



**All Wales Clinical
Pathway for
Normal Labour**

Addressograph:

Part One - Telephone advice

Have you phoned before? if so, a pathway maybe in progress:

Initials	Name (print)	Designation	Care commenced (Time)	Care Ceased (Time)



Facilitate as much time as required for questions or concerns to be raised, please document any relevant information.

Code	Parity:	Date Time 1st call	Date Time 2nd call	Date Time 3rd call	Date Time 4th call
T1	Gestation (37+0 - 41+6)				
T2	Normal outcome of previous pregnancies				
T3	Nulliparous or low risk obstetric history				
T4	Antenatal checks - uncomplicated				

Code	Brief history of labour, ascertaining:				
T5	Time of onset of contractions				
T6	Frequency of contractions				
T7	Type of vaginal loss				
T8	Presence of fetal movements				

Code	Advice				
T9	Attend labour ward of birth centre				
T10	Midwife to undertake home assessment				
T11	Advised to ring back				

TA1



Addressograph:



In general, active labour can be distinguished from the latent phase by some of the following characteristics (C).

Latent phase

Irregular and short contractions
Contractions not getting closer together or stronger
Walking does not make them stronger

Latent phase

Regular contractions getting stronger
Frequency of around 1:5
Walking makes them stronger

- Early admission to labour wards can increase the need for analgesia and oxytocics (A)
- Labour wards are not an appropriate environment for women, with uncomplicated pregnancies, in the latent phase of Labour (A)
- The latent phase of labour is best experienced in the woman's own home (C), with the support and reassurance of a contactable midwife, who has time to listen and provide sympathetic support.
- Uncomplicated pre-labour rupture of membranes for less than 24 hours is a normal physiological occurrence in approximately 10% of pregnancies.

For women who seek advice, but are considered, following discussion or assessment, not to be established in labour should be encouraged to remain at, or return home. The following may be suggested to women in early labour:

- Should a woman report P.V. bleeding or change in fetal movements she should be advised to attend the maternity unit so that she and her baby can be checked by a midwife.
- Nap and rest, although mobilising may encourage the contractions to establish themselves
- Take light diet and drink plenty
- Warm showers and baths may provide some pain relief. The use of massage or TENS machines may be helpful (C). Paracetamol 1gm 6 hourly can be taken (C).
- The latent phase is the early part of labour, redefining as "not in labour", "slow labour" or "niggles" is not helpful to women (B), a brief description of the physiology may be of assistance.

This clinical pathway has been developed by clinicians throughout Wales for 100% of women in normal labour. It is a guide and encourages clinical judgement to be used and documented. The pathway aims to reduce unnecessary intervention in normal labour.

The pathway provides the documentation format for normal labour. Documentation is by exception, that is, if everything is normal, as defined in the guidance throughout the pathway, the partogram is acceptable documentation of that.

Grading of recommendations (NICE 2001)

AA	Requires at least one randomised controlled trial as part of a body of literature of overall good quality and consistency addressing the specific recommendation (evidence levels Ia, Ib)
B	Requires the availability of well-conducted clinical studies but no randomised clinical trials on the topic of the recommendation (evidence levels IIa, IIb, III)
C	Requires evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates an absence of directly applicable clinical studies of good quality (evidence level IV)

Level	Type of evidence
Ia	Evidence obtained from systematic review of meta-analysis of randomised controlled trials
Ib	Evidence obtained from at least one randomised controlled trial
IIa	Evidence obtained from at least one well-designed controlled study without randomisation
IIb	Evidence obtained from at least one other type of well-designed quasi-experimental study
III	Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies
IV	Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities