

## MATERNITY TELEHEALTH: Pre-labour Decision Support

This decision support system has been developed by clinicians to guide and support your clinical judgment, decision-making and recording of essential information within the maternity clinical template call record. This tool will guide your consideration and signpost you to essential referral points. The aim is to support evidence-based, quality assured decision-making that results in decreased inappropriate admissions to labour wards.

### WOMAN'S DETAILS:

Is the woman alone?  
Do you understand her geographical location?

### **CONSIDERATIONS**

*Has the woman previously called within the last 24 hours?  
Who can provide local reassurance and support?  
Transport options and travel time required for face to face assessment.*

**Gestation:**

*Normal Labour 37+0 - 41+6 wks.*

**Parity:**

*Nulliparous/low risk obstetric history/uncomplicated antenatal care*

### CALL REASON

#### **Contractions: Active labour indicators**

Regular contractions, getting stronger  
(1 in 4/5 mins. lasting 40secs)

*Ask the woman to describe the pain on a scale of 1 to 10.  
Is the woman able to talk through a contraction?  
Has the woman taken oral pain relief or applied Tens?  
Studies on labour pain have identified that midwives consistently under-rate the intensity of pain experienced by women.*

**S.R.O.M** > If yes, requires to see a midwife

*Uncomplicated pre-labour rupture of membranes for less than 24 hours is a normal physiological occurrence.*

**Fetal Movements** > If there is a change to 'normal' fetal movements, requires to see a midwife

**Group B strep** > If positive, and in active labour, refer for assessment.

**Bleeding** > If yes, requires to see a midwife, and  
> If RhD-neg > offer Anti-D prophylaxis.

*Risk of haemolytic disease of the newborn.*

**Meconium** > If yes, requires to see a midwife

**PV Discharge** > if offensive, requires to see a midwife

**Headache** > Require time of onset and description

**Visual Disturbance** > as above

**Abdominal Pain** (not contractions) > as above

**Oedema** > Not in itself a sign that should determine management

**Urinary Problem** > Check recent test results

### **CONSIDERATION**

*Clinical Features of severe pre-eclampsia (in addition to hypertension and proteinuria include:*

- *Symptoms of severe headache*
- *Visual disturbance*
- *Epigastric pain and/or vomiting*
- *Signs of clonus*
- *Previous ↑BP requiring assessment*

*Clinical symptoms are important components of worsening disease.*

**Anxiety/Distress** > Evidence of latent phase.

*As mentioned previously, studies on labour pain have identified that Midwives consistently under-rate the intensity of pain experienced. It is important to consider the influence of others and the need for reassurance both to the woman and her partner. You must be confident that the woman understands and agrees with the advice and decisions made.*

### **NOT IN ACTIVE LABOUR**

The latent phase of labour is best experienced at home with the support and reassurance of a contactable, named midwife, who has time to listen and provide appropriate telehealth care, advice and support. The woman should be advised to take light diet and drink plenty. Resting is advised if feeling tired, although mobilising may encourage the contractions to establish themselves. Warm showers and baths may provide some pain relief, massage or back rubs can be helpful. Paracetamol 1gm 6 hourly can be taken. If a Tens machine is available its use should be encouraged. The midwife should consider next steps e.g. scheduled call back (by the woman or the midwife); home visit by community midwife. Remember to record the advice given on the clinical template.