Plain language summary

Care in labour for women on the Supported Care Pathway

Who is this summary for?

This summary is for pregnant women and their partners.

What is this summary about?

The National Women and Infants Health Programme (NWIHP) have developed clinical guidelines to help healthcare professionals deliver evidence-informed care. One of these guidelines is caring for women in labour when on the Supported Care Pathway (SCP). This plain-language summary provides an overview of the National Guideline on Intrapartum Care for Women on the Supported Care Pathway.

What is the Supported Care Pathway (SCP)?

The Supported Care Pathway is for women with uncomplicated pregnancies who give birth between 37 and 42 weeks. Midwives provide care, with the support and collaboration of the multidisciplinary team as needed.

Who is the SCP for?

If a woman has a straightforward pregnancy, she may choose the Supported Care Pathway (SCP). On the SCP, midwives provide and manage care.

What information is covered in the guideline?

The information guides care for women with a normal-risk pregnancy during labour. It applies to all birth settings, including maternity hospitals, units, Alongside Birth Centres (also called Midwifery-Led Units), and home births. It includes information on creating a supportive birth environment, risk assessments during labour, providing midwifery care and understanding when interventions may be necessary during labour or shortly after birth.

What is a supportive birth environment?

During labour, women benefit from respect and support that help them feel comfortable, safe, and in control. This includes a calm space, reassurance, and encouragement from midwives and birth partners. It also includes asking for consent before any procedures and including women in decisions around their care. Care is personalised to ensure women feel safe and supported throughout labour. Safety includes one-to-one care from a midwife throughout labour and birth, ideally a midwife the woman knows.

https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/

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What assessments are needed in labour?

When a woman believes that labour has started, an assessment is made to help determine the most appropriate care pathway for the woman and her baby. Assessment gathers information about the pregnancy by listening to the woman's story, making observations, conducting a clinical examination, and monitoring both the woman and her unborn baby. It also includes the woman's emotional and psychological needs. Assessment includes:

Observation of the woman

- Review and discussion of maternity care records, including all screening results, social and demographic details (address, age, race)
- Recording the length, strength and frequency of any uterine contractions
- Recording any pain being experienced
- Record of blood pressure, temperature, pulse and urinalysis
- Venous Thromboembolism Screen (risk of developing blood clots in the veins)
- Recording any vaginal loss (a show, bleeding or water's breaking)

Observation of the unborn baby

- Asking about the baby's movement, including the pattern, in the past 24 hours
- Palpating the woman's abdomen to determine the baby's growth, their position, and if they are head-first
- Listening to the baby's heart using intermittent auscultation with a Pinard stethoscope or Doppler

Following the initial assessment, a woman in labour may consider the SCP if her pregnancy is of normal risk. The midwife responsible for the woman's care during labour will evaluate the progress of labour and the condition of both the woman and her baby, while respecting the woman's preferences.

How is labour confirmed?

Definitions and timings from the onset of labour contractions to the gradual dilation of the cervix (neck of the womb) are not precise. To help confirm labour, the guideline encourages a clinical assessment of the woman and her experience of the signs of labour1.

What pain-relieving options are there?

Both medication and natural methods can be used alone or in combination to help manage pain during labour. Women can discuss the risks and benefits of pain-relieving strategies with their midwife in the antenatal period.

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What care and support is needed in the first stage of labour?

During the first stage of labour, the uterus (womb) contracts more frequently, and the cervix (neck of the womb) becomes shorter. Supportive care improves a woman's labour experience. It involves having a supportive birth partner, utilising pain-relieving methods, staying hydrated, remaining mobile, exploring various labour positions, and receiving individual care from a midwife.

The midwife regularly evaluates and records the woman and baby's well-being. The midwife notes the woman's ability to pass urine and its frequency. After abdominal palpation and assessment of vaginal loss, a vaginal examination may be offered every four hours to gauge the progress of labour. The expected progress of cervical dilatation (opening) in the established first stage of labour is 2cm in 4 hours. Vaginal examination considers cervical dilation, the baby's position, descent, and rotation.

What if labour slows down in the first stage of labour?

A delay in the first stage of labour is suspected when cervical dilatation of less than 2cm in 4 hours is noted after a vaginal examination. After explaining and discussing the options, risks, and benefits, women may be offered breaking of the waters with other strategies. Once delay is confirmed, care is transferred to the Assisted or Specialised pathways, using the principles of safe and effective handover of care.

What care and support is needed in the second stage of labour?

The second stage is time between full cervical dilatation and the birth of the baby. The midwife will regularly evaluate and record the woman and baby's well-being in the second stage of labour. Women are encouraged to follow their urge to push in the most comfortable and effective position. Based on the woman's preference, they may wish to use techniques to reduce perineal trauma, including perineal massage and warm compresses.

What if labour slows down in the second stage?

If the baby's birth is not imminent after a period of pushing, care is escalated for confirmed delay in the second stage and transfer to the Assisted or Specialised Care Pathway follows.

The third stage of labour

The third stage of labour is the time from the baby's birth to the expulsion of the placenta and membranes. In the antenatal period, women can discuss the benefits and risks of delayed cord clamping, active and physiological management of the third stage of labour. Active management consists of medication to help the placenta separate, clamping and cutting the cord, and gentle traction to deliver the placenta. Physiological management involves no medication, no cord clamping until pulsation stops, and delivery by the woman's efforts.

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Care of the baby after birth

Immediately after birth, a midwife assesses the baby to determine if resuscitation is required. If the woman and the baby are well, immediate, unhurried, and uninterrupted, safe skin-to-skin contact will be encouraged. This contact promotes bonding and helps regulate the baby's temperature, heart rate, and breathing. If the woman cannot provide skin-to-skin contact, the birthing partner should have the opportunity to. The woman is supported to initiate feeding, ideally within the first hour of birth.

Care of the woman after birth

All women are recommended an assessment of her vaginal bleeding, uterine contractions, pain and vital signs after birth. The woman is offered an evaluation of any bleeding or trauma to her vagina and perineum, with repairs made as soon as possible if needed. Midwifery care also includes monitoring the woman's ability to pass urine after giving birth. Additionally, time and space is provided for the family if both the mother and baby's clinical conditions are stable.

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