|  |  |
| --- | --- |
|  | **SSH GUIDELINE:****Early Labor Management in the Low Risk Obstetrical Patient** |

**GUIDELINE INFORMATION**

|  |
| --- |
|  |

**GENERAL  INFORMATION**

Patients at term, presenting to the Obstetrical Triage area will be assessed for risk factors and possible onset of labor.  If latent phase of labor is determined and a Category I fetal monitor tracing is established, they may be placed in the sub waiting area and instructed on labor coping techniques.  The patient will be reassessed at a later time and the decision to admit will be based on the determination of labor or other factors. If labor is not progressing, the patient will be discharged with instructions to call with signs and symptoms of increasing labor, rupture of membranes, deceased fetal movement or any other significant change in status.

**GUIDELINE:**

1. Identify patients with symptoms of latent labor at term (greater or equal to 37 weeks gestation) including regular contractions which are strong to palpation.
2. Patients who are candidates for early labor management must be assessed and have low risk status established.  Assessments will be made to establish plan of care including:
	1. Risk factors such as signs of PIH and notify physician / CNM if identified
	2. Apply external fetal monitor and establish a fetal heart rate evaluation by extern fetal monitoring - NICHD Category 1 fetal heart rate tracing
	3. Assess the frequency, duration and intensity of contractions
	4. Status of fetal membranes.  May be intact or ruptured with clear or light meconium stained amniotic fluid. If ruptured, confirm fetal position.
	5. If membranes are ruptured, determine GBS status
	6. Cervical dilation (ideally one person to perform initial and subsequent cervical exams to determine progressive dilation/effacement).  If membranes are ruptured, please contact provider prior to performing a vaginal examination
3. Patients who are determined to be in possible early/latent phase but have associated risk factors will have alternative plans of care established and are not candidates for use of early labor management guideline. They include but are not limited to:
	1. Maternal Temperature > 100.4 F
	2. NICHD Category 2 or 3 FHR Tracing
	3. Inability to walk independently or unsteady gait/ dizziness
	4. Excessive vaginal bleeding
	5. Thick meconium stained amniotic fluid
	6. SROM and GBS positive
	7. Advanced cervical dilation greater than 4 cms
	8. Preeclampsia or gestational hypertension
4. Once the use of Early Labor management is determined to be appropriate for a patient, they will be moved to the sub waiting area and the nurse/CNM/physician will:
	1. Explain early labor management to the patient and support people (note: 1-2 support people may accompany the patient to the subwaiting area)
	2. Orient/review with patient and support person to different areas / stations throughout the room and unit
	3. Review the signs and symptoms and parameters for when patient is to call for help and how to do so
5. Revaluate the patient in two hours or sooner as patient’s condition warrants, by placing the patient in a triage room for reassessment.
6. Reassess fetal status and contraction pattern with EFM monitoring
7. The determination will be made to either admit patient to the Birthing Unit due to onset of labor or other factors or discharge to home with instructions for follow up.

Contributors: Diane Keiran, RNC and Julie Paul, CNM