

Management of women not in established labour

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Key Amendments

Date	Amendments	Approved by

Introduction

Some women may attend hospital thought to be in labour. Some women have pain without cervical change. Although these women are described as not being in labour they may well consider themselves 'in labour' by their own definition. Women who seek advise or who attend hospital with painful contractions but who are not in established labour should be offered individualised support and occasionally analgesia, and encouraged to remain or return home.

Guideline

- All admissions to the Maternity unit, aside from Meadow Birth Centre, should be documented in K2 Guardian.
- **Listen** to her story, considering her emotional and psychological needs, and reviewing her clinical records (NICE 2007).
- If the woman does not appear to be in established labour, after a period of assessment it may be helpful to offer a vaginal examination (NICE 2007). Ensure her privacy, dignity and comfort. Be aware that for many women who may already be in pain, highly anxious and in an unfamiliar environment, vaginal examinations may be very distressing. Explain the reason for the vaginal examination and what will be involved. Be sure that the vaginal examination is really necessary and will add important information to the decision making process (NICE 2007).
- Gain consent for, and perform a vaginal examination unless spontaneous rupture of membranes with no contractions. **Active labour is established when the cervix is more than 4 cms dilated and fully effaced in the presence of regular, painful contractions (NICE 2007)**
- If the contractions are less frequent than 2:10, irregular lasting less than 45 seconds and the woman can talk through the contractions she is likely to be in the latent phase of labour.
- Some women have pain without cervical change. Although these women are described as not being in labour, they may well consider themselves 'in labour' by their own definition. Reassure the woman that this is normal, discuss with her what is happening to her body, the process of the cervix softening and dilating. Discuss with her ways she can deal with the pain at home where she will be more comfortable and relaxed, for example, bath, paracetamol, TENS. Advise her that early admission to labour wards can lead to unnecessary intervention, increasing the need for analgesia and oxytocics (NICE 2007).
- The use of an admission cardiotocograph (CTG) in low risk pregnancy in any setting **is not** recommended (NICE 2007).
- If the woman reports reduced fetal movements a CTG should be performed. Refer to guideline P5.
- If spontaneous rupture of membranes has occurred and the woman is not in active labour, refer to guideline A6
- The midwife may discharge the woman home after ensuring that she has contact telephone numbers (Triage, Delivery Suite & Ambulance Control) written on her green notes.