Management of the latent phase of labour

SUMMARY

This guideline supports staff to manage the latent phase of labour. Ideally the woman will be given support and strategies to return home until active labour has commenced. Should the woman remain in hospital this guideline will clarify what monitoring is required until either the woman goes home or active labour has commenced.

INTRODUCTION

Background

The latent phase of labour is the very early part of the first stage of labour. It is a normal 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 (Munro and Jokinen, 2008).

The management of a woman's care during this phase of labour has implications for her entire labour experience. Moreover the latent phase of labour is considered to be more sensitive to external influences that the active phase of labour; especially with regard to its duration. Accordingly, the care provided to women in the latent phase of labour should focus on allaying their fears, giving them information, and providing reassurance, emotional and physical support.

Definition

This is the earliest phase of labour when changes in the body start occurring in preparation for labour. This phase may be known as the 'latent phase', 'pre-labour', or early stages of labour. 'A period of time, not necessarily continuous, where there are painful contractions and there is some cervical change, including cervical effacement and dilation up to 4cm' (NICE, 2014). This phase can take from 6-10 hours to up to 2-3 days, however it is often considerably shorter for second and subsequent babies.

Objectives

<u>The purpose of the guidelines</u>

- To ensure consistency of advice and care offered to women who present in the latent phase of labour
- To encourage women to remain at home during this period as this is where labour is more likely to become established

- To provide women information about with appropriate analgesia; which will enable them to remain at home in the early stages of labour.

Target Population

This guideline is applicable to women expecting a vaginal birth between 37 – 42 weeks gestation.

Audience or Roles and Responsibilities

Midwives and Obstetricians

Body of Policy / Practice recommendations

Antenatal period

It is good practice for the midwife to discuss with the woman and, preferably, her birthing partner what to expect during this phase of labour during the birth planning visit. Women should be provided with information on Active Birthing Classes and encouraged to attend these. All women should receive a copy of the 'Latent phase of Labour' leaflet outlining the many strategies to cope with latent phase of labour.

Early labour support via telephone

There is limited research into women's views of this stage of labour. However, a theme commonly highlighted is the first time mothers, in particular, maybe 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 can make an assessment of their needs and provide appropriate advice and information.

The midwife must elicit and document the information in order to carry out a thorough risk assessment.

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

If women require face to face assessment, expert opinion that women find it helpful if they have continuity of care with a named midwife during this stage of labour. Where possible, the 'triage' midwife should, ideally, take this role.

Clinical assessment in early labour

An initial full antenatal assessment by the midwife is the minimum level of care is carried out. Professional discretion dictates whether or not a vaginal examination is required but if the woman is going to go home to await events then a vaginal examination should be undertaken prior to the woman returning home.

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 to return home. Studies have shown that women admitted to hospital in the latent phase of labour, subsequently have higher rates of obstetric intervention (NICE, 2014).

Key factors in supporting women in returning home include:

- Providing information that this stage of labour is normal
- Giving advice on coping strategies, for example:
    - Performing activities as normal
    - To go for a walk
    - The use of water (warm shower/baths)
    - Distractions through listening to music, watching television/DVD
    - Using a TENS machine when the contractions become uncomfortable
    - Using breathing and relation techniques
    - To try different positions and the use of birthing ball
    - To try massage. Women with babies in the occipito posterior position often experience increased back pain; massage and back rubbing may help this
    - To try to sleep/rest/nap
    - To keep well hydrated
    - To eat well at this stage, in order to maintain energy levels throughout labour
    - To continue to monitor fetal movements

In addition midwives must establish that they have appropriate social support and give advice on when to call back.

Pain relief

Women who come to the hospital for a labour check may be offered oral analgesia before being sent home. These analgesics include:

- **Co-codamol 30/500** – 30mg Codeine and & 500mg Paracetamol(1-2 tablets every 4-6 hours . Maximum of 8 tablets in 24 hours not to be taken with any other Paracetamol containing products)

The midwife must identify any known drug allergies before giving women any analgesics and ensure all drugs given are charted on the woman's drug chart as well as documented in her maternity records.

Care of women who remain in hospital

NHS Lanarkshires preferred option is that low risk women who are in the latent phase should go home unless doing so leads to a significant risk of giving birth without a midwife present or the woman is significantly distressed. However, after discussing the option there may be some women who may not wish to go home. Provision of information and understanding that admission may bring with it increased intervention including induction, epidural and caesarean section (Barnett et al, 2008). In these cases staying in the hospital for a few hours may help. The woman should stay within a clinical area. During this time clinical observations including maternal pulse, fetal heart rate and assessment of uterine contraction should be carried out hourly. After a period of time, women may feel confident to return home if still in the latent phase of labour. (MBRRACE-UK 2017)

If the woman remains in hospital, maternal satisfaction and probability of SVD is likely to increase if:-

- The environment is free from medical equipment and facilitates self comforting behaviour.
- Maternal positions are encouraged that promote fetal head rotation and relive pain; such as standing and leaning forward, asymmetrical upright (standing, kneeling, sitting), sitting upright, leaning forward with support, kneeling on all fours, side lying positions.
- The use of strategies to manage pain such as immersion in water, showering, TENS machine, simple analgesia.
- The use of breathing and relaxation techniques and massage
- Support from a birth partner/s

If all other options have been exhausted, opiate analgesia may be considered after discussion with the woman.

Prolonged latent phase

Malpositions may lead to prolonged latent phase. Between 10-30% of all foetuses in early labour present in the occipito posterior (OP) position but most subsequently rotate spontaneously (Akmal and Paterson-Brown, 2009). On suspicion of OP position early support and advice to women from the midwife on how to cope may be of benefit. Strategies such as adopting different positions or using a birthing ball may help.

A prolonged latent phase of labour can be a discouraging and exhausting experience for women. An individualised plan of care incorporating the woman's preferences is vital when the distinction between the latent and the active phase of labour is difficult. (MBRRACE- UK, 2017)

If any of the following signs or symptoms are present, referral to the on call registrar is required:

- Maternal exhaustion, pyrexia, tachycardia or dehydration
- Fetal distress

Review

This policy will be reviewed every 3 years' time unless earlier review is indicated.

Audit and Monitoring

Measureable Policy Objective	Monitoring/Audit	Frequency of Monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/committees, inc responsibility for reviewing action plans
Advice and information on coping strategies is given to all women returning home in the latent phase of labour	Review of maternity Records	Annually	Nominated Maternity Person	Multidisciplinary audit meetings
All women who stay in hospital in the latent phase of labour are offered advice and support to enable them to cope	Review of maternity records	Annually	Nominated Maternity Person	Multidisciplinary audit meetings

References /Bibliography

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