

WOMEN'S AND INFANT HEALTH POLICY AND PROCEDURE

SUBJECT/TITLE:	NUMBER	PAGE
LATENT PHASE of LABOUR	3-L-1	1 of 3
AUTHORIZATION:	DATE ESTABLISHED	DATE REVISED:
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)	July 1, 1999	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.

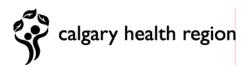
Active Phase of Labor: The presence of contractions leading to cervical dilation after 3-4 cm dilation in a primiparous woman and 4-5 cm dilation in a multiparous woman until full dilatation.

POINT OF EMPHASIS

- 1. **Preventing Dystocia**
 - Accurate diagnosis of active labour.
 - Management of prolonged latent phase.

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.



WOMEN'S AND INFANT HEALTH POLICY AND PROCEDURE

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 <u>Multiparous Patients</u>

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

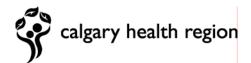
- · Remain on the unit for 1-2 hours, and
- Be re-examined to assess progress of labour prior to discharge.

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.



WOMEN'S AND INFANT HEALTH POLICY AND PROCEDURE

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

REFERENCES

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

CROSS I	REFER	ENCES
---------	-------	--------------

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