

## **Bundle Name: Promoting Spontaneous Progress in Labor**

### **Readiness**

#### *Every unit*

- Has a unit policy that provides a plan of care, including allocation of space, to enable women in early labor to receive comfort measures and support and to return home prior to active labor admission when safety criteria are met and shared decision making is used to determine acceptability of plan.<sup>1,2</sup>
- Provides initial and ongoing training and skill development for all maternity care professionals about evidence-based care practices that support maternal choice and promote spontaneous labor progress with no known risk, eg, mobility, upright positioning, continuous labor support, passive second stage descent, and physiologic pushing.<sup>3-7</sup>
- Ensures access to equipment and facilities that support maternal choice and comfort and promote spontaneous labor progress with no known risk, eg, areas for walking during labor, showers and labor tubs for hydrotherapy, music, birthing balls, birthing and squat bars.
- Establishes a common, interprofessional policy for labor care that specifies objective and evidence-based criteria for diagnosing active labor, describes the system of communication to signal that physiologic parameters of labor duration have been exceeded, and indicates triggers for considering interventions to accelerate labor, e.g., oxytocin augmentation or artificial rupture of membranes.<sup>8</sup>

### **Risk and Appropriateness Assessment**

#### *Every woman who may be in labor*

- Has access to supportive care and information about safety and comfort measures during the latent phase of labor, eg, early labor lounge and home-based doula support.<sup>1</sup>
- Is assessed for active labor using common objective criteria and informed of her stage of labor.<sup>8</sup>
- Engages in shared decision making about timing of admission to the birth unit based on possible benefits and harms and the woman's conditions, values, and preferences.<sup>1,2,9</sup>

### **Reliable Delivery of Appropriate Care**

#### *Every woman in active labor*

- Meets established criteria for determination of active labor.<sup>8</sup>

- Receives care that promotes spontaneous labor progress and incorporates her preferences, e.g., mobility, upright positioning, continuous labor support, passive second stage descent, and physiologic pushing.<sup>3-7</sup>
- Is assessed for progress in active labor using a graphic assessment tool informed by contemporary physiologic parameters and/or health outcomes evidence.<sup>10</sup>
- Progresses spontaneously without exogenous oxytocin, artificial rupture of membranes, or cesarean unless a shared decision for using these interventions is made after evidence-based parameters for labor progress are exceeded.<sup>8</sup>
- Receives support to minimize or avoid supine positioning and directed (Valsalva) pushing in the second stage of labor.<sup>4,7</sup>

### **Recognition and Response**

*Every woman whose labor progress exceeds evidenced-based parameters for active labor*

- Is informed about the status of her labor progress.
- Engages in shared decision-making about use of a particular intervention aimed at speeding labor and its potential harms and benefits.<sup>9</sup>

### **Reporting/Systems Learning**

*Every unit*

- Documents maternity care professional training regarding use of evidence-based care practices that promote the progress of spontaneous labor.
- Tracks and publically reports rates of physiologic childbirth.<sup>11</sup>
- Establishes a policy for routine, interdisciplinary review of all operative births performed for indications of disorders related to labor progress.<sup>12</sup>

## References

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