

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Intrapartum care: care of healthy women and their babies during childbirth

1.1 Short title

Intrapartum care

2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Women's and Children's Health to develop a clinical guideline on intrapartum care for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and Welsh Assembly Government (see Appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

3 Clinical need for the guideline

- a) About 600,000 women give birth in England and Wales each year, of whom

- about 40% are having their first baby. Most of these women are healthy and have a straightforward pregnancy. For example, almost 90% of women will give birth to a single baby, after 37 weeks of pregnancy with the baby presenting head first. Most women (about two thirds) go into labour spontaneously.
- b) More than 90% of deliveries take place in designated consultant wards or combined consultant/GP wards. In England in 2002–2003, 1% of deliveries took place in GP wards, 3% in midwife wards and 2% at home.
 - c) An estimated 47% of deliveries were described as ‘normal deliveries’ in England in 2002–2003. Normal delivery is defined as that without surgical intervention, use of instruments, induction, epidural or general anaesthetic.
 - d) In total, 22% of deliveries, in England in 2002-2003, were by caesarean section and about 11% were instrumental deliveries, including forceps or ventouse. Instrumental deliveries were associated with a longer hospital stay in England and Wales in 2002–2003.
 - e) About one third of women had an epidural, general or spinal anaesthetic during labour in England in 2002–2003.

4 The guideline

- a) The guideline development process is described in detail in two publications which are available from the NICE website (see Further information). *The guideline development process – an overview for stakeholders, the public and the NHS* describes how organisations can become involved in the development of a guideline. *Guideline development methods – information for National Collaborating Centres and Guideline Developers* provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and

will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).

- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

- a) Baseline aspects of care for women in labour at term (37-42 weeks).

4.1.2 Groups that will not be covered

- a) Women or their babies in suspected or confirmed preterm labour (before 37 weeks gestation); women with an intrauterine fetal death; women with co-existing severe morbidities such as pre-eclampsia (high blood pressure of pregnancy), or diabetes; women who have multiple pregnancies; women with intrauterine growth retardation of fetus.
- b) Women who have been covered in other guidelines. For example, women who have their labour induced (*Inherited NICE Guideline D, 'Induction of labour'*); women who have Caesarean birth or with breech presentation (*NICE Clinical Guideline Number 13 'Caesarean Section'*).
- c) Techniques for operative delivery or repair of third or fourth degree perineal trauma; additional care for women with known or suspected infectious co-morbidities such as group B streptococcus, HIV or genital herpes virus.

4.2 Healthcare setting

The guideline will cover the appropriate place of birth and will include care of women giving birth at home, in stand-alone midwifery-led units, midwifery-led

units alongside consultant-led units or consultant-led units.

4.3 Clinical care

4.3.1 General

- a) Advice on communication between healthcare professionals and women during labour including decision making and consent.
- b) Effect of support on women in labour.
- c) Identification of women and babies who may need additional care including recognition and referral of serious emergency maternal or fetal complications arising during labour.
- d) Appropriate hygiene measures for vaginal birth, both in and out of water.

4.3.2 First and second stage of labour

- a) The diagnosis of the onset of labour and timing of admission or request for midwife visit at home and observations undertaken.
- b) Assessment and management of progress in labour, including 'active management' and identification/management of delay in first stage of labour.
- c) Assessment of fetal wellbeing including appropriate use of electronic fetal monitoring.
- d) Care of women in labour, including observations, nutrition, fluid balance and bladder care.
- e) Advice on non-invasive birth techniques aimed at promoting the birthing process in first stage of labour.
- f) Appropriate use and effect of pharmacological and non pharmacological pain relief.

- g) Appropriate use, effect and care of women who have had regional analgesia.
- h) Appropriate care during the birth process including effect of positions and water birth and management of the second stage with regard to pushing techniques.
- i) Appropriate techniques to reduce perineal trauma, including advice for women with previous 3rd and 4th degree tears or genital mutilation.
- j) Assessment and management of delay in the second stage of labour including appropriate criteria for operative vaginal birth using either forceps or ventouse.
- k) Identification and management of women with meconium-stained liquor. Identification and management of women with pre-labour rupture of membranes at term, with particular reference to observations and duration of 'watchful waiting' before induction, factors during pre-labour rupture of membranes at term that influence maternal and neonatal outcomes following birth, use of antibiotics before delivery and criteria for using antibiotics in healthy newborns. *[This highlighted section of the scope was added amended on 21 April 2006.]*

4.3.3 Third stage of labour

- a) Definition and indications for management of the third stage.
- b) Identification of women at increased risk of postpartum haemorrhage or with postpartum haemorrhage and strategies to reduce this risk.
- c) Management of delay in the third stage and identification of retained placenta.

4.3.4 Immediate care after birth

- a) Assessment and repair of perineal trauma (vaginal tears or episiotomy).

- b) Assessment of neonatal wellbeing, facilitation of maternal-infant bonding and basic resuscitation techniques immediately after birth.
- c) Assessment of maternal wellbeing immediately after childbirth.

4.3.5 General remark on pharmacological treatments

Advice on treatment options will be based on the best evidence available to the development group. When referring to pharmacological treatments, the guideline will normally make recommendations within the licensed indications. Exceptionally, and only where the evidence supports it, the guideline may recommend use outside the licensed indications. The guideline will assume that prescribers will use the Summary of Product Characteristics to inform their prescribing decisions for individual consumers.

4.4 Status

4.4.1 Scope

This is the final scope.

The guideline will complement the maternity section of the Children's NSF. It will also link to relevant clinical guideline issued by the Institute, including:

- Pregnancy and childbirth - induction of labour (Guideline D). (2001).
- Infection control: prevention of healthcare-associated infection in primary and community care. *NICE Clinical Guideline 2* (2003).
- Antenatal care: routine care for the healthy pregnant woman. *NICE Clinical Guideline 6* (2003).
- Caesarean section. *NICE Clinical Guideline 13* (2004).

- Postnatal care: routine postnatal care of women and their babies (publication expected, June 2006).
- Antenatal and postnatal mental health: clinical management and service guidance (publication expected, February 2007).

The relevant section to intrapartum care in the NICE clinical guideline C 'Pregnancy and childbirth -electronic fetal monitoring (Guideline C)' (2001) will be updated in this guideline.

4.4.2 Guideline

The development of the guideline recommendations will begin in January 2005.

5 Further information

Information on the guideline development process is provided in:

- *The guideline development process – an overview for stakeholders, the public and the NHS*
- *Guideline development methods – information for National Collaborating Centres and Guideline Developers*

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guideline will also be available from the website.

Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

To prepare clinical guidelines for the NHS in England and Wales on the management and delivery of care to women in labour. The guidelines should:

- i) cover the management of all women in labour including those with multiple pregnancies and abnormal fetal presentations, but exclude the management of women with co-existing severe morbidities such as pre-eclampsia (high blood pressure of pregnancy)
- ii) include guidance on the appropriate site of delivery, including home, midwife- and consultant-led units, and taking geographical factors into account; appropriate interventions that should be offered; and interventions that should not be part of standard practice
- iii) link with NICE's guidelines for routine antenatal and postnatal care, and complement the maternity section of the Children's NSF in England.