Why a Clinical Pathway?

- Loss of confidence, skill and enthusiasm for supporting women through normal birth
- We have become resigned to the interventionist way of birth
- We wanted to do something that kicked us into action!

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Why an all Wales document?

- We all wanted to work on one idea together.
- There is strength in having one set of guidelines throughout the country.

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The aim of the pathway

- To reduce unnecessary intervention in labour
- To reduce the time spent on paperwork
- To re-focus on promoting normality

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All women are given written information explaining the Pathway.
# Your Pathway Through Labour

## Prior to the onset of labour

<table>
<thead>
<tr>
<th>Expected length</th>
<th>Contrainctions</th>
<th>Meals</th>
<th>Monitoring</th>
<th>Activity</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Painless practice or &quot;Braxton Hicks&quot; contractions are common</td>
<td>Normal, eat as usual</td>
<td>You should expect to feel at least 10 movements everyday</td>
<td>You should be thinking about who you would like to be your birth partner, ensure you have a contact number for your community midwife on the labour ward</td>
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</table>

## Very early labour

<table>
<thead>
<tr>
<th>Can last several days</th>
<th>Contraction feel uncomfortable but are not yet regular</th>
<th>Small, light meals containing carbohydrates prepare the body well</th>
<th>Keep an eye on the baby's movements of at least 10 per day</th>
<th>A walk or stretching can help you relax</th>
<th>You may not want to be on your own, a birth partner can hold you, rub your back and be measuring</th>
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## Active labour - 1st stage

<table>
<thead>
<tr>
<th>1st baby: 6-20 hours</th>
<th>2nd baby onwards: 2-10 hours</th>
<th>Contraction are coming regularly about every 5 mins (or more frequently) and lasting 20-40 seconds</th>
<th>Lots of fluids help, you may not feel like eating much</th>
<th>The midwife will listen to the baby's heartbeat every 15 minutes, your blood pressure and temperature will be taken every 4 hours and your pulse every 30 minutes</th>
<th>Remaining upright and active can mean less need for pain relief and a shorter 1st stage of labour</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>You are advised to contact a midwife at this stage. A midwife will care for you throughout labour</td>
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<td></td>
<td>The midwife will monitor the vaginal tear, your &quot;water&quot; may break</td>
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<td></td>
<td>The cervix gradually dilates up to about 10 cm. This is called fully dilated.</td>
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<tr>
<td></td>
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<td></td>
<td>Being active and having a bath can help and have no side effects.</td>
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<td></td>
<td>Pain killing drugs are available, your midwife will discuss them</td>
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<td>At the end of the 1st stage, you might become a bit &quot;thirsty&quot; and feel you cannot cope. This is a good sign you are nearly there.</td>
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## Cervical Dilation

<table>
<thead>
<tr>
<th>Cervical Dilation</th>
<th>Pain Relief</th>
<th>How you may feel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your cervix is closed and about 2cm in thickness.</td>
<td>Bathing, mobilising, a Tens machine, massage, relaxing music and Paracetamol (no more than 8 in 24 hours) can really help.</td>
<td>Expectant, excited, uncertain and anxious</td>
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</tbody>
</table>

## Fetal Monitoring

- The midwife will listen to the baby's heartbeat every 15 minutes.
- Your blood pressure and temperature will be taken every 4 hours.
- Your pulse will be checked every 30 minutes.

## Support

- You should be thinking about who you would like to be your birth partner.
- Ensure you have a contact number for your community midwife on the labour ward.

## Activity

- A walk or stretching can help you relax.
- You may not want to be on your own; a birth partner can hold you, rub your back, and be measuring.

## Monitoring

- You should expect to feel at least 10 movements everyday.
- Keep an eye on the baby's movements of at least 10 per day.

## Meals

- Normal, eat as usual.
- Small, light meals containing carbohydrates prepare the body well.

## Contrainctions

- Painless practice or "Braxton Hicks" contractions are common.
- Contraction feel uncomfortable but are not yet regular.
The Pathway is in three parts

Part One
Telephone advice
Part Two

Initial assessment

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Part Three
Care in Labour

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Documentation is by exception …

Midwives only write down deviations from the normal.

If labour is progressing normally then only a signature is required
Progress is charted on a Partogram.

There is also a second stage of labour partogram over the page.
Challenges

• Not just another partogram

• Requires constant vigilance and effort

• Clear communication with women
Process and Product

The process has been as inspirational as the product

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Why Do We Think It Will Work?

Because midwives want it to

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Never doubt that a group of committed individuals can change the world. Indeed it is the only thing that ever has.

Margaret Mead