## WHO LABOUR CARE GUIDE

Labour onset

Parity

Name

Active labour diagnosis [Date Ruptured membranes [Date Time ] Risk factors Time Hours 10 **ACTIVE FIRST STAGE** ALERT - SECOND STAGE · SUPPORTIVE CARE Companion Ν Pain relief Ν Oral fluid SP Posture Baseline FHR <110, ≥160 FHR deceleration Amniotic fluid M+++, B BABY Fetal position P. T Caput Moulding +++ <60, ≥120 Pulse Systolic BP <80, ≥140 WOMAN Diastolic BP ≥90 <35.0, Temperature °C ≥ 37.5 Urine P++, A++ Contractions ≤2, >5 per 10 min Duration of <20, >60 contractions 10 9 ≥ 2h In active first stage, plot 'X' to record cervical dilatation. Alert Cervix 8 ≥ 2.5h LABOUR PROGRESS [Plot X] triggered when lag time for 7 ≥ 3h current cervical dilatation is exceeded with no progress. In second stage, insert 'P' to indicate 6 ≥ 5h 5 ≥ 6h when pushing begins. 5 4 3 Descent [Plot O] 2 1 0 Oxytocin (U/L, drops/min) MEDICATION Medicine IV fluids SHARED DECISION-MAKING ASSESSMENT PLAN INITIALS

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN, ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN.IF LABOUR EXTENDS BEYOND 12H, PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE. Abbreviations: Y - Yes, N - No, D - Declined, U - Unknown, SP - Supine, MO - Mobile, E - Early, L - Late, V - Variable, I - Intact, C - Clear, M - Meconium, B - Blood, A - Anterior, P - Posterior, T - Transverse, P+ - Protein, A+ - Acetone