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
- Obstetric, gynaecological, medical, surgical, social
- 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
- Consider speculum examination if SROM

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

Risk factors?
- Yes
- No

Triage stage of labour

Not yet in labour
Antenatal assessment

First stage
Refer to flow chart: Normal Birth—First stage

Second stage
Refer to flow chart: Normal Birth—Second stage

BP: blood pressure, FHR: fetal heart rate, VE: vaginal examination, SROM: spontaneous rupture of membranes

Queensland Clinical Guidelines: Physiological birth Flowchart version F17.25-1-V2-R22

Queensland Clinical Guidelines