

Policy Name: CARE IN LABOUR

Policy No: MHS-WCH-W-071

- Regular monitoring and documentation of bladder emptying.
- Continuous assessment of contractions. Document every 30 minutes.
- Consideration of pain relief needs.
- Maintain hydration and offer fluids.

During active second stage

- Whilst labour remains normal encourage the woman to push spontaneously without directed pushing
- Encourage upright positions to aid descent of the fetal head.

During active second stage observations will include:

- FHR every 5 minutes or after every contraction for 1 minute. Differentiate from maternal pulse. Indications for continuous monitoring are as per policy on Fetal heart rate monitoring – intrapartum.

LINK:

Fetal heart rate monitoring- intrapartum MHS-WCH-W-OG-234

<http://MatDCS/DocCube/default.asp?Id=10049&GenericLogon>

- One hourly pulse and BP unless otherwise medically indicated.
- Four hourly temperature unless otherwise medically indicated.
- Abdominal palpation and VE as indicated.
- Regular monitoring and documentation of bladder emptying.
- Continuous assessment of contractions. Document every 30 minutes.
- Consideration of pain relief needs.
- Maintain hydration and offer fluids.

4.0.5 Care of the perineum in the second stage of labour

- Selection of 'hands on' or 'hands off' approach is decided by the woman and accoucheur. Sufficient support however, will be given to prevent the rapid uncontrolled birth of the fetal head.
- Consider protective factors including warm compresses, birthing in lateral position or birthing in hands and knees position.
- Routine episiotomy and perineal massage in the second stage are not recommended.
- An episiotomy is only indicated if there is a clinical need such as instrumental birth or suspected fetal compromise.

4.1 Slow progress in the second stage of labour