Perinatal Services BC
An agency of the Provincial Health Services Authority

GUIDELINES FOR REGISTERED NURSES

Core Competencies and Decision Support Tools: Management of Labour In An Institutional Setting If the Primary Maternal Care Provider Is Absent

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GUIDELINES FOR REGISTERED NURSES

Core Competencies and Decision Support Tools: Management of Labour In An Institutional Setting If the Primary Maternal Care Provider Is Absent

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Preface

Welcome to the second edition of the *Guidelines for Registered Nurses – Core competencies and decision support tool: Management of labour in an institutional setting if the primary maternal care provider is absent,* developed and published by Perinatal Services BC. The first edition was released in September 2009. This edition has been revised to improve clarity and consistency of information, based on current evidence and best practices, and incorporated feedback from professional nurses and other maternity care providers.

Acknowledgement

We would like to extend our sincerest thanks to members of the original committee who contributed their professional expertise and time in the first edition; many members are also contributors and reviewers in this second edition.

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Aim of the Document

In August 2005, the Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act came into force. This Regulation sets out the scope of practice for registered nurses and nurse practitioners in British Columbia.

The following core competencies are set for Restricted Activities in Section 6 of the Regulation for Registered Nurses (RNs) caring for labouring women in an institutional setting if the primary maternal care provider is absent (College of Registered Nurses of British Columbia [CRNBC], 2008). Restricted activities in the management of labour pose significant risk of harm to the public; CRNBC has further set limits/conditions on these restricted activities by requiring that:

Registered Nurses who manage labour in an institutional setting must demonstrate the competencies and follow decision support tools established by Perinatal Services BC (PSBC). www.perintalservicesbc.ca

A. Introduction

For the purpose of this document, the identified core nursing competencies for managing labour relate to the care of healthy women in labour at term with spontaneous onset of labour. According to the BC Perinatal Database Registry, about 40,000 women give birth in British Columbia each year; most women have healthy pregnancies. In 2009–2010, almost 84% of women gave birth to a single baby after 37 weeks of pregnancy with the baby presenting head first. Most women (more than two-thirds) go into labour spontaneously. The majority of women giving birth in BC therefore fall under the scope of this document.

The core competencies in this document are focused primarily in the realm of normal labour, which the committee members deemed to be applicable as a starting point to delineate common nursing competencies in the perinatal arena across all settings providing maternity services. Normal labour is defined as "a spontaneous onset and progress of labour to a spontaneous (normal) delivery at 37–42^{+0} gestation with a normal third stage" (SOGC, 2008). However, it is acknowledged that RNs caring for women with apparent "normal" labour must possess the competencies to recognize, communicate and intervene in commonly occurring urgent and emergent situations and to provide emergency care in the absence of the primary care provider.

These core competencies and decision-support tools will provide guidance to registered nurses for the care of women during labour within the framework of:

- Assessment
- Organization, Coordination and Provision of Care
- Communication and Documentation
- Urgent and Emergent Maternal, Fetal, and Newborn Conditions

They have been designed to provide a framework for nurses, clinicians and nurse educators for supporting continuing professional development and are useful for all perinatal nurses whether they be a novice or an experienced practitioner.

B. Key Assumptions

1. Definition of Management of Labour

The definition for management of labour was adopted from the joint statement developed by the CRNBC, College of Midwives of BC and The College of Physicians and Surgeons of BC (May 2008) as: Managing labour includes providing care, advice and support to a woman in labour, guided by current standards and evidence for optimum maternity care. It includes collaborating with other care providers, as appropriate to each regulated health professional's scope of practice, and is carried out in the context of informed consent, respecting the woman's values and her role in decision-making.

Managing labour means taking professional responsibility and accountability for:

- the assessment of maternal and fetal well-being in labour
- the assessment of progress in labour
- clinical decisions and clinical actions based on the above assessments

2. Support for Normal Labour and Birth

- Labour and birth are normal physiological processes for healthy childbearing women and should be protected, promoted and supported by all health care providers.
- The aim of the care is to achieve a healthy mother and child with the least possible level of intervention that is compatible with safety. This approach implies that: in normal birth there should be a valid reason to interfere with the normal process (WHO, 1997).

3. Practice Setting

- The core competencies and decision-support tools apply equally to RNs in BC who care for women in labour at facilities that offer designated maternity services. Facilities with designated maternity services are defined as those with patient units or portions of patient units that are appointed for the specified purpose of providing intrapartum and postpartum care.
- An RN who works in a small rural hospital or setting that does not have designated maternity services is ethically obligated to provide the best care s/he can in the absence of the primary care provider, given the circumstances and her/his level of competence.

4. One-to-one Support in Labour

- A woman in active phase of labour should receive supportive one-to-one care; this means that the RN provides continuous supportive care for the woman and fetus/newborn from active first stage to completion of the fourth stage of labour.

5. Neonatal Resuscitation Program

- The Neonatal Resuscitation Program is an education program designed to teach the principles and concepts of newborn resuscitation in maternity care settings. The Canadian Paediatrics Society recommends that there should be at least one person at every low-risk delivery whose primary responsibility is the baby and can initiate resuscitation (NRP, 2006). NRP is a well accepted educational program in British Columbia. Nurses who provide intrapartum care are expected to keep current in their NRP certification.

C. Core Nursing Practice Competencies

Managing Labour in an Institutional Setting if the Primary Maternal Care Provider is Absent			
KNOWLEDGE of:	**SKILL in:**	**JUDGMENT or reasoning in:**	**ATTITUDE by:**
1. Assessment			
• Maternal anatomical and physiological adaptation to pregnancy, labour and birth[1] • Psychosocial adaptations of pregnancy and in labour and birth • Fetal growth and development pattern during pregnancy, including placental function and fetal heart rate adaptation • Comprehensive assessment of fetal well being including gestational age and fetal growth assessment • Comprehensive maternal assessment including demographic, obstetrical, medical, surgical, psycho-social, religious, spiritual and cultural factors • Risk factors for maternal/fetal complications • Social determinants of health and their impact on access to care and perinatal outcomes • Process and stages of normal labour and birth • Process of initiation of breastfeeding • Assessment for urgent and emergent conditions	• Protecting and supporting the normal labour and birth process • Providing evidenced based care • Identifying psychosocial support needs • Performing a comprehensive assessment of maternal/fetal/newborn well being using a variety of sources • Assessing fetal heart rate • Promoting maternal-newborn interaction and attachment behaviours	• Assessing the appropriateness of labour admission • Identifying maternal-fetal risk factors • Recognizing the signs and symptoms, and progression of the labour and birth process • Evaluating progress in labour • Recognizing normal and variances in fetal wellbeing during labour • Recognizing the need for transfer or transport to a higher level of care • Selecting the appropriate method of intrapartum maternal and fetal assessment (appropriate use of technology)	• Valuing childbirth as a healthy, normal physiologic event • Providing Woman-Centred Care • Respecting the woman's preferences, choice, and cultural beliefs • Demonstrating self-awareness of own beliefs and values and their impact on perinatal care

1 Labour and birth include the first, second, third and fourth (end of first hour) stages of labour.

Managing Labour in an Institutional Setting if the Primary Maternal Care Provider is Absent			
KNOWLEDGE of:	**SKILL in:**	**JUDGMENT or reasoning in:**	**ATTITUDE by:**
2. Organization, Coordination and Provision of Care			
• Methods used to promote labour progress and comfort • Physical and psychological needs during labour and birth • Non-pharmacologic comfort techniques and pharmacologic pain relief options • Maternal and neonatal levels of care and transport	• Assessing woman's knowledge, expectations of care and capacity to manage her labour and birth • Using clinical reasoning and judgement in decision making • Providing a safe physical & therapeutic labour and birth environment in expected and unplanned situations • Supporting the woman and her support person(s) using therapeutic support measures and providing evidenced based care • Implementing appropriate comfort measures to the labouring woman • Monitoring woman's response to pain relief options • Administering appropriate medications/ treatment • Collecting specimens, and interpreting laboratory data • Initiating intravenous access • Facilitating breastfeeding initiation and maternal-newborn interaction • Performing neonatal resuscitation	• Advocating for spontaneous labour • Ensuring freedom of movement as a means of promoting normal labour • Recognizing indications for and the effects of non-pharmacological or pharmacological pain relief options • Selecting appropriate interventions to promote maternal/fetal/newborn wellbeing • Interpreting laboratory test and ultrasound results and taking appropriate action	• Promoting normal labour and birth • Keeping mother and baby together • Promoting early skin-to-skin contact • Demonstrating self-awareness of own attitudes and beliefs about labour support strategies and use of comfort measures and/or pain relief options

Managing Labour in an Institutional Setting if the Primary Maternal Care Provider is Absent			
KNOWLEDGE of:	**SKILL in:**	**JUDGMENT or reasoning in:**	**ATTITUDE by:**
3. Communication and Documentation			
• Effective and systematic communication • Documentation and reporting requirements	• Communicating the woman's assessment and care plans with the Primary Care Provider (in a thorough and timely manner) • Utilize a systematic method of communication • Using provincial (PSBC) documentation tools and institutional records	• Appropriate consultations to: ▪ Primary care provider ▪ Other health care disciplines ▪ Referrals to community services • Guiding the woman through an informed decision-making process • Providing evidenced based information to the woman and her support person(s)	• Demonstrating respect to others • Celebrating birth • Respecting the woman's choice • Discussing with the woman her wishes, concerns and questions regarding her birth plans
4. Urgent and Emergent Maternal/Fetal/Newborn Conditions			
• Maternal/fetal/newborn urgent and emergent conditions • Guidelines for maternal/ fetal/newborn urgent and emergent conditions	• Initiating appropriate treatment for urgent and emergent conditions • Effective and timely communication with primary care provider • Facilitating transfer to another facility • Keeping mother and support person(s) informed of condition • Participating in post birth debriefing with the woman and her support person(s)	• Recognizing the onset of urgent and emergent complications	• Demonstrating Woman-Centred Care principles

D. Managing Labour: Decision Support Tools

As indicated by CRNBC, DSTs for managing labour are evidenced-based documents used to guide the assessment, diagnosis and treatment of client-specific clinical problems. When practice support tools are used to direct practice, they are used in conjunction with clinical judgment, available evidence, and following discussion with colleagues. Nurses also consider the woman's needs and preferences when using decision support tools to make clinical decisions.

Although the information provided in the DSTs is designed to assist nurses once a concern or problem has been identified; nurses are expected to possess foundational knowledge, skills, attitude and judgements in basic maternity nursing care and know when labour is progressing well on its own. However, the following content should not be construed as educational content for a comprehensive perinatal nursing course, nor do they replace additional education in perinatal nursing specialty. For a detailed description of a suggested curriculum for Perinatal Nursing Specialty, please refer to Annex 1: Education Curriculum for Managing Labour.

1. Decision Support Tools

For selected urgent and emergent conditions, the following DSTs have been developed:

Decision Support Tools
Managing Labour in an Institutional Setting
if the Primary Maternal Care Provider is Absent

1. Obstetrical Triage and Assessment
2. Intrapartum Fetal Health Surveillance
3. Assessment and Immediate Management of Preterm Labour/Birth
4. Evaluation of Progress of Labour/Dystocia
5. Discomfort and Pain in Labour

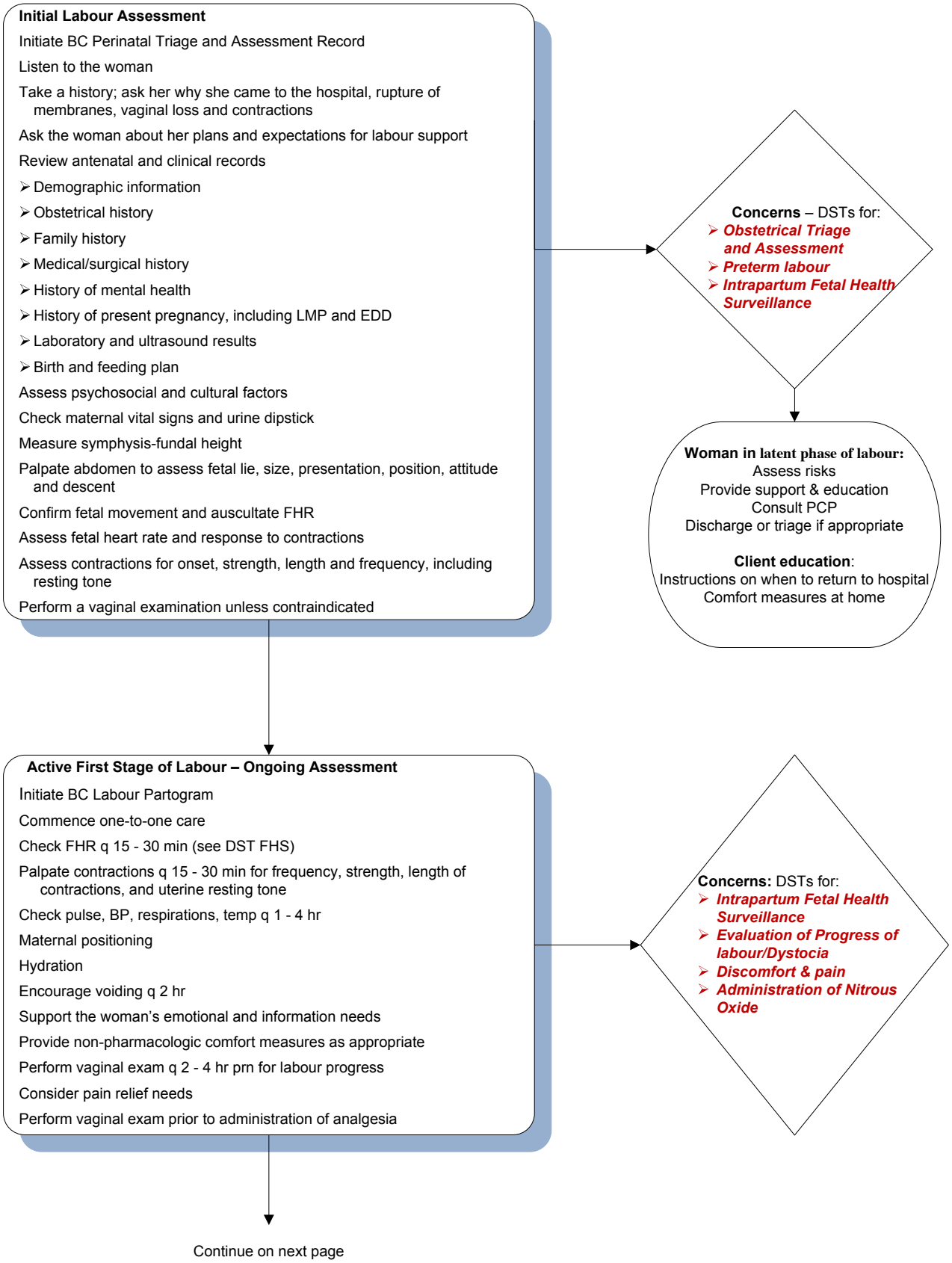
   5A. Administration of Nitrous Oxide
6. Birth in the Absence of a Primary Care Provider
7. Postpartum Hemorrhage

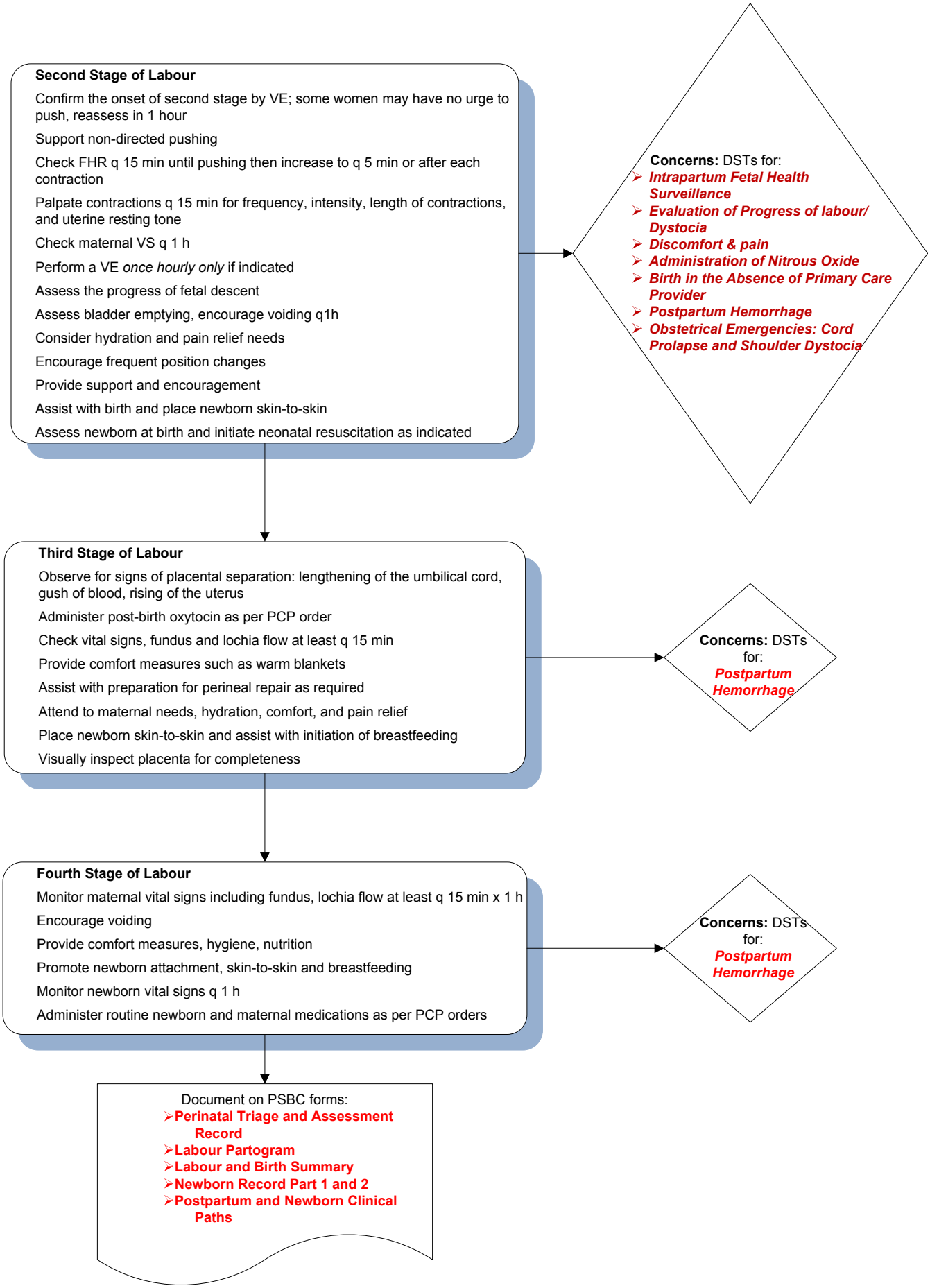
8A. Obstetrical Emergencies – Cord Prolapse

8B. Obstetrical Emergencies – Shoulder Dystocia

2. *Assessment in Labour and Birth*

The following section outlines the nursing assessment required to care for a healthy woman and her fetus/ newborn during the first, second, third and fourth stages of labour.





ANNEX 1: SUGGESTED EDUCATION CURRICULUM FOR MANAGING LABOUR

THEORETICAL CONTENT

General

1. The RN will be able to discuss the relationship between social context and pregnancy outcomes. Specifically, the RN will be able to describe and discuss the health impacts including but not limited to:
   - Social determinants of health (*poverty)
   - Lack of access to prenatal care (*support)
   - Substance use
   - Violence
   - Mental health issues
2. The RN will be able to effectively communicate clinical findings, including a nursing diagnosis, using appropriate terminology and a clear and systematic approach e.g. SBAR (Situation-Background-Assessment-Recommendation) or CHAT (Context-History-Assessment-Tentative Plan).
3. The RN will be able to describe and demonstrate use of PSBC and institutional documentation forms

Antepartum

1. The RN will be able to describe, interpret and discuss the components and significance of:
   - Anatomical and physiological adaptations of pregnancy
   - Psychosocial adaptations of pregnancy
   - Fetal growth and development pattern during pregnancy, including placental function and fetal heart rate adaptations
   - A comprehensive assessment of fetal well being
   - A comprehensive antenatal assessment including:
     - Demographic data
     - Obstetrical history
     - Family history
     - Medical/surgical history
     - Social history
     - History of mental illness
     - History of substance use and exposure
     - Gestational age assessment
     - Laboratory and ultrasound results
     - Birth and feeding plan
     - Maternal and fetal physical assessment
     - Psychosocial, life-style, spiritual and cultural assessment
     - Prenatal visit record

Intrapartum

1. The RN will be able to describe, interpret and/or discuss the components and significance of:
   - Promoting, protecting and supporting normal birth
   - The 4P's related to the mechanism of labour (powers, passage, passenger, psyche)
   - The mechanism of labour
   - Appropriate indications for induction
   - Anticipated length of each phase and stage of labour
   - Ongoing maternal assessments
   - Maternal physical and psychosocial needs
     - Emotional and psychosocial support
     - Oxygenation
     - Nutrition/Hydration

    - Rest, activity, and freedom of movement during labour
    - Non pharmacologic and pharmacological comfort measures
        - ◊ Incorporating the woman's and family choices
        - ◊ Indications and contraindications for pain relief options
        - ◊ Risks and benefits of non pharmacological and pharmacological options
        - ◊ Nursing assessments required when nonpharmacological and pharmacologic pain relief options are used
- Ongoing fetal assessments:
    - Rationale for using intermittent auscultation
    - Rationale for initiating electronic fetal monitoring
- Preparation of a safe environment for birth
- Priority setting and provision of care in a rapidly progressing labour (precipitous)

2. The RN will be able to describe, interpret, and/or discuss the significance of:

- Latent phase of labour
    - Assessment of the women in a triage setting
    - Avoiding admission to labour and delivery area until active labour is established
    - Establishing a plan to meet the woman's needs at home or in a non-labouring hospital unit
    - Observation, rest and therapeutic analgesia are preferable compared to an active approach of amniotomy and oxytocin induction
- Cardinal movements of birth
- The benefits of spontaneous physiological pushing techniques (in non supine positions)
    - Intact perineum
    - Promoting pelvic floor integrity
    - Optimal fetal oxygenation
- Nursing interventions that promote normal labour progress
    - Woman-centred care
    - Continuous labour support
    - Freedom of movement during labour
    - Hydration
    - Position changes
    - Empty bladder
    - Avoiding routine interventions and restrictions
    - Appropriate use of technology
    - Evaluation of uterine activity
- Comfort and support measures
- Ongoing maternal assessments
- Ongoing fetal assessments
- How to appropriately respond to the emotional needs of the woman

3. The RN will be able to describe and discuss:

- Physiological vs. active management of the third stage of labour
- Normal appearance and integrity of the placenta
- Number of vessels in umbilical cord
- Principles of cord blood sampling
- Normal newborn transition
- The benefits of early skin-to-skin contact
- Normal newborn behavioural states and reflexes
- Nursing actions that promote stabilization of the newborn
- Newborn conditions that would require further assessment
- Resuscitation of the newborn according to NRP standards
- The joint WHO/UNICEF statement for the ten steps for successful breastfeeding.
- The benefits of breastfeeding and the risks associated with breast milk substitutes

4. The RN will be able to describe and discuss:
   - The normal course of the fourth stage
   - Nursing actions that promote and maintain maternal and newborn stabilization
   - Rationale for prophylactic newborn medications
   - Strategies to facilitate maternal-infant attachment
   - Nursing actions that facilitate and promote early skin-to-skin contact and initiation of breastfeeding
   - Mother and baby together with no restrictions on breastfeeding
   - Components of maternal postpartum assessment
   - Components of neonatal assessment
   - The components of a comprehensive discharge plan

Urgent and Emergent Conditions

1. The RN will be able to recognize and manage and/or discuss the management of the following urgent conditions:
   - Early labour assessment
   - Abnormal progress of labour/labour dystocia
   - Precipitous labour
   - Meconium stained amniotic fluid
   - Atypical FHR tracings
   - Prolonged second stage
   - Spontaneous vaginal delivery in the absence of the primary care provider (Nurse assisted birth)
   - Uterine atony
2. The RN will be able to recognize and manage and/or discuss the management of the following emergent conditions:
   - Abnormal IA or atypical or abnormal FHR tracings
   - Preterm birth
   - Cord prolapse
   - Shoulder dystocia
   - Unstable newborn
   - Postpartum hemorrhage

SKILLS CONTENT

1. Woman-centred care
2. Effective communication and collaboration – woman and her support person(s); other disciplines
3. Proficient documentation
4. Organization and coordination of care
5. Promote, protect and support normal birth
6. Maternal history taking with/without Antenatal Record
7. Maternal and fetal physical examination
8. Measurement of symphysis-fundal height
9. Abdominal palpation using Leopold's Maneuvers
10. Vaginal examination
11. Assessment of uterine contractions
12. Assessment of urine using dipstick
13. Positioning and freedom of movement during normal labour and birth
14. Intermittent auscultation and electronic fetal monitoring
15. Ensuring continuous labour support

16. Comfort measures in labour
- Labour support
- Positioning – mobilization
- Massage
- Relaxation/breathing techniques
- Hydrotherapy & thermal therapy
- Psychoprophylaxis & complementary therapies
- Environmental
- Sterile water injections (intradermal or subcutaneous)
- Administration of Nitronox or Entonox
- Administration of opioids e.g. morphine, fentanyl
- Assisting with insertion of an epidural catheter

17. IV initiation

18. Obstetrical triage

19. Preparation of the sterile delivery table

20. Preparation and use of the newborn receiving unit (radiant warmer)

21. Support with spontaneous pushing (preferably in non supine positions)

22. Nurse-assisted delivery in absence of the primary care giver

23. Clamping and cutting the umbilical cord

24. Visual examination of the placenta

25. Collection of umbilical cord arterial and venous blood gases

26. Maternal postpartum care
- Immediate maternal postpartum care
- Keeping mother and baby together – promoting maternal newborn attachment behaviours
- Breast assessment for breastfeeding purpose
- Assisting with breastfeeding initiation – promote the joint WHO/UNICEF statement for the Ten Steps for Successful Breastfeeding
- Provide information for mothers who have made an informed decision not to breastfeed
- Assessment of involution
  - Palpation of fundal height/fundal massage
  - Lochia and perineum
  - Maternal voiding – postpartum catheterization
- Physical and psychosocial assessment
- Adjustment to parenthood
- Appropriate ongoing community supports and referrals

26. Newborn Care
- Receiving of newborn
- Determination of Apgar score
- Newborn thermoregulation including skin-to-skin care
- Physical assessment at birth including newborn transition from intrauterine to extrauterine environment – identification of variances
- Behaviour states and reflexes - identification of variances
- IM injections
- Prophylactic eye care

27. Preparation for Emergency C/S birth

28. Neonatal Resuscitation

GLOSSARY OF TERMS

Active Phase – regular, frequent uterine contractions accompanied by progressive cervical changes (dilatation and effacement) from 3-4 cm to full dilatation and effacement of the cervix

Fetal Fibronectin – glycoprotein found in extracellular matrix of amniotic membranes which binds chorion to the underlying decidua. It is normally found in cervico-vaginal secretions until 22 weeks gestation and again near the time of labour.

Latent Phase – first phase of labour in the presence of uterine activity resulting in progressive effacement and dilatation of the cervix preceding the active phase; from 0-3cm dilatation (nulliparous), 0 – 4/5cm (parous). Cervix length < 1cm. Onset difficult to define.

Competencies – The knowledge, skills, judgments and attitudes needed to develop competence.

Competence – The integration and application of knowledge, skills, attitudes and judgments required to perform safely, ethically and appropriately within an individual's nursing practice or in a designated role or setting.

Decision-support tools (DSTs) – An evidence-based document used by the nurse to guide the assessment, diagnosis and treatment of client-specific problems.

ABBREVIATIONS

AROM – Artificial rupture of membranes

BPM – Beats per minute

CRNBC – College of Registered Nurses of British Columbia

C/S – Cesarean section

EDD – Expected delivery date

EFM – Electronic fetal monitoring

fFN – Fetal fibronectin

FHR – Fetal heart rate

IA – Intermittent auscultation

IUPC – Intrauterine pressure catheter

IV – Intravenous

LBW – Low birth weight

LMP – Last menstrual period

mcg – Microgram

mg – Milligram

MVA – Motor vehicle accident

NRP – Neonatal resuscitation program

O_2 – Oxygen

PCP – Primary care provider, refers to a physician or midwife

PO – per ora

PPROM – Preterm prelabour rupture of membranes

PROM – Prelabour rupture of membranes

PTB – Preterm birth

PTL – Preterm labour

PV – Per vagina

ROM – Rupture of membranes

SL – Sublinqual

SROM – Spontaneous rupture of membranes

VS – Vital signs

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