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Place of assessment (home or name of hospital/birth centre...

Part Two - Initial Assessment

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

		Date/time 1st assessment		Date/time 2nd assessment	
Code	**ANTENATAL - MATERIAL FACTORS**	**Yes**	**No**	**Yes**	**No**
A1	Gestation 37+0 - 41+6				
A2	Nulliparous or low risk obstetric history				
A3	Absence of maternal disease that affects childbearing				
A4	Absence of pre-eclampsia/pregnancy induced hypertension				
A5	Spontaneous onset of labour				
A6	BMI of between 18 and 35				
A7	Last known haemoglobin 110.0g/dl				
	ANTENATAL - FETAL FACTORS				
A8	Singleton pregnancy				
A9	Cephalic presentation				
A10	Clinically well grown baby				
A11	Placenta outside of lower segment (if known)				
A12	Membranes intact or ruptured < 24 hours				
A13	Reassuring vaginal loss (absence of bleeding or meconium)				
A14	Normal fetal movements				

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NORMAL LABOUR PATHWAY ADMISSION ASSESSMENT

Code	Action	Date/time 1st recording	Normal? Yes	No	Date/time 2nd recording	Normal? Yes	No	Normal Limits
	Abdominal palpation:							
D1	Normal growth for gestation							
D2	Lie							Longitudinal
D3	Presentation							Cephalic
D4	Engagement (/5ths)							>5/5th palpable
D5	Blood pressure							<90mmHg diastolic <160 systolic
D6	Pulse							<100 beats/minute
D7	Tempreture							<37.5°C
D8	Urinalysis							Blood can be present negative to glucose Negative/trace ketones Negative/trace protein
D9	Fetal heart auscultation (listened to after contraction for a period of at least one minute)							110 - 160 beats per minute
D10	Vaginal loss							A show, clear/straw liquor, clear/creamy discharge
D11	Rate of Contractions							>2:10
D12	Palpated strength of contraction							Moderate/strong
D13	Length of contraction							>30 Seconds-

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ASSESSING ACTIVE LABOUR

In the presence of regular painful contractions, then a vaginal examination should normally be used for confirmation of active labour within 4 hours of the onset of 1:1 midwifery care, following an explanation of the procedure and verbal consent
Code D14 - Vaginal examination

		Date/time 1st assessment	Date/time 2nd assessment
Cervix:	**Position**		
	Effacement		
	Application		
	Dilatation		
Presenting part:	**Cephalic/breech**		
	Relation to ischial spines		
	Descent with contraction		
	Position		
	Caput or moulding		
Membranes:	**Present or absent**		
Liquor:	**Colour**		
Cord/limbs:	**Felt/not felt**		
Auscultation	**Fetal heart ausculted post procedure**		

Active labour is established when the cervix is more than 3cms dilated and fully effaced in the presence of regular, painful contractions **(C).**
If not in active labour
labour ward is not the appropriate environment **(A)**. The latent phase is best experienced in the woman's own home **(C)**

- women may need reassurance that the latent phase of labour is normal
- the antenatal ward is an alternative for those women who do not feel comfortable going home.
- non-pharmacological forms of pain relief should be made available if women should require them.

		Date/time 1st assessment		Date/time 2nd assessment	
Code	**Advice**	**Yes**	**No**	**Yes**	**No**
D15	**In active labour?**				
D16	**Continue with pathway?**				
D17	**Is woman going home?**				

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Code	Variation	Initial

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

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