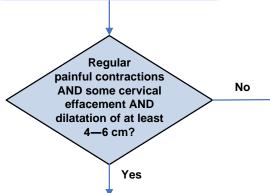
Normal birth: first stage

Care is woman centred and includes informed choice, consent, privacy and respectful communication. Contemporaneous documentation is essential.

First stage in the low risk woman at term



Active first stage

Supportive care

- · Consider measures to promote, protect and support normal birth including:
 - o One-to-one midwifery support
 - o Review birth plan
 - o Environment (privacy, calmness, lighting)
 - Mobilisation and positioning
 - o Involve support people/partner
 - o Cultural supports, if required
 - Comfort and pain management strategies

Ongoing (following initial) assessment

- Maternal and fetal condition
- Progress and descent of the fetal head
- FHR: every 15-30 minutes intermittent auscultation
- o Differentiate from maternal pulse
- Temperature and BP: 4 hourly
- Maternal pulse: every 30 minutes
- Abdominal palpation: 4 hourly, prior to VE and as required to monitor progress
- Contractions: every 30 minutes for 10 minutes
- · Vaginal loss: hourly
- Offer VE: 4 hourly and if indicated
- Nutrition as desired and encourage hydration
- Bladder: monitor/encourage 2 hourly voiding
- Emotional coping, discomfort and pain

Delay in active first stage

- Protracted labour—cervical dilatation of:
- o Nulliparous: < 2 cm in 4 hours
- o Multiparous: < 2 cm in 4 hours or a slowing of progress
- Arrest in labour: Diagnosed at cervical dilatation of ≥ 6 cm with ruptured membranes and no or limited cervical change for four hours of adequate contractions

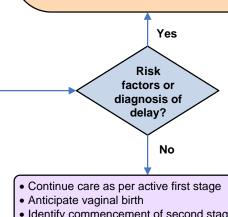
Latent first stage

Irregular painful contractions and some cervical effacement and dilatation less than 4-6 cm

- · Complete an initial assessment
- · Reassure latent phase is normal
- · Offer individualised support about rest, hydration, nutrition
- Advise mobilisation may establish contractions
- · Discuss comfort strategies and their risks and
- Involve support people/partner
- Offer admission or return/remain at home according to individual need/circumstances
- Provide information on when to return to hospital and/or notify healthcare professional
 - o Increasing strength, frequency, duration of contractions
 - o Requiring pain management
 - o Vaginal bleeding, rupture of membranes
 - Reduced fetal movement
 - Any concerns
- Plan an agreed time for reassessment

Discuss, consult, refer, manage

as per professional# and Queensland guidelines



Identify commencement of second stage

Second stage

Refer to flow chart: Normal Birth-Second stage

BP: blood pressure, FHR: fetal heart rate, VE: vaginal examination, >: greater than, ≥: greater than or equal to, <: less than

*Australian College of Midwives: National Midwifery Guidelines for Consultation and Referral. 4th Edition, Issue 3. 2021

Queensland Clinical Guidelines: Normal birth. Flowchart version: F22.25-2-V3-R27



