

| | | |
|---|----------------------------------|------------------------------------|
| SUBJECT/TITLE: LATENT PHASE of LABOUR | NUMBER 3-L-1 | PAGE 1 of 3 |
| AUTHORIZATION: OS: Obstetrics Nurse Managers and Instructors (Feb 13, 2006) Department of Obstetrics/Gynecology (April 22, 2005) Department of Family Practice-OB (June 1, 2005) Women's Health Managers (2006 Feb 14) | DATE ESTABLISHED July 1, 1999 | DATE REVISED: February 17, 2006 |

PURPOSE

To provide the standard of care for patients in the latent phase of labor, including home management.

POLICY

1. **Home Management of Latent Phase of Labor** ^{1, 2, 3, 5}
 - 1.1 Any woman with a low risk pregnancy and a reassuring fetal heart rate tracing is suitable for home management; a plan must be established to meet the woman's needs at home.
 - 1.2 The decision to have the patient spend the latent phase of labor at home is always made after consultation with the attending physician.

DEFINITIONS

Latent Phase of Labor: precedes the active phase and the onset is difficult to define; it is the presence of uterine activity resulting in progressive effacement and dilation of the cervix. It is complete when a primiparous woman reaches 3-4 cm dilation and a multiparous woman reaches 4-5 cm; cervical length should be less than 1 cm.

Active Phase of Labor: The presence of contractions leading to cervical dilation after 3-4 cm dilation in a primiparous woman and 4-5 cm dilation in a multiparous woman until full dilatation.

POINT OF EMPHASIS

1. **Preventing Dystocia**
 - Accurate diagnosis of active labour.
 - Management of prolonged latent phase. ⁵
2. **Management of Prolonged Latent Phase**
 - Pregnant women should not be admitted to the labor and delivery area nor a labor partogram initiated until active labor is established.
 - Observation, rest and therapeutic analgesia are favored over more active approaches such as amniotomy, augmentation or induction.
 - Support and information about comfort measures should be provided to the woman before she is discharged from Triage.

| SUBJECT/TITLE: | DATE ESTABLISHED: | DATE REVISED: | NUMBER: | PAGE: |
|-------------------------------|-------------------|-------------------|--------------|--------|
| LATENT PHASE of LABOUR | July 1, 1999 | February 21, 2006 | 3-L-1 | 2 of 3 |

PROCEDURE FOR LATENT STAGE OF LABOR

1. **Woman Presents at Labor and Delivery**

Every woman who presents at the labor and delivery unit with signs and symptoms suggestive of labor is to be assessed, using the following steps:

- 1.1 Review the prenatal record; if the prenatal record is not available, a nursing history is to be completed and a risk score assigned.
- 1.2 Obtain a fetal heart rate tracing; any non-reassuring tracings refer to Fetal Health Surveillance in Labour (3-5-1).
- 1.3 Do a clinical examination, including a vaginal examination. **Note:** if the patient has ruptured membranes and is not in labor, defer examination until the attending physician is notified.
- 1.4 Notify the attending physician and develop a management plan; the plan should:
 - Have input from the patient and her family, the nurse and attending physician.
 - Be recorded on the triage record.

2. **Discharge During Latent Stage of Labor**

2.1 Narcotic Pain Medication

If the management plan includes the use of narcotic pain medication before discharge home, the patient should:

- Stay as an outpatient 60-90 minutes after receiving medication to observe for adverse effects, and
- Be re-examined to assess progress of labour prior to discharge.

2.2 Multiparous Patients

Care should be exercised in discharging multiparous patients; if possible, they should:

- Remain on the unit for 1-2 hours, and
- Be re-examined to assess progress of labour prior to discharge.

2.3 Home Management Protocol^{1, 2, 3}

- Give the patient education pamphlet: *Home Management in Labor*.
- Instruct the patient to call the labor and delivery unit if she has any questions or concerns. **Note:** If applicable, the patient is to be advised when to return to the hospital for re-assessment. Refer to *From Here Through Maternity*, "When to go to the Birth Center"

2.4 Documentation

- Document according to Calgary Health Region policy 1611 *Clinical Responsibility for Documentation of Health Information*, including all phone calls.

| | | | | |
|---|-----------------------------------|------------------------------------|-------------------------|-----------------|
| SUBJECT/TITLE: LATENT PHASE of LABOUR | DATE ESTABLISHED: July 1, 1999 | DATE REVISED: February 21, 2006 | NUMBER: 3-L-1 | PAGE: 3 of 3 |
|---|-----------------------------------|------------------------------------|-------------------------|-----------------|

REFERENCES

1. <http://www.tpnotebook.com/OB122.htm> retrieved Feb 1, 2005.
2. Leeman (2003). Am Fam Physician 68(6):1109-12.
3. Simkin (2002)Am J Obstet Gynec 186:S131-59.
4. SOGC. (2003). MORE^{OB} Management of Labor.

| CROSS REFERENCES | | |
|--|---------------------------|-------------------------------------|
| <u>Subject/Title</u> | <u>Number</u> | <u>Manual</u> |
| <i>Fetal Health Surveillance in Labour</i> | 3-5-1 | <i>Women' Health Manual</i> |
| <i>Clinical Responsibility for Documentation of Health Information</i> | 1611 | <i>Calgary Health Region Policy</i> |
| Pamphlet: <i>Home Management in Labor</i> | Relizon 990106 | On units |