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

- Regular painful contractions
- AND some cervical effacement
- AND dilatation of at least 4–6 cm?

**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 benefits
- 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
  - Increasing strength, frequency, duration of contractions
  - Requiring pain management
  - Vaginal bleeding, rupture of membranes
  - Reduced fetal movement
  - Any concerns
- Plan an agreed time for reassessment

**Active first stage**
Supportive care
- Consider measures to promote, protect and support normal birth including:
  - One-to-one midwifery support
  - Review birth plan
  - Environment (privacy, calmness, lighting)
  - Mobilisation and positioning
  - Involve support people/partner
  - 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
  - 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:
  - Nulliparous: < 2 cm in 4 hours
  - 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

**Risk factors or diagnosis of delay?**

**Yes**
- Continue care as per active first stage
- Anticipate vaginal birth
- Identify commencement of second stage

**No**

**Discuss, consult, refer, manage**
as per professional and Queensland guidelines

**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