**Entity**

**UMMC**

**Guideline for the management of early labor**

Bottom of Form

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**Purpose:** To provide guidelines for the management of early (latent) phase labor to avoid early admissions, unnecessary interventions and reduce the risk of cesarean births.

**Policy:**

Women being evaluated for labor will be offered supportive care measures to provide comfort and promote progress in labor.

Women sent home will be given instructions for home management of early / latent phase labor along with instructions regarding when to re-contact their maternity care provider or return to the hospital.

**Definitions:**

Labor: Uterine contractions resulting in concomitant cervical change (dilation and/or effacement).

Latent phase: From the onset of labor to the onset of active labor.

Active phase: accelerated cervical dilation typically beginning at 6 cm dilation.

**Procedure:**

**Patient Assessment:**

1. Identify women with symptoms of latent labor at term (greater than or equal to 37 weeks gestation) including regular contractions which are moderate to strong by palpation.
2. Women who may be candidates for early labor management must be assessed and have low risk status established.  Assessments include:
3. Review of prenatal record for risk factors that may exclude the woman from early labor guidelines including GBS status. (see #4)
4. Application of external fetal monitor per fetal monitor guidelines and determine fetal heart rate baseline, variability, presence and absence of accelerations and decelerations as well as frequency, duration and intensity of contractions.
5. Determine status of fetal membranes.
6. Confirm vertex fetal position via Leopold’s maneuver and cervical exam (if appropriate).
7. Cervical dilation (ideally one person to perform initial and subsequent cervical exams to determine progressive dilation/effacement).
8. Women who are determined to be candidates for the use of early labor guidelines include the following:
9. Reactive fetal Non-Stress Test
10. Intact membranes
11. Vertex position
12. Cervical dilation 5 cm or less
13. Do not have risk factors identified below
14. Women who are determined to be in possible early/latent phase but have associated risk factors are not candidates for use of early labor management guideline. They include but are not limited to:
15. Maternal Temperature > 100.4 F
16. NICHD Category 2 or 3 FHR Tracing
17. Inability to walk independently or unsteady gait/ dizziness
18. Excessive vaginal bleeding
19. Meconium or blood stained amniotic fluid
20. SROM
21. Preeclampsia or gestational hypertension
22. Requesting epidural, IV opioids, or nitrous oxide to manage pain

5. Once the use of Early Labor Management is determined to be appropriate for a woman, she may receive supportive labor care on the unit or be discharged home. The nurse/provider will:

* 1. Provide options:
		1. Labor in the hospital for 1-2 hours and reassess labor progress or
		2. Discharge to home with instructions for labor support and comfort, and when to re-contact their maternity care provider or return to the hospital.
	2. Explain early labor management options for comfort, nutrition, and hydration to the woman and support person(s)
	3. Review with the woman and support person(s) labor support options including ambulation, labor balls, rocking chairs, upright positioning, hydrotherapy, etc.
	4. Review when the woman is to call for help/RN assistance and how to do so

6. The provider will make the determination about whether the woman will be admitted to Labor and Delivery or discharged to home with instructions for follow up. If discharged to home, then clinic follow up should be arranged by the woman.

**Documentation:**

1. Per the Electronic Fetal Heart Rate Monitoring and Doptone Intermittent Auscultation Policy
2. Maternal and fetal assessments in the electronic medical record
3. Instructions provided to the woman (After Visit Summary: Discharge Instructions for the Undelivered Patient) and her response

*see also*

**Entity Adoption:** University of Minnesota Medical Center, Fairview has adopted this policy.

**Policy Owner:** Advanced Practice Nurse Leader

**Approved By:** Birthplace Leadership and Birthplace Providers

**Date Effective: 8-16**

**Date Reviewed:**

**External Ref:**ACOG ReVITALize definition 2014

Simpson, K.R. (2008). Labor and birth. In K.R. Simpson & P.A. Creehan (Eds), AWHONN’s Perinatal Nursing (3rd ed., pp 300-398). Philadelphia: Lippincott Williams and Wilkins.

Barnett, C., Hundley, V., Cheyne, H., & Kane, F. (2008). 'Not in labour': Impact of sending women home in the latent phase. *British Journal of Midwifery*, *16*(3).

Cheyne, H., Terry, R., Niven, C., Dowding, D., Hundley, V., & McNamee, P. (2007). Should I come in now?’: A study of women’s early labour experiences. *British Journal of Midwifery*, *15*(10), 604-609.

Hosek, C., Faucher, M. A., Lankford, J., & Alexander, J. (2014). Perceptions of care in women sent home in latent labor. *MCN: The American Journal of Maternal/Child Nursing*, *39*(2), 115-121. doi: 10.1097/NMC.0000000000000015

Lauzon, L., & Hodnett, E. (2001). Labour assessment programs to delay admission to labour wards. *Cochrane Database Syst Rev*, *3*(3). doi: 10.1002/14651858.CD000936

Miller, R. L., & Swensson, E. S. (2002). *Hospital and healthcare facility design*. WW Norton & Company.

Neal, J. L., Lamp, J. M., Buck, J. S., Lowe, N. K., Gillespie, S. L., & Ryan, S. L. (2014). Outcomes of Nulliparous Women with Spontaneous Labor Onset Admitted to Hospitals in Pre-active versus Active Labor. *Journal of Midwifery & Women’s Health*, *59*(1), 28–34. <http://doi.org/10.1111/jmwh.12160>

**Internal Ref:**

Discharge Instructions for Undelivered Patients in Epic

[](http://intranet.fairview.org/Benefits/PayBenefits/Financial/Retirement/index.htm%22%20%5Ct%20%22_parent)

[**Related Policies**](http://intranet.fairview.org/Policies/Category/PatientCareClinicalGuidelines/ClinicalGuidelines/Perinatal/S_069242)

Electronic Fetal Heart Rate Monitoring and Doptone Intermittent Auscultation Policy

[**Related Information**](http://intranet.fairview.org/Policies/Category/PatientCareClinicalGuidelines/ClinicalGuidelines/Perinatal/S_069242)