5 INTRAPARTUM CARE

5.4 MATERNAL FETAL ASSESSMENT UNIT – QUICK REFERENCE GUIDE POSSIBLE EARLY LABOUR AT TERM

CRITERIA FOR REFERRAL

Women at term admitted with possible early labour and no history of spontaneous rupture of membranes.

ASSESSMENT

1. The triage midwife shall initially assess the woman. If any of the following are present, transfer the woman immediately to the Labour and Birth Suite:
   - regular contractions lasting longer than 30 seconds and/or
   - frequency of regular contractions are more than 1 in 5 to 10 minutes and / or
   - if the woman is requesting pain relief.

2. Check and record the maternal vital signs – respiratory rate, oxygen saturations, heart rate, blood pressure, temperature and conscious state.

3. Confirm the presence of fetal movements and auscultate the fetal heart rate (FHR). If on auscultation the FHR is suspected to be abnormal or the woman reports decreased fetal movement commence cardiotocography monitoring (CTG).

4. Perform a urinalysis. Send a mid-stream urine (MSU) for microscopy and culture if a urinary tract infection is suspected.

5. Perform an abdominal palpation. Note the:
   - symphysis fundal height
   - lie
   - presentation
   - level of the presenting part above the pelvic brim
   - presence of uterine tenderness, irritability / activity.

6. Document the strength, frequency and duration of contractions.

7. Assess whether there are any antenatal risk factors are present. Notify the obstetric Registrar, or above, to review the woman if any of the following are present:
   - increased blood pressure
   - history of an antepartum haemorrhage
   - more than one attendance with reduced fetal movements
   - intrauterine growth restriction
   - significant maternal or fetal condition
   - repeated presentations with no cervical change

8. Follow the flow chart for Assessment of Women in Possible Early Labour (Page 3)

9. If the woman goes home advise her to return to hospital if:
   - the frequency of contractions increase
   - the duration of contractions increase
   - pain relief is required
   - the membranes rupture
   - there is bright vaginal bleeding
• there are reduced fetal movements.

10. Follow the Flow Chart for Management of Women at Term in Possible Early Labour.
FLOW CHART OF WOMAN AT TERM IN POSSIBLE EARLY LABOUR

Woman presents to the Maternal Fetal Assessment Unit at term in possible early labour
Triage midwife to initially assess the woman

Are there regular contractions:
- lasting > 30 seconds and / or
- frequency > 1:5-10 min?
or
- is the woman requesting pain relief?

YES

Midwife/ resident takes a history and performs the assessment as outlined in the Quick Reference Guide

NO

Commence CTG

Are baseline observations and FHR are normal?

YES

NO

Are antenatal risk factors present?

YES

Obstetric registrar or above review

NO

Does the woman request cervical assessment?

YES

NO

Is Cervix effaced and / or dilated?

YES

Admit to Labour & BirthSuite

NO

Obstetric registrar review

• Discharge home
• Give advice on when to:
  – return to hospital and / or
  – be reviewed by usual health care provider

Commence CTG

Is CTG reactive?