CLINICAL GUIDELINE

Delay in labour pathway

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Midwife led care- Management of delay

NHS Greater Glasgow and Clyde

Delay in 1st stage Suspected
Cervix dilated <0.5cm/hour

- Consider fluid balance - Encourage hydration and bladder care
- Encourage mobilisation and upright positions
- Consider if additional analgesia should be recommended
- Assess descent and rotation of the baby's head
- Assess uterine activity strength and frequency

After 2 Hours

Perform VE and abdominal palpation

Confirmed delay
Cervix dilated < 1cm

- Forewaters intact
  - Offer ARM. Offer to continue above measures for additional 2 hours then repeat VE and palpation
    - Cervix dilated ≥ 1cm → Return to 4 hourly assessments unless any further concerns
    - Cervix dilated < 1cm → Recommend referral to medical staff for IV oxytocin discussion
- No forewaters
  - Good uterine activity with descent and rotation → Offer to continue above measures for additional 2 hours then repeat VE and palpation
  - Poor uterine activity with no descent or rotation → Recommend referral to medical staff for IV oxytocin discussion

No delay
Cervix dilated ≥ 1cm

- Return to 4 hourly assessments unless any further concerns

Monitoring

- 4 hourly Blood pressure
- Hourly pulse
- 4 hourly temperature out of pool and hourly in pool
- Urine output every 4 hours
- 15 minute auscultation for at least 1 minute
- Palpate uterine strength and frequency every 30 minutes
- 4 hourly abdominal palpation
- Vaginal examinations every 4 hours

Expected Progress

- Primigravida – 2cm every 4 hours
- Multiparous- 2cm every 4 hours/ no evidence of slowing progress
- Regular uterine activity
- Descent and rotation of presenting part

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Suspected delay in 2nd stage

Primigravida

In passive 2nd stage at time of examination

After 1 Hour

If active 2nd stage has not commenced spontaneously after 1 hour, reassess uterine activity and descent/rotation through abdominal palpation

- Poor uterine activity with no descent/rotation → Offer vaginal examination +/- ARM → Offer further hour of passive 2nd stage (2 hours in total)
- Good uterine activity with descent/rotation → Offer further hour of passive 2nd stage (2 hours in total)

After 1 Hour

Commence 1 hour active stage

After 1 Hour → Refer to medical staff if birth is not imminent

In active 2nd stage at time of examination

After 1 Hour

Perform abdominal palpation and if no descent or tailing uterine activity consider VE, +/-ARM. Offer further hour of active pushing

After 1 Hour

Refer to medical staff if birth is not imminent

Multiparous

In passive 2nd stage at time of examination

After 1 Hour

If active 2nd stage has not commenced spontaneously after 1 hour, reassess uterine activity and descent/rotation through abdominal palpation

- Poor uterine activity with no descent/rotation → Offer vaginal examination +/- ARM → Commence active pushing and follow Multiparous active 2nd stage pathway
- Good uterine activity with descent/rotation → Commence active pushing and follow Multiparous active 2nd stage pathway

In active 2nd stage at time of examination

After 30 minutes

Perform abdominal palpation and if no descent or tailing uterine activity consider VE, +/-ARM. Offer further 30 minutes of active pushing

After 30 minutes

Refer to medical staff if birth is not imminent

Passive 2nd stage: Fully dilated on examination with the absence of involuntary expulsive contractions

Active 2nd stage: the vertex is visible or involuntary/active maternal effort with full dilation on examination

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Management of 3rd stage

Physiological

Increased risk of PPH and blood transfusion with lower risk of side effects such as nausea/vomiting and hypertension

- 188 in 1,000 risk of PPH > 500mls
- 29 in 1,000 risk of PPH > 1000mls
- 35 in 1,000 risk of Blood Transfusion
- 247 in 1,000 will require further uterotonics
- 90 in 1,000 will have side effects (nausea, headaches, hypertension)

- Optimum Hb >100g/l with uncomplicated labour and birth
- No routine uterotonics at birth
- Birthed with maternal effort
- Can complete 3rd stage in the pool

After 30 minutes

3rd stage not complete within 30 minutes

↓

Empty bladder
Encourage breastfeed/ skin to skin
Change position (mobilise to toilet)

Further 30 minutes

3rd stage not complete within 60 minutes

↓

Administer routine IM uterotonics at 60 minutes
Refer to medical staff

Active

Lower risk of PPH and blood transfusion with increased risk of side effects such as nausea/vomiting and hypertension

- 68 in 1,000 risk of PPH > 500mls
- 13 in 1,000 risk of PPH > 1000mls
- 13 in 1,000 risk of Blood Transfusion
- 47 in 1,000 will require further uterotonics
- 186 in 1,000 will have side effects (nausea, headaches, hypertension)

- Routine uterotonics at birth
- Birthed via modified Brant-Andrews method
- Recommended to exit the pool

After 15 minutes

3rd stage not complete within 15 minutes

↓

Empty bladder
Encourage breastfeed/ skin to skin
Change position (mobilise to toilet)

Further 15 minutes

3rd stage not complete within 30 minutes

↓

Refer to medical staff

NOTE

If vaginal bleeding is excessive or if there are any concerns about the woman's condition at any part of 3rd stage, start resuscitation procedures and transfer to obstetric led care

References:

Recommendations | Intrapartum care | Guidance | NICE

GGC guidelines- Third stage of labour management