

Wessex Intrapartum Care Network Pathways No 4: Latent phase of labour at term – Nov 2024

Definition
There are contractions AND there is some cervical change, including cervical position, consistency, effacement and dilatation up to 4 cm (NICE NG235)

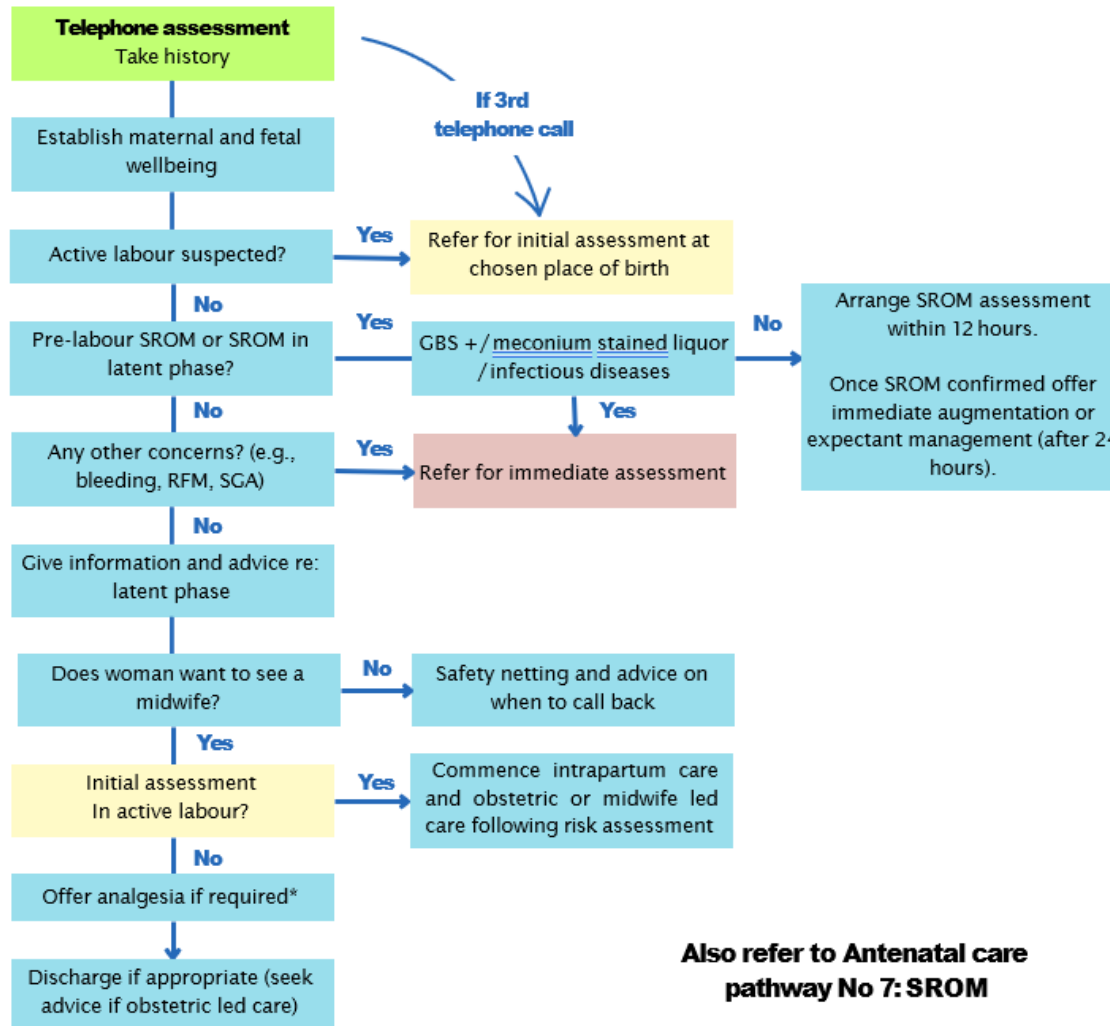
- Individualise care if <4cm but regular contractions

Prolonged latent phase
Definitions vary and care should be individualised
Unless indicated earlier:

- Invite for initial assessment at third phone call.
- Offer obstetric review on 3rd admission or if maternal concerns regarding her wellbeing.
- Perform risk assessment on admission and discuss with women (and birthing partners)

Location of initial assessment
At home for women where possible or in their planned place of birth.

Reference: NICE (NG235) Intrapartum care



Observations of inpatients in latent phase
Consider psychosocial needs of all women admitted in latent phase

Midwifery-led care:

- IA, assessment of uterine activity, fetal movements and PV loss every 60 minutes
- Maternal observations 4-6 hourly

Obstetric-led care:

- CEFM on admission then undertake IA every 60 minutes unless indicated otherwise
- Assessment of uterine activity, fetal movements and PV loss every 60 minutes
- Make a plan for ongoing CEFM in latent phase depending on individualised risk assessment
- Maternal observations at least 4 hourly depending on risk factors present

***Analgesia in latent phase**

- Observe carefully for signs of transition to active labour, e.g., change in behaviour/contraction pattern.
- If request for further analgesia, consider increase in frequency of fetal monitoring/offer VE
- Offer use of pool in latent phase if requested and clinically suitable
- Offer an epidural if requested (NICE NG235)
- Post-opiates in latent phase - there is no clear guidance on length of stay. Ensure pain relief is satisfactory and offer psychological and emotional support