LATENT PHASE OF LABOUR

INTRODUCTION
- Latent phase of labour is a normal process during which dynamic physiological and emotional changes (unique to each woman) occur. It is vital that healthcare professionals caring for women in the latent phase of labour appreciate this physical and psychological process
- This guideline is applicable to women expecting a vaginal birth between 37 and 42 weeks’ gestation

DEFINITION
- Onset of short, mild, irregular contractions that soften, efface and begin to dilate the cervix from 0–4 cm. Average duration is poorly understood

ANTENATAL ADVICE
- Midwife will discuss process of latent phase of labour with woman in antenatal period before 37 weeks’ gestation, providing her with a realistic understanding of what to expect
- Include this topic in parent education classes and, if available locally, provide woman with information leaflet 'The latent phase of labour'
- Provide woman and her birth partner(s) with information about the type of support available during the latent phase of labour
- When developing birth plan, discuss coping strategies, as anxiety can impact on the effectiveness of other relaxation techniques

MANAGEMENT

Telephone assessment
- Most women who feel they are in labour make their first contact with midwife by telephone, in order to seek help and advice. This first contact is an important initial assessment, and it is preferable for a midwife to speak directly with the woman
- if contact is from woman’s support person, advise him/her that it would be more appropriate for midwife to speak to the woman directly
- Obtain a detailed history, in order that advice and reassurance can be based on individual need
- Document discussions, information and advice given
- retain record for future reference if woman makes contact again regarding her labour
- Midwife must exercise professional judgement when diagnosing latent phase of labour

Action
- If appropriate, encourage woman to stay at home and continue normal daily activities, light diet and plenty of fluids, ideally with company but to make further contact if her needs change or she requires midwife support
- Advise about pain relief strategies (see below)
- On the third telephone assessment made by a midwife, admit woman to maternity unit for full maternal and fetal assessment

Assessment on admission
- Midwife will obtain pregnancy history and undertake full risk assessment
- Physical observations:
  - temperature
  - pulse
  - blood pressure
  - urinalysis
- Length, strength and frequency of contractions
- Abdominal palpation:
  - fundal height
  - lie
  - presentation
  - position and station

After three telephone assessments, midwife must see woman
Latent phase 2013–15

- Vaginal loss:
  - show
  - liquor
  - blood
- Assess level of pain, including woman’s preference for coping with labour
- Consider the range of pain relief options available

**Fetal wellbeing assessment**
- Fetal movements
- Fetal growth
- To differentiate fetal heartbeat from mother’s pulse, auscultate fetal heart
- Fetal Doppler ultrasound may then be used if requested by woman
- Auscultate fetal heartbeat for a minimum of one minute immediately after a contraction
- If history of spontaneous rupture of membranes, see Pre-labour rupture of membranes guideline

**Vaginal examination**
- Following discussion with woman, consider need for vaginal examination
- if, after examination, it is decided woman is not in active labour, encourage her to go home

**Prolonged latency**
- If woman readmitted for a third time, and still not in established labour, consider electronic fetal monitoring and repeat assessment
- Advise woman to inform midwife if:
  - intensity and frequency of contractions increases
  - any change in fetal activity
  - vaginal loss
  - any other concerns, whether at home or within maternity unit
- If woman unable or reluctant to go home for whatever reason, or requires pain relief and support, care for her in a non-intrusive environment with access to food and drink
- Women remaining in hospital but not deemed to be in established labour require fetal and maternal assessment, depending on risk assessment
- Women in the latent phase of labour should eat and drink as their appetite dictates. Fasting can lead to dehydration and ketosis, resulting in the need for intervention

**Pain relief in latent phase**
- Relaxation techniques including breathing methods, massage, heat therapy e.g. with wheat bags or hot water bottle, hydrotherapy, aromatherapy and effective support from birth partner
- Hydrotherapy – consider upright positions using a shower as a more effective alternative to soaking in the bath. However if woman becomes tired, soaking in a bath may provide some relief
- Paracetamol 1 g up to 4 g in 24 hr
- TENS machine
- Consider giving pethidine as a last resort, prescribed by a medical practitioner

| Women who have been given pethidine during the latent phase should not go home for at least 6–8 hr after administration |