Chapter 4

GENERAL CARE OF THE WOMAN IN LABOUR

"Before labour, find out what the woman's expectations and hopes are in terms of clinical management, use of pain medications, presence of loved ones and support people. Also, if possible, be aware of her fears and concerns.

Because the woman may remember her caregiver forever, the question, "How will she remember this?" should be in the caregiver's mind at all times. It will lead to kind and considerate actions, empowering and complimentary words, and consideration of her desires and needs during childbirth."

Penny Simkin

INTRAPARTUM ASSESSMENT

A systematic approach is utilized to assess maternal and fetal status, labour progress and the meeting of physical, emotional, educational, cultural and spiritual needs.

1st Stage - Record

TPR
- at least every 4 hours
- may be required more frequently when the membranes are ruptured, or the woman is febrile
- the pulse may need to be assessed more frequently when the woman is receiving an epidural anaesthetic or other medication that may influence the heart rate, or if there is any other abnormality regarding this parameter

BP
- at least every 4 hours
- more frequently if there is a concern regarding this parameter, or drugs are being used which may influence the blood pressure (eg. oxytocin, epidural anaesthetic, analgesics)

Contractions
- frequency, strength, duration and resting tone
- at least every 30 minutes once labour has become established

Bladder Function
- the bladder should be emptied at least every 2 – 3 hours, particularly if an intravenous is in place
- test the urine for protein and acetone

Vaginal Discharge
- hourly, assess the woman for loss of blood, amniotic fluid, or the presence of meconium

Fetal Heart Rate
- every 15 minutes in the active phase of labour (once labour has become established with the cervix approximately 4 cm until the cervix is fully dilated)
- listen for one full minute at the end of a contraction, after a vaginal examination, and when membranes rupture

2nd Stage – Record

Fetal Heart Rate
- at least every 5 minutes at the end of a contraction (when pushing has commenced), listening for 60 seconds

Contractions
- at least every 15 minutes

4th Stage - Record

Pulse
BP
Fundus - **-** every 15 minutes for at least one hour
Lochia
Perineum
(even if intact) - every 15 minutes for at least one hour for hematoma formation

Temperature
- once

CHARTING

- Flow sheets, which allow a visual display of the progress of labour, including cervical dilatation against time, are recommended. The narrative nursing note can be used to supplement the record if required.
- Charting must continue through the second and fourth stages.
- Summary of Birth forms should be in duplicate, with a copy appended to the baby's chart.

SPECIAL CONSIDERATIONS

1. The mother's wishes for a satisfying labour should be discussed, asking what helps her feel safe/scared.

2. Presence of the partner and other labour support people for labour and birth should be at the discretion of the mother.

3. Consideration is given to the mother wearing her own clothing in labour.

4. The woman is encouraged to adopt positions of comfort for labour (provided she is not supine).

5. Provided the head is well applied to the cervix, the woman may be up walking with ruptured membranes.

6. In active labour, the minimum standard of nursing care should be 1:1, with a Registered Nurse.

7. There is no need for routine intravenous infusion in labour. Oral fluids are encouraged. If ketones are present, or an intravenous is required, a balanced solution is recommended.

8. Labour/birth/recovery rooms are recommended as more comfortable for the mother.

9. Women labour and give birth on the same bed. Birthing beds allow the attachment of squatting bars for the alternate positioning and stirrups for perineal repair.

10. Routine use of stirrups is discouraged for spontaneous birth without an epidural.

11. During the second stage, women do not need to be encouraged to push until they feel the urge, or if an epidural is in place, until the head is on the perineum.

12. Prolonged breath holding (Valsalva Maneuver) (> 6-7 seconds) with pushing should be discouraged. Supporting the woman's spontaneous expulsive effort (exhalatory bearing down with pushes lasting 4-6 seconds) appears to result in better cord pH, pO2 and apgar scores.

13. Women are encouraged to adopt a position of comfort for the second stage, which may include semi-recumbent, lateral, or squatting.

14. If siblings are to be present at birth, they must be adequately prepared and a support person present for each child.

15. The nurse caring for the baby should wear gloves.

16. Drapes are unnecessary, especially when stirrups are not used.

17. The birth room should be kept at a minimum temperature of 22 – 27 ° C.

18. The radiant warmer should be turned on well in advance of a birth and the resuscitation equipment checked before and after each birth.

19. Episiotomy is performed when there is concern regarding fetal well being. No benefits have been shown for routine episiotomy.

20. Active management of the third stage of labour is preferred. To control blood loss postpartum, intramuscular oxytocin or an infusion of oxytocin is recommended. Hypertension may occur with ergometrine use. Nevertheless, it remains an excellent second line uterotonic agent. Hemabate (19-Methyl PG F2α) should be available on all units providing birth care, for postpartum management. Remember as well that uterine massage will stimulate the uterus to contract and lead to reduced blood loss postpartum.

21. Each unit should develop a strategy for management of postpartum hemorrhage (see chapter 21).

22. The vast majority of neonates require only supportive care in their mother's arms. Separation of the healthy mother and baby is not considered necessary or desirable.

Recommended Reading

1. "Argentine Episiotomy Trial Collaborative Group, routine vs. selective episiotomy: A randomised controlled trial," *Lancet*, Vol. 342, 1993, pp. 18-25.

2. Health Canada, *Family-Centred Maternity and Newborn Care: National Guidelines,* Minister of Public Works and Government Services, Ottawa, 2000.

3. M. C. Klein et al., "Episiotomy as a Preventative Strategy: Does it Work," *SOGC*, June 1993.

4. Murray Enkin et al., *A guide to effective care in pregnancy and childbirth,* 3rd ed., Oxford University Press, Oxford, 2000.

5. Penny Simkin, "Just Another Day in a Woman's Life?" *Birth*, Vol. 18, No. 4, December 1991.