Normal birth—First stage

**First stage** in the low risk woman at term

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

No  

Yes

**Supportive care**
- Consider measures to promote, protect and support normal birth including:
  - One-to-one midwifery support
  - Review birth plan
  - Environment (privacy, calmness, setting)
  - Mobilisation and positioning
  - Involve support people/partner
  - 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: with cervical dilatation of ≥ 6 cm and ruptured membranes—there is no or limited cervical change after 4 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 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

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

Yes

No

**Risk factors or diagnosis of delay?**

Yes

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

No

**Second stage**

Refer to flow chart: Normal Birth—Second stage

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