

LABOUR – EARLY ASSESSMENT IN THE WOMAN’S HOME

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Assessment and reassurance of the woman in the early or latent phase of labour

2. PATIENT

- Woman at 37- 42 weeks gestation, with no identified risk factors, receiving care from a known midwife in a continuity of care model who is planning to birth at home or within the hospital setting and is in early or the latent phase of labour,

3. STAFF

- Midwifery Group Practice (MGP) midwives

4. EQUIPMENT

- Mobile Phone
- Fetal heart rate Doppler and gel
- Sphygmomanometer
- Stethoscope
- Thermometer
- Disposable tape measure
- Pinnards
- Sterile single use gloves
- Lubricant

5. CLINICAL PRACTICE

- Inform woman and partner/support person during pregnancy that in some situations a home assessment visit may be offered during early labour if she chooses
- Ensure Work Health and Safety (WHS) risk assessment form is completed prior to term, or completed on the phone prior to the home visit
- Offer woman in early labour the option of a home assessment if meets criteria
- Notify another midwife, Access and Demand Manager (ADM) or After-Hours Nurse Manager (AHNM) of intention to visit, including woman’s name and location of the visit
- Assess woman in her home as outlined in midwifery admission assessment form (see appendix 1), including plan of care. Consider parity, rate of progress, and estimated travel time to hospital
- Manage using RHW Early Labour Assessment and Management in a Low Risk Pregnancy LOP, if early labour is diagnosed
- Discuss with the woman and birthing partner the normal progress of labour, reiterating the importance of contacting MGP midwives via phone when:
 - labour establishes
 - membranes rupture
 - any changes in fetal movements
 - any vaginal bleeding
 - clinical concerns regarding health and wellbeing of self or fetus
- Provide ongoing midwifery care if planned homebirth and labour is established, using RHW First Stage Labour Care LOP, and notify second on-call midwife. Inform delivery suite team leader when second stage of labour is identified
- Dial 000 for New South Wales Ambulance to attend and remain with woman until further assistance arrives if birth is imminent, or transport via private car is deemed unsafe and a homebirth is not planned

LABOUR – EARLY ASSESSMENT IN THE WOMAN’S HOME cont’d

- Document agreed plan of care with woman and partner before leaving her home and ensure other MGP midwives are aware of situation and plan
- Notify delivery suite and admissions if woman transferring into the hospital environment
- Notify relevant midwife or ADM/AHNM of your departure from the woman’s home
- Place midwifery admission assessment form (SES060403) in medical record upon return to hospital
- Arrange further follow up assessment if labour has not established within 12 hours of the early assessment in the woman’s home

6. DOCUMENTATION

- Medical record
- Antenatal Card

7. EDUCATIONAL NOTES

- Women who plan a home birth will have at least one antenatal home visit at around 36-37 weeks, which includes the home safety assessment
- Women not planning a homebirth who feel confident to stay at home until established in labour are less likely to require interventions such as artificial rupture of membranes, syntocinon, epidural or operative births ²

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Midwifery Assessment and/or Admission
- Early Labour Assessment and Management in a Low Risk Pregnancy
- Born Before Arrival (BBA)
- Homebirth Transfer to Hospital

9. RISK RATING

- Low Risk

10. NATIONAL STANDARD

- Standard 5 – Comprehensive Care
- Standard 2 – Partnering with Consumers

11. REFERENCES

1. Kobayashi S, Hanada N, Matsuzaki M, Takehara K, Ota E, Sasaki H, Nagata C, Mori R. Assessment and support during early labour for improving birth outcomes. Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD011516. DOI: 10.1002/14651858.CD011516.pub2.
2. Hanada N, Matsuzaki M, Ota E, Mori R. Psychosocial and educational interventions in latent phase or early labour for improving birth outcomes. Cochrane Database of Systematic Reviews 2015, Issue 2. Art. No.: CD011516. DOI: 10.1002/14651858.CD011516

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs group October 2020
Approved Quality & Patient Safety Committee 2014
Reviewed and endorsed Maternity Services LOPs group 6/5/14
Approved Patient Care Committee 2/4/09
Endorsed Obstetric Clinical Guidelines group March 2009

FOR REVIEW : OCTOBER 2025



Holes Punched as per AS2828.1: 2012
 BINDING MARGIN - NO WRITING

Health South Eastern Sydney Local Health District	FAMILY NAME _____ MRN _____ GIVEN NAME _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	D.O.B. ____/____/____ M.O. _____
Facility: Royal Hospital For Women		
MIDWIFERY ADMISSION ASSESSMENT Clinical Notes		
ADDRESS _____		
LOCATION / WARD _____		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Primary reason for presentation _____

Admission date _____ _____/_____/_____ Admission time _____ hrs Blood group _____ GBS status _____ Hep B status _____ Hep C status _____ Temperature _____ Pulse ____/ BP ____	G: ____ P: ____ EDD ____/____/____ Membranes <input type="checkbox"/> Intact <input type="checkbox"/> Ruptured <input type="checkbox"/> Unsure at _____ hrs on ____/____/____ Liquor colour _____ Clinical liquor volume estimate <input type="checkbox"/> N/A <input type="checkbox"/> Normal <input type="checkbox"/> ↑ <input type="checkbox"/> ↓ Comment _____ Urinalysis _____	Gestation _____ Abdo palpation <input type="checkbox"/> N/A Fundal height _____ Lie _____ Presentation _____ Position _____ Engagement _____ FHR _____ Contractions _____
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Relevant obstetric history Nil (record anything of relevance) _____

Relevant medical/surgical/social history Nil (record anything of relevance) _____

Medications _____

Allergies Nil known Yes (specify) _____

Date/Time	Maternal/fetal assessment and plan for care

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MIDWIFERY ADMISSION - CLINICAL NOTES

SES060.403