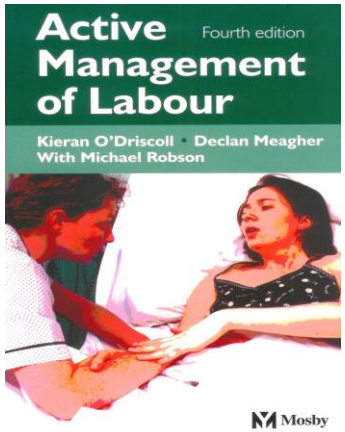
Active Management of Labour



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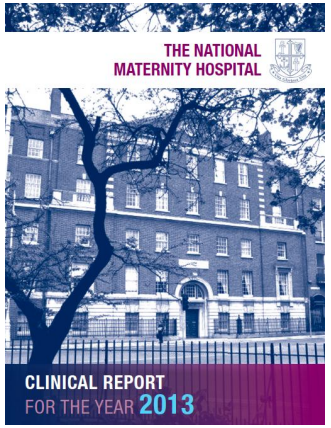


"Active Management of Labour”

BMJ 1973; 3:135-137

Active Management of Labour

At best it is often misunderstood

but

At worst misused and misrepresented

Important to Distinguish

Active Management of Labour

and

“actively managing labour”

Active Management of Labour

Active Interest in Labour

with

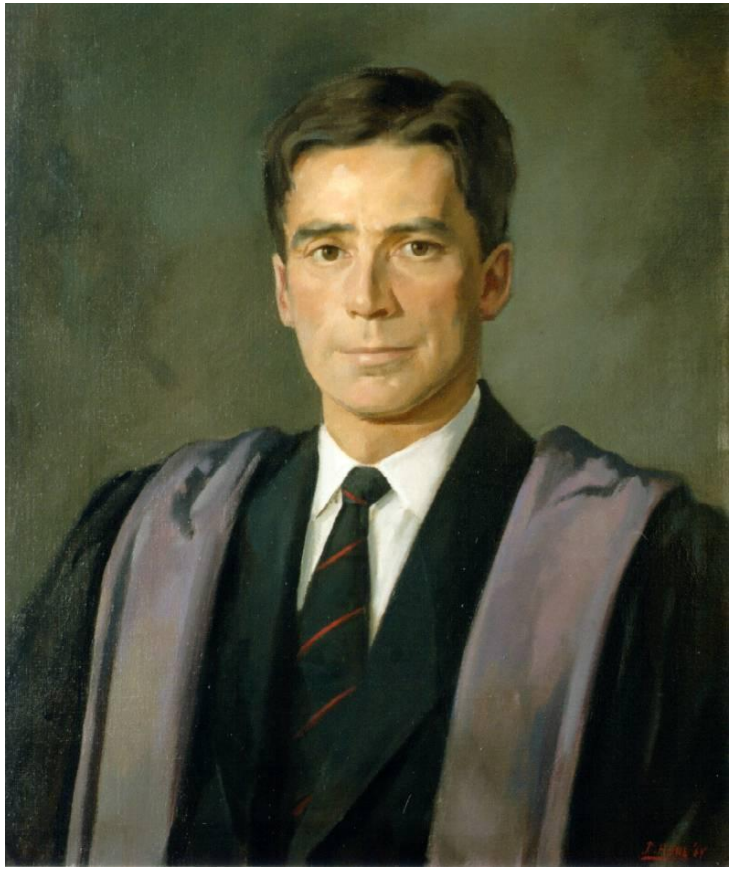
Constantly evolving processes depending on close audit of outcomes

Active Management of Labour

Concept

An ongoing active involvement in the supervision of labour at every stage, with its primary objective the improvement of the quality of care extended to all women in labour

1963



Active Management of Labour
- prevention of prolonged labour

Philosophy

Curtailment of duration of exposure to stress, with avoidance of the physical and emotional trauma, which is likely to follow prolonged labour

The prevention of prolonged labour BMJ 1969; 2:477-480.

Active Management of Labour

Although childbirth has long ceased to present a serious physical challenge to healthy women in western society, the emotional impact of labour remains matter of common concern

Active Management of Labour.
K O'Driscoll K. BMJ 1973; 3:135-137

Active Management of Labour
- normal labour

Described as when a baby is born vaginally, by the efforts of the mother, within a reasonable timespan, provided no harm befalls either party as a result of their experience. Twelve hours is regarded a reasonable timespan.

BMJ 1973; 3:135-137

Active Management of Labour
- *abnormal or difficult labour (Dystocia)*

Described as when delivery is by caesarean section, or vaginally by the efforts of the doctor, when duration exceeds 12 hours, or when some harmful effect befalls either mother or child

BMJ 1973; 3:135-137

Active Management of Labour
- key message

Efficient uterine action is the key to normality

Active Management of Labour
- principles

Clear distinction is made between

- Nulliparous vs multiparous +/- scar
- Spontaneous vs induction
- Single cephalic vs obstetrical abnormalities

Active Management of Labour

In practice

- Antenatal preparation with classes
- Early but correct diagnosis of labour
- Ensure fetal wellbeing
- Early diagnosis and treatment of inefficient uterine action
- Maternal wellbeing and personal attention (one to one)
- Midwifery based but integrated care
- Organisation framework
- Continual peer review audit

Key group of women

Spontaneously labouring nulliparous women with a single cephalic pregnancy at greater or equal to 37 weeks gestation (Group 1)

Robson MS. Classification of Caesarean Sections.
Fetal and Maternal Review 2001; 12:23-39. Cambridge University Press

Diagnosis of labour

The most important decision in obstetrics

Diagnosis of Labour
- by the midwife

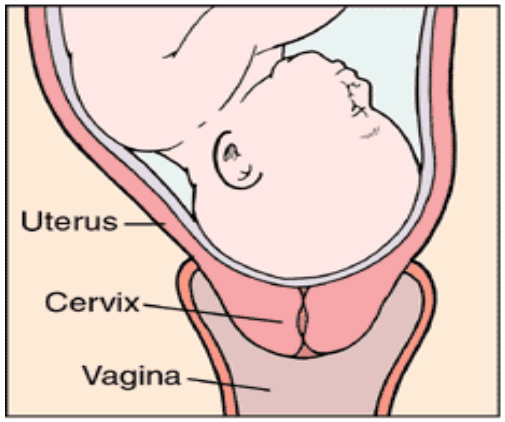
History

Uterine contractions +/- show, +/- ruptured membranes

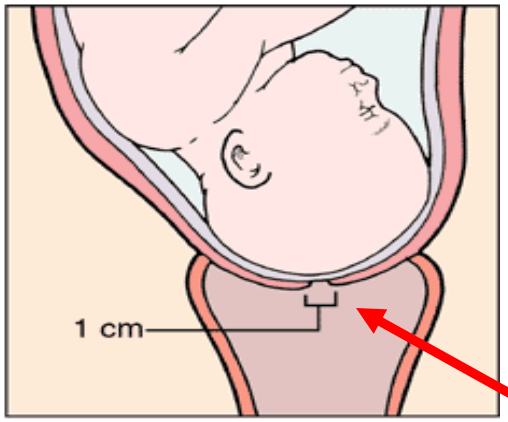
Examination

Effacement of cervix irrespective of degree of dilatation

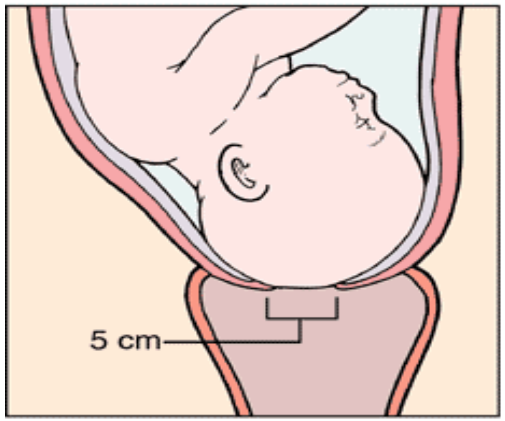
Cervical Effacement and Dilatation During Labor



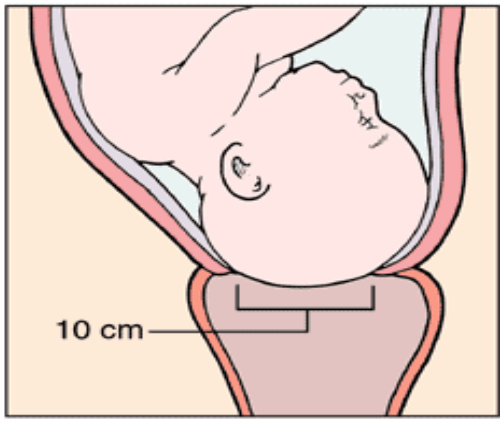
1. Cervix is not effaced or dilated.



2. Cervix is fully effaced and dilated to 1 cm.

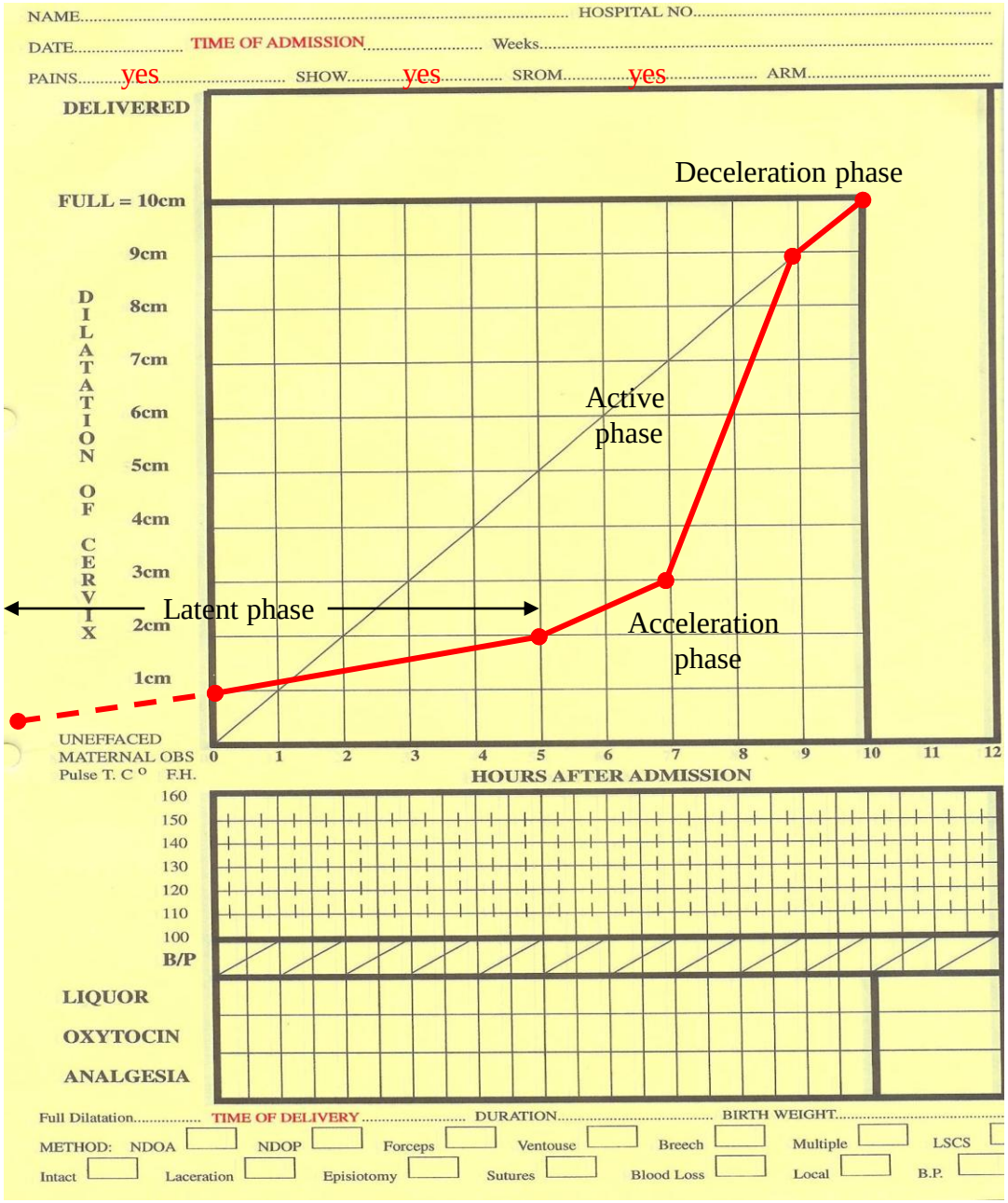


3. Cervix is dilated to 5 cm.



4. Cervix is fully dilated to 10 cm.

Effaced cervix is confirmation of diagnosis of labour irrespective of dilatation



Active Management of Labour

Latent phase

Is not useful in the diagnosis and the management of labour

Effacement

of the cervix is the key to the diagnosis of labour and it's graphic analysis and that is when the partogram is started

Dilatation on diagnosis

80% < 3cm

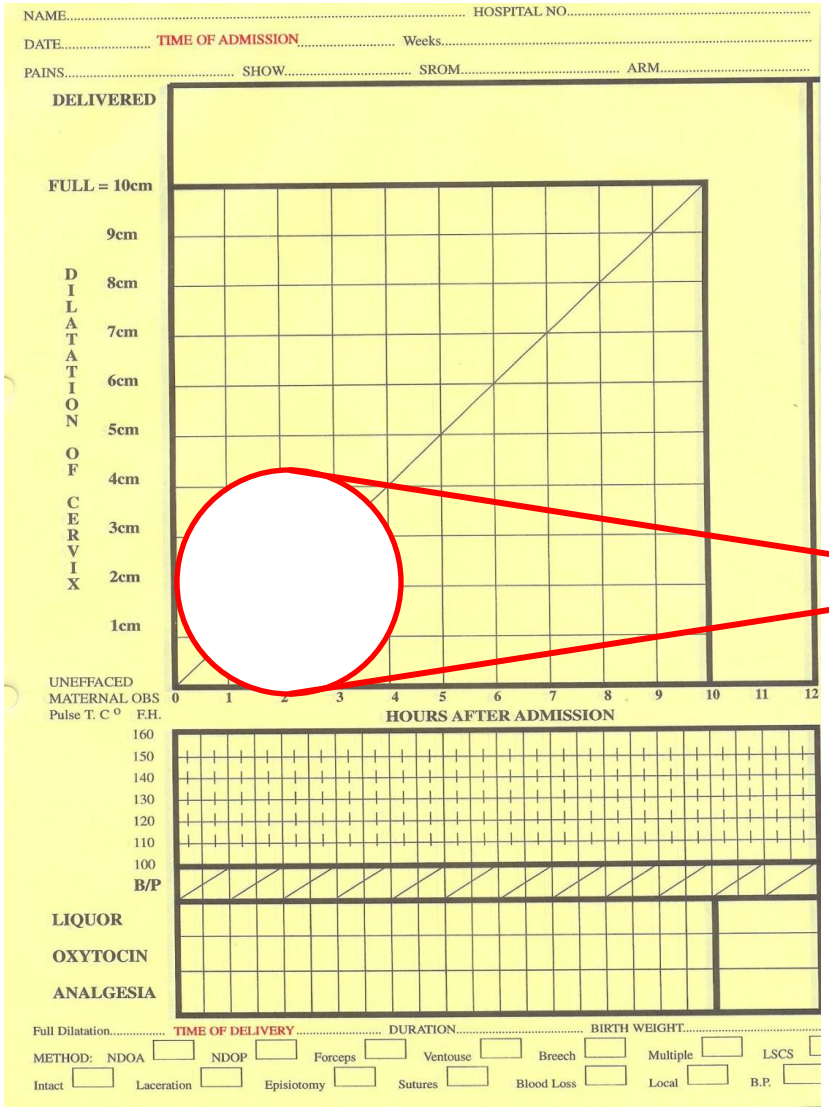
Amniotomy is performed at the diagnosis of labour

To assess the fetal condition at the start of labour

Determine which fetuses need continuous electronic monitoring

Other beneficial effects
Shortens the labour
Decreases need for oxytocin

National Maternity Hospital, Dublin



Spontaneously labouring nulliparous women with a single cephalic pregnancy at 37 weeks or greater

(Group 1)

Philosophy

A clear pattern of dilation should emerge and determined clinically within the first 3-4 hours of labour

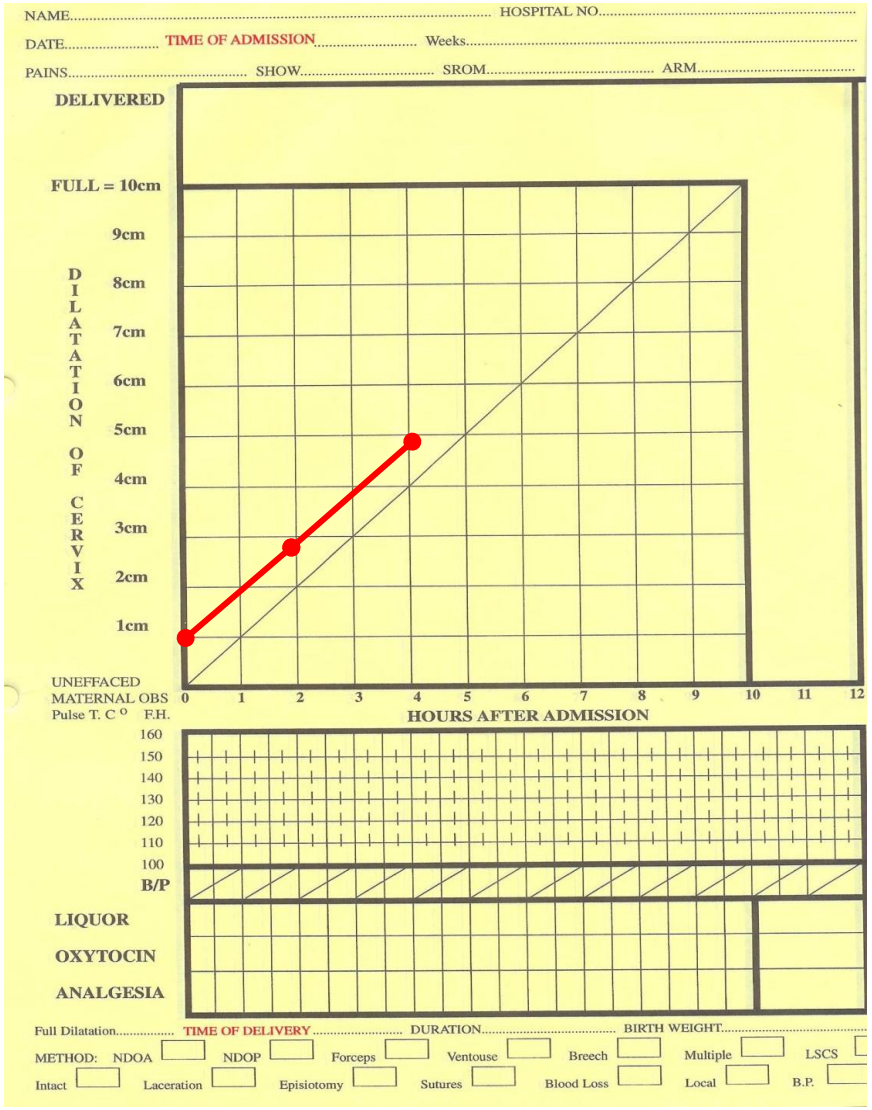
1 cm an hour is taken as normal progress

Spontaneously labouring nulliparous single cephalic women at term

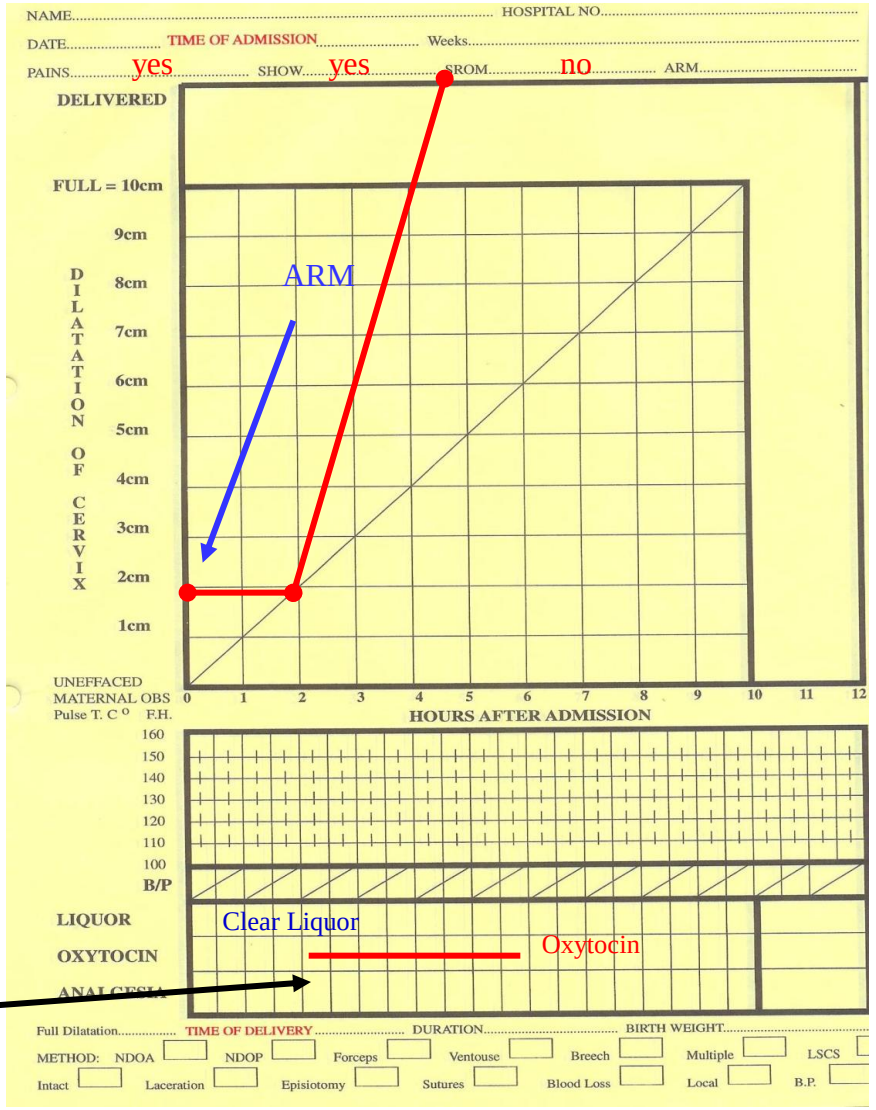
4 hours is too long to wait between examinations to make the diagnosis of inefficient uterine action

Efficient uterine action and normal progress can only be confirmed by doing vaginal examinations 2 hourly unless oxytocin is started.

Average number of vaginal examinations in total is 3.7



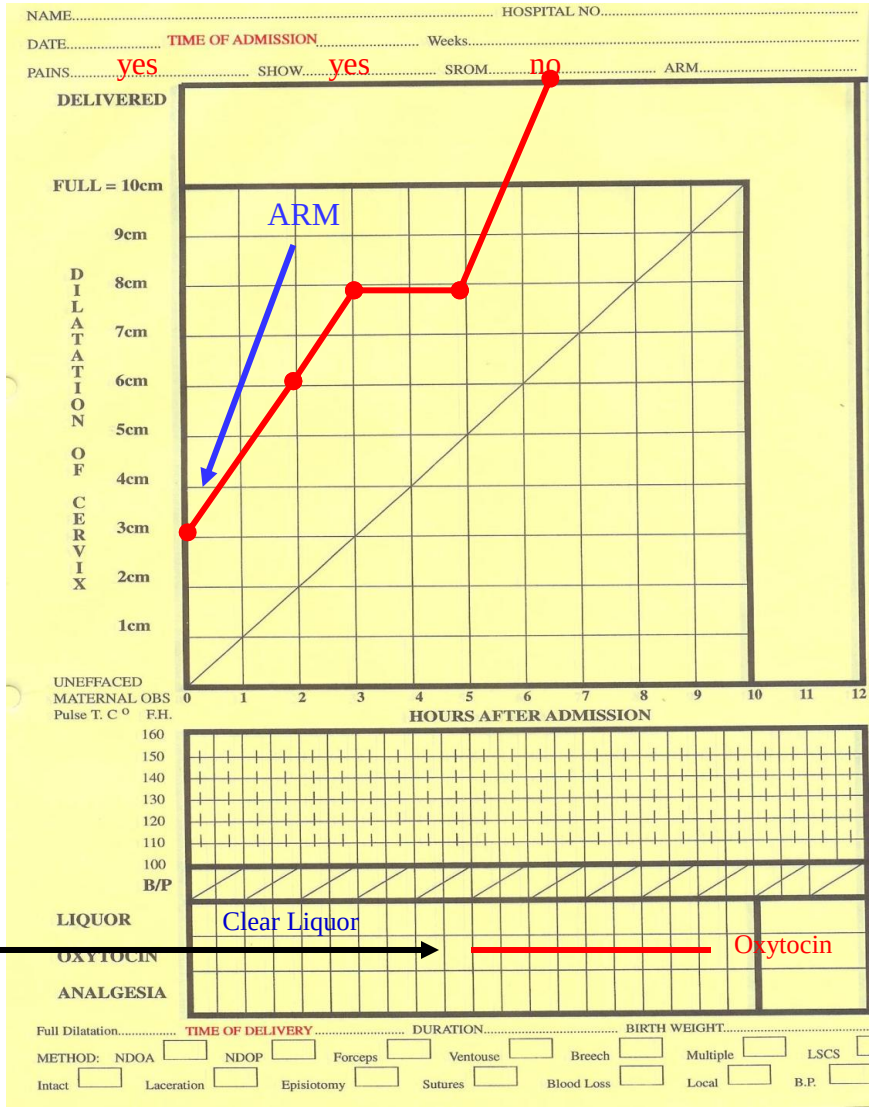
Spontaneously labouring nulliparous single cephalic women at term



Oxytocin timing

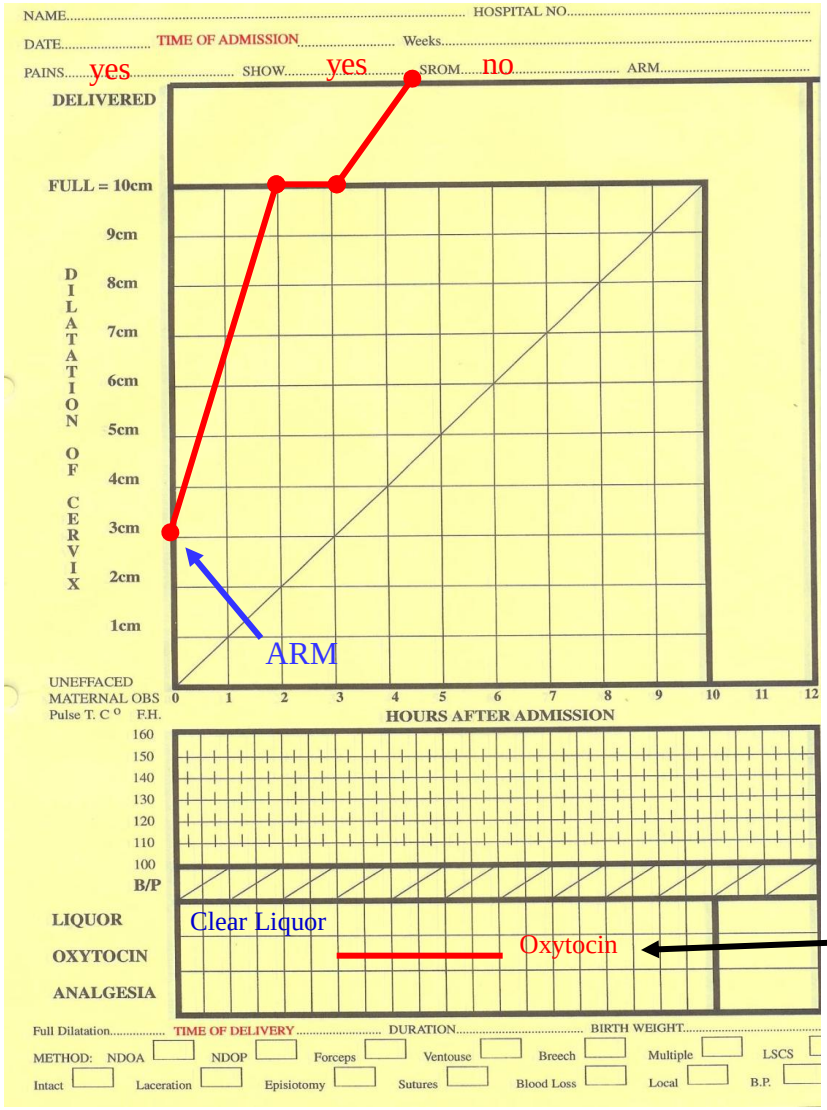
2/3 of all oxytocin is started at less than 3 cm dilatation and within 2 hours of diagnosis of labour

Spontaneously labouring nulliparous single cephalic women at term



Oxytocin timing

1/6 of all oxytocin is started between 4-9 cm (secondary arrest)



Spontaneously labouring nulliparous single cephalic women at term

Oxytocin timing

1/6 of oxytocin is started in the 2nd stage of labour

Spontaneously labouring nulliparous single cephalic women at term

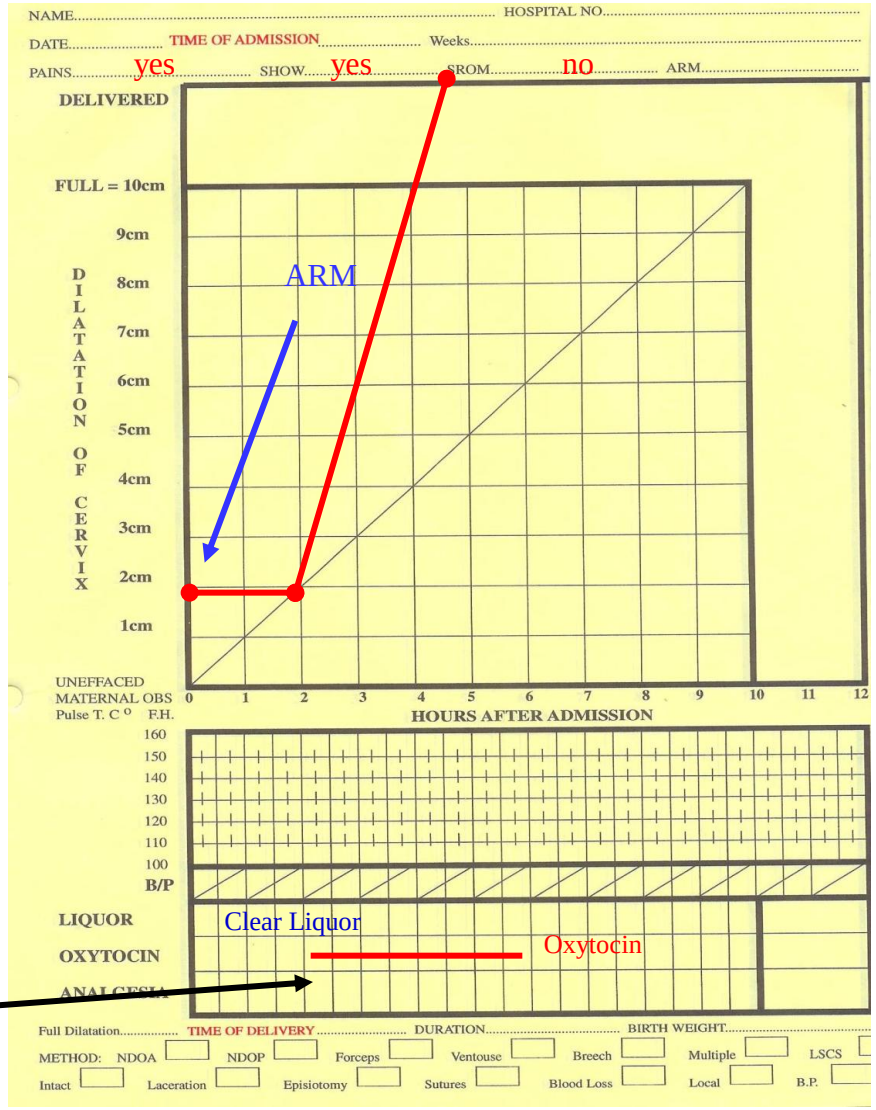
Total Oxytocin Incidence
50%

Oxytocin Dose
Increments of 5mu/min every 15 minutes to a maximum of 30 mu/min
No more than 7 contractions in 15 minutes

Oxytocin timing
Never started before or at the same time as rupturing the membranes

Epidural
Rate 50%.
90% of epidurals given within 4 hrs

CS rate 6-7% and not increased significantly over the last 25 years



Active Management of Labour

In practice

- Antenatal preparation
- Early but correct diagnosis of labour
- Ensuring fetal wellbeing
- Early diagnosis and treatment of inefficient uterine action
- Maternal wellbeing and personal attention (one to one)
- Midwifery led but integrated care
- Organisation framework
- Continual peer review audit

THE NATIONAL
MATERNITY HOSPITAL

CLINICAL REPORT
FOR THE YEAR 2013

Is Active Management of Labour relevant today?

Package of care for active management in labour for reducing caesarean section rates in low-risk women (Review)

Brown HC, Paranjothy S, Dowswell T, Thomas J

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2013, Issue 9

Authors' conclusions

Active management is associated with small reductions in the CS rate, but it is highly prescriptive and interventional. It is possible that some components of the active management package are more effective than others. Further work is required to determine the acceptability of active management to women in labour.

National Collaborating Centre for
Women's and Children's Health

Final version

Intrapartum Care

Care of healthy women and their babies during childbirth

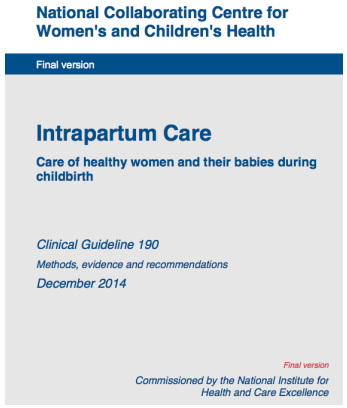
Clinical Guideline 190

Methods, evidence and recommendations

December 2014

Final version

Commissioned by the National Institute for Health and Care Excellence



11.6.2 Previous guideline

The NICE clinical guideline Caesarean Section[6] reviewed evidence from one RCT and two observational studies on oxytocin, as well as one systematic review on amniotomy. The guideline recommended that the following aspects of intrapartum care have not been shown to influence the likelihood of caesarean section (CS) for 'failure to progress' and should not be offered for this reason, although they may affect other outcomes which are outside the scope of this guideline: early amniotomy. A research recommendation was also developed as more RCTs are required to determine the effect of oxytocin augmentation as single interventions or as part of a package of interventions (such as 'active management of labour') on the likelihood of CS and other outcomes including women's satisfaction with care. Further research on the short- and longer-term health impacts of CS during the second stage, compared with instrumental vaginal birth, is needed.

Active Management of Labour

- two promises are made to the woman in labour

You will never be left alone

and

Your labour will be limited to 12 hours

Is Active Management of Labour relevant today? – *choice*

Informed choice will lead to three ‘types of care’

Some women will have a birth-plan of “minimal intervention”

Some women will request elective caesarean section

Others (the vast majority) will prefer a short labour, one to one care with a high chance of a safe vaginal delivery

They will be requesting “Active Management of Labour’

Impey Br J Obstet Gynecol 1999

Is Active Management of Labour relevant today? – *clinical practice*

A nulliparous woman requests a caesarean section because of something that may happen

(Antenatal classes)

A multiparous woman requests a caesarean section because of something that did happen

(Prolonged labour)

Is Active Management of Labour relevant today? - *organisational*

(Process driven)

Standard management

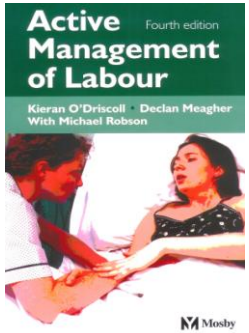
In providing quality of care to our patients we have a 'responsibility to practice evidence based medicine'

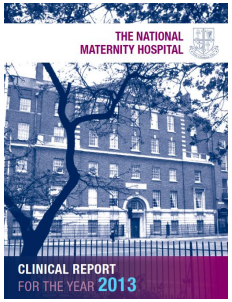
and

(Outcome driven)

Clinical Report and Audit

let us not forget our 'responsibility to collect the evidence' to ensure that we are providing quality of care to our patients





Quality is related to outcome and outcome will guide processes

Mrobson@nmh.ie