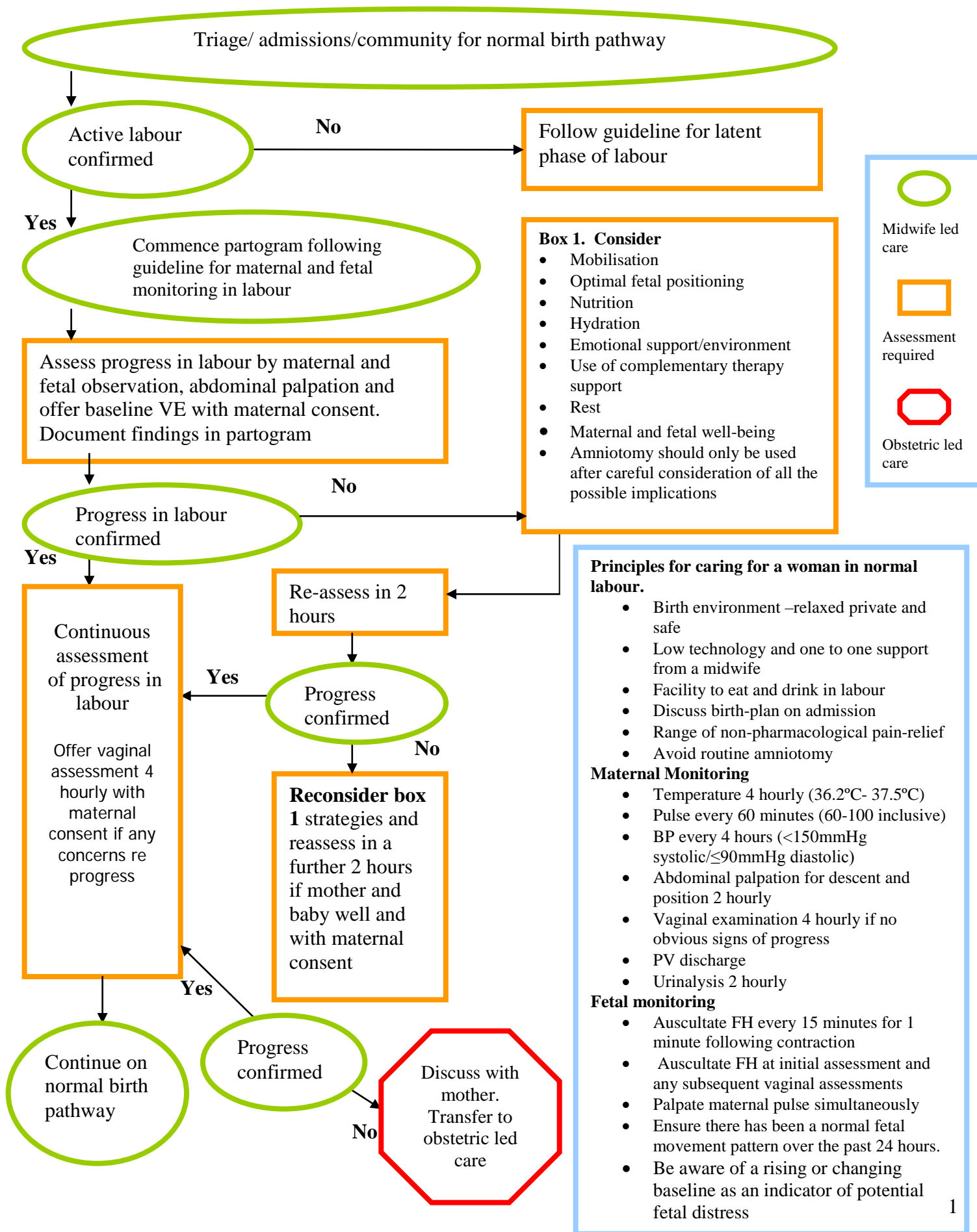
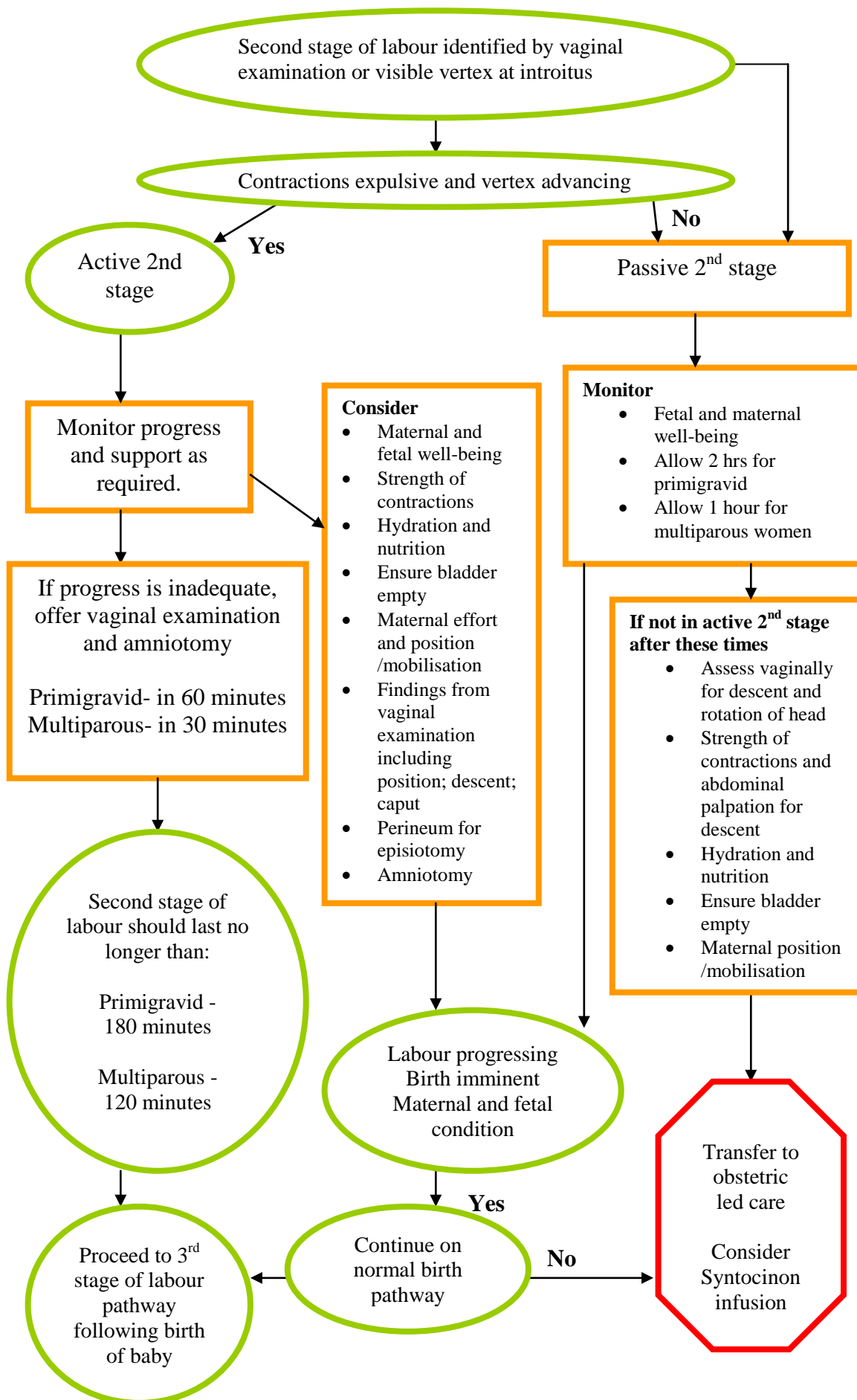


Normal Birth Pathway for women in spontaneous labour and triaged to 'green' pathway 1st stage of labour



Normal Birth Pathway for women in spontaneous labour and triaged to 'green' pathway 2nd stage of labour



Special features Principles for caring for a woman in 2nd stage of labour

- Birth environment –relaxed private and safe
- One to one support from a midwife and birthing partner present where desired
- Ensure well hydrated
- Mother to adopt upright position where possible
- Non-directed pushing

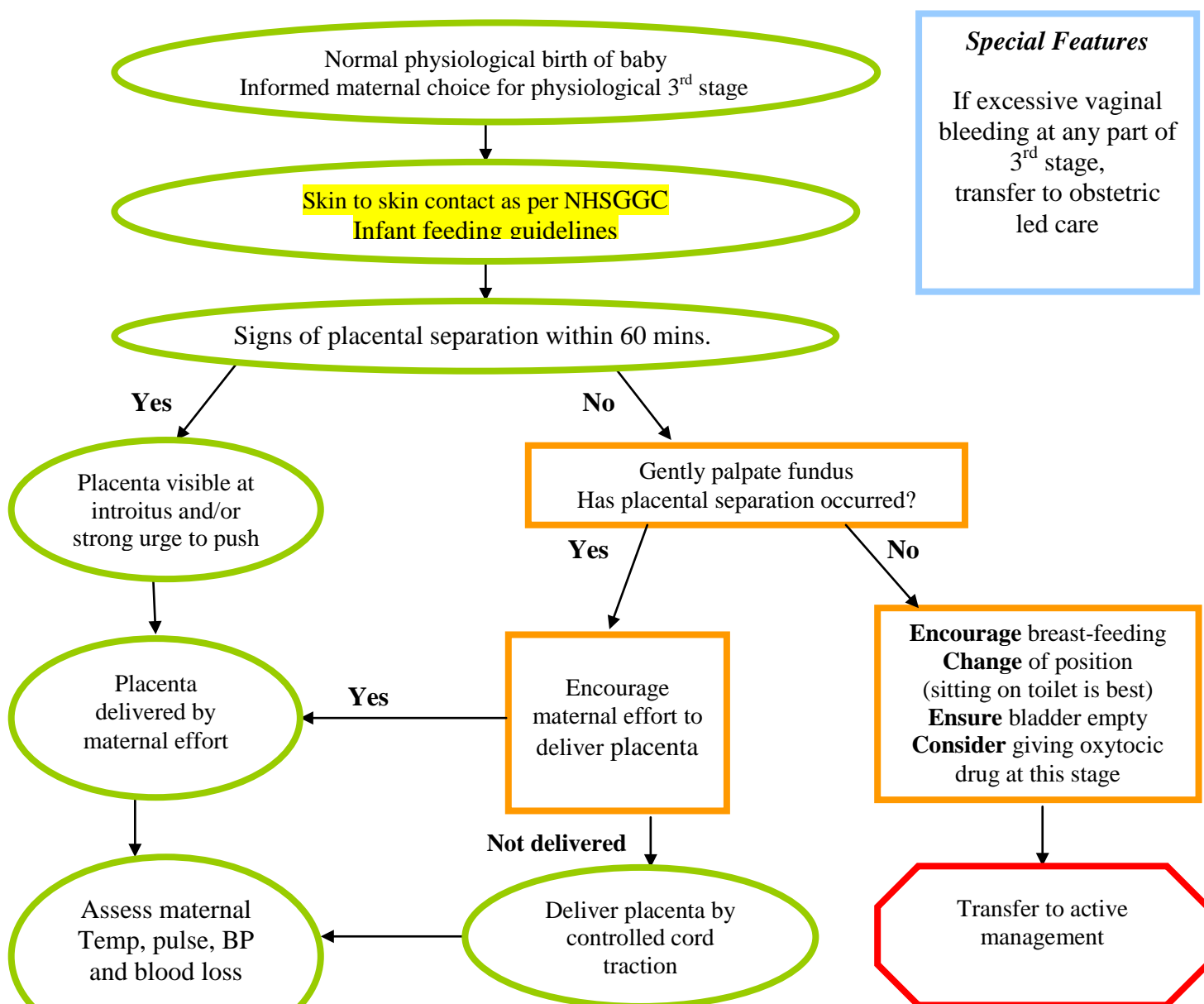
Maternal Monitoring

- Half hourly documentation of contractions
- Temperature 4 hourly (36.2°C-37.5°C)
- Pulse every 15 minutes (60-100 inclusive)
- BP hourly (<150mmHg systolic/≤90mmHg diastolic)
- Abdominal palpation for descent and position hourly
- Vaginal examination as required if no obvious signs of progress
- PV discharge
- Urinalysis 2 hrly

Fetal Monitoring

- Intermittent auscultation immediately after a contraction, for at least a minute
- FH must be auscultated at least every 5 mins, and documented.
- Observe colour of liquor for meconium staining

Normal Birth Pathway for women in spontaneous labour and triaged to 'green' pathway Physiological 3rd stage of labour



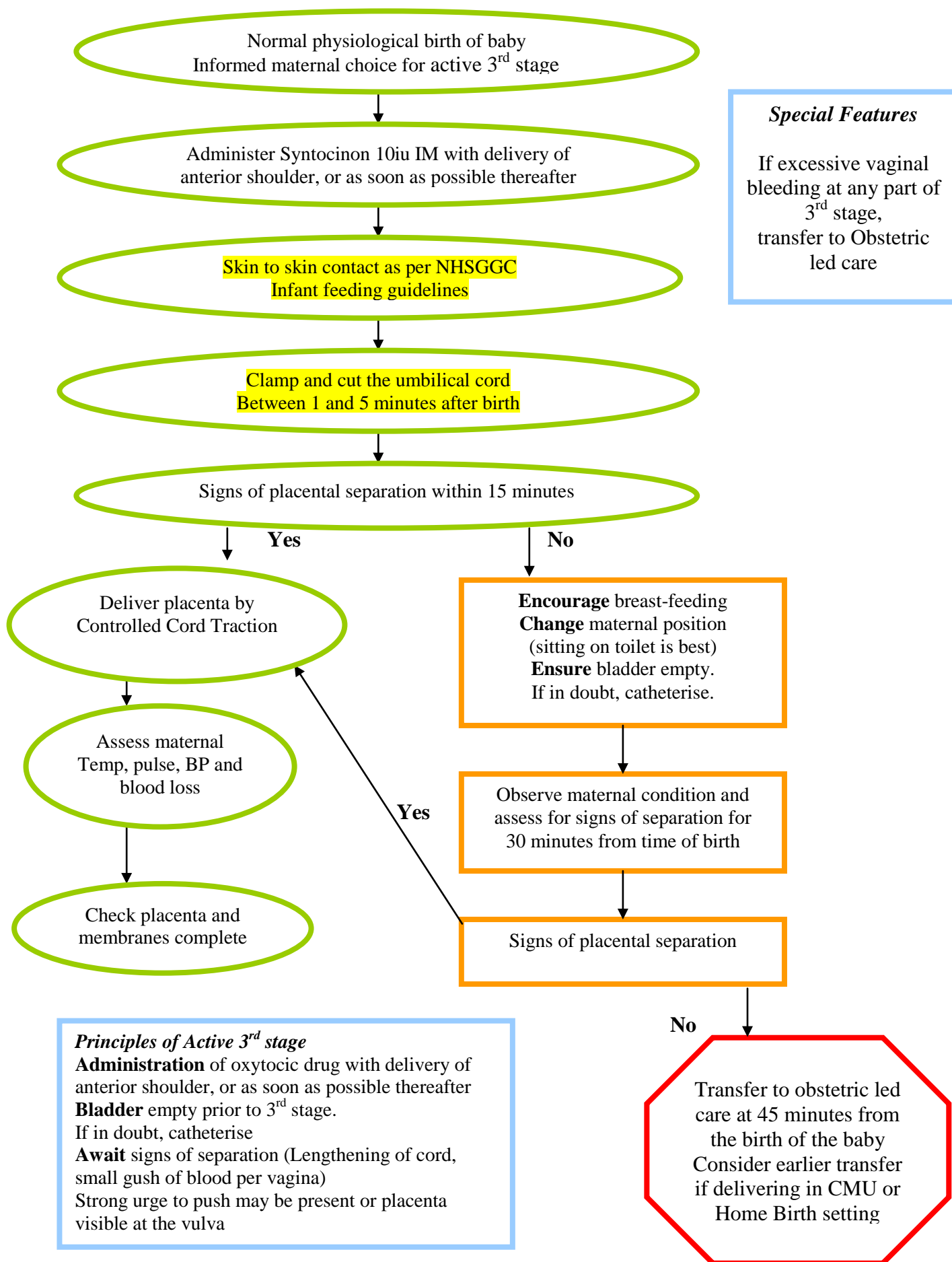
Special Features

If excessive vaginal bleeding at any part of 3rd stage, transfer to obstetric led care

Special Features
Principles of physiological 3rd stage

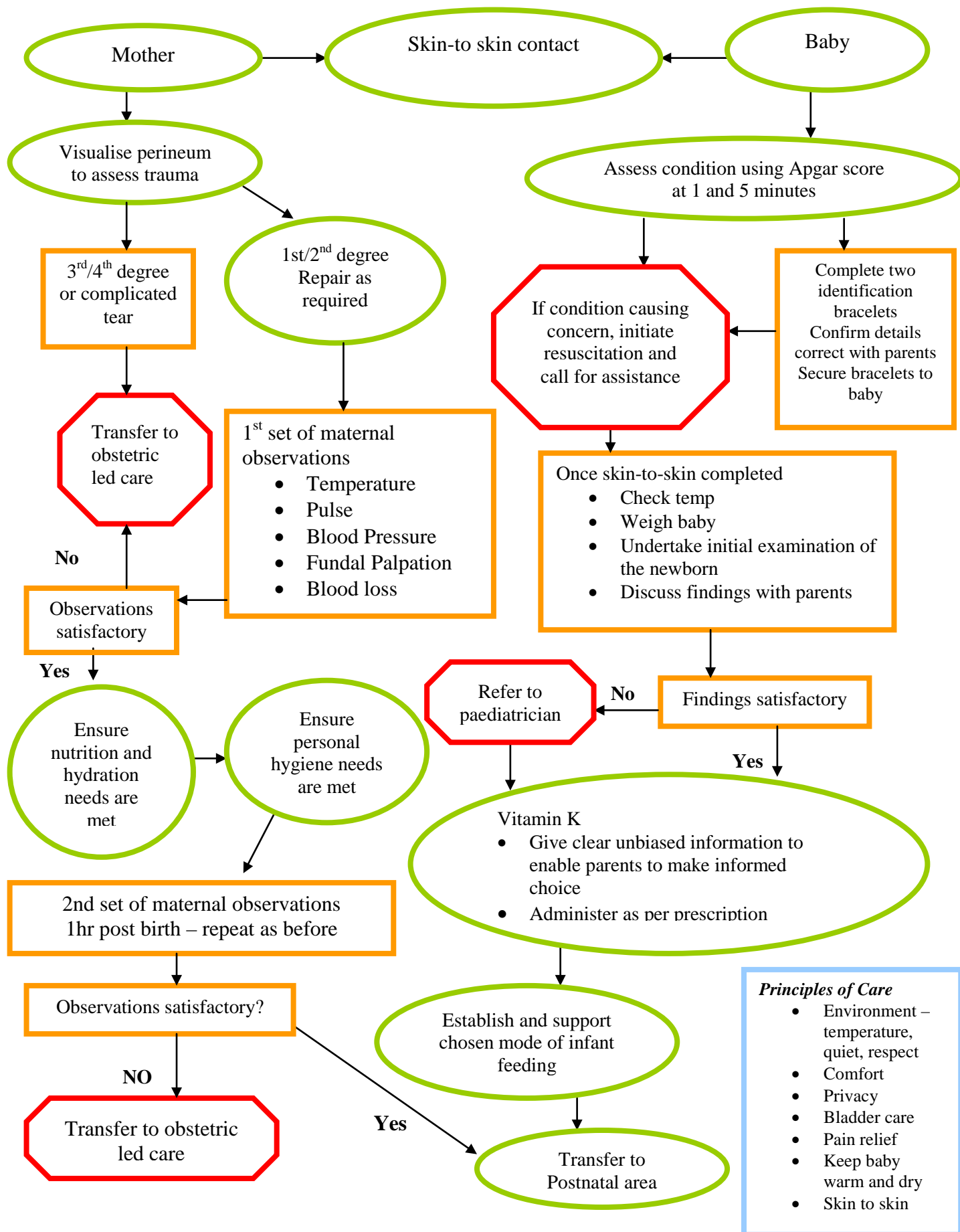
- **Informed** maternal consent should be obtained – ensure woman aware of risk of increased blood loss (4% of women will require a blood transfusion as compared to 1.4% of women having active management). Document the discussion in the woman's birth plan.
- Optimum **Hb 100g/l** or above at last check (36 week)
- **Uncomplicated** labour with effective uterine activity
- **Do not** clamp and cut the cord unless clinically indicated e.g. resuscitation of mother or baby, or until pulsation has stopped
- **Await** signs of separation (Lengthening of cord, small gush of blood per vagina)
- **Strong urge** to push may be present or placenta visible at the vulva
- **Do not** interfere with the fundus
- 3rd stage usually complete within 30 minutes.
- **Allow** up to 60 minutes for physiological 3rd stage. However, 10iU **Oxytocin IM** must be given by 60 minutes and then reviewed
- Active management **must** be undertaken at 60 minutes

Normal Birth Pathway for women in spontaneous labour and triaged to 'green' pathway Active 3rd stage of labour



Normal Birth Pathway for women in spontaneous labour and triaged to 'green' pathway

Care of Mother and Baby in the First Hour following Birth



Lead Author

Dorothy Findlay

Acting Lead Midwife RAH on behalf of GGC OGG

Title

INTRAPARTUM NORMAL BIRTH PATHWAYS v 2

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Approval

Dr Catrina Bain, Clinical Director Obstetrics GGC Date