Normal birth: initial assessment

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

Pregnant woman with signs of labour at term

Initial contact

- Reason for presentation/contact
- Preferences for labour and birth
- · Emotional and psychological needs

Review history

- Verbal
- Pregnancy Health Record/antenatal records
- Obstetric, gynaecological, medical, surgical, social, family history
- Investigations and results
- · Medications and allergies
- Pregnancy complications
- · Psychosocial, cultural and spiritual

Contractions

- Time commenced
- · Duration, strength, frequency and resting tone

Maternal observations

- · Temperature, pulse, respiratory rate, BP
- Urinalysis
- · Nutritional and hydration status
- · General appearance

Abdominal assessment

- Observation and palpation
- Fundal height, lie, presentation, attitude, position, engagement/descent, liquor volume

Fetal wellbeing

- Ask about fetal movements
- Auscultate FHR towards the end of contraction and continue for at least 30–60 seconds after contraction finished
- Differentiate fetal heart beat from maternal pulse

Vaginal loss

- Nil, discharge, liquor, blood
- Note colour, odour, amount, and consistency

Vaginal examination

- If stage of labour uncertain, may assist decision making
- If SROM consider speculum examination

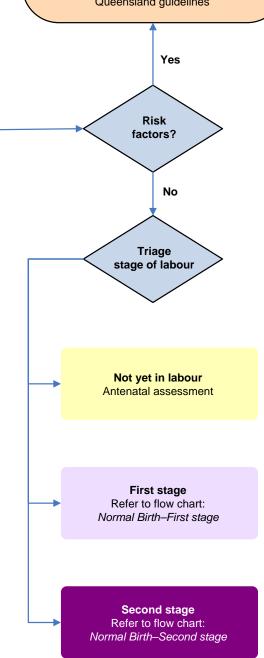
Discomfort and pain

- Reassure, promote, reinforce coping strategies
- Assess response to contractions
- · Review birth plan and note preferences
- Discuss advantages/disadvantages of options

Repeat contacts

- Review entire contact history and clinical circumstances with each contact
- Refer/consult/request woman to present for assessment as required

Discuss, consult, refer, manage as per professional[#] and Queensland guidelines



BP: blood pressure, **FHR:** fetal heart rate, **VE:** vaginal examination, **SROM:** spontaneous rupture of membranes, *Australian College of Midwives: National Midwifery Guidelines for Consultation and Referral. 4th Edition, Issue 3. 2021

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