 (July 2008)

NICE (2017) Intrapartum Care for CG190 Healthy Woman and Babies (Feb. 2017

Originator: M McSherry Consultant Midwife
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