

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Centre for Clinical Practice

Review of Clinical Guideline (CG55) – Intrapartum Care

Background information

Guideline issue date: 2007

3 year review: 2010

National Collaborating Centre: Women's and Children's Health

Review recommendation

- The guideline should be updated at this time.

Factors influencing the decision

Literature search

1. From initial intelligence gathering and a high-level randomised control trial (RCT) search clinical areas were identified to inform the development of clinical questions for focused searches. Through this stage of the process 39 studies were identified relevant to the guideline scope. The identified studies were related to the following clinical areas within the guideline:
 - 1.1 Planning place of birth
 - 1.2 Care throughout labour
 - 1.3 Coping with pain in labour: non-epidural and regional analgesia
 - 1.4 Physiological and active management of the third stage of labour
 - 1.5 Identification and management of meconium-stained liquor
 - 1.6 Complicated labour: monitoring babies in labour

1.7 Complicated labour (third stage): management of postpartum haemorrhage

2. Six clinical questions were developed based on the clinical areas above, qualitative feedback from other NICE departments and the views expressed by the Guideline Development Group, for more focused literature searches. In total, 187 studies were identified through the focused searches. There is new evidence in three of the areas examined which may potentially change the current recommendation(s), they are:
 - 2.1 Place of birth
 - 2.2 Early versus delayed cord clamping
 - 2.3 Umbilical vein oxytocin as treatment for retained placenta
3. No evidence was identified which directly answered the research recommendations presented in the original guideline.
4. Several ongoing clinical trials (publication dates unknown) were identified focusing on fetal ST segment and T wave analysis in labor (STAN) and an RCT of intravenous fluids during labor (RARHY).

Guideline Development Group and National Collaborating Centre perspective

5. A questionnaire was distributed to GDG members and the National Collaborating Centre to consult them on the need for an update of the guideline. Seven responses were received with respondents highlighting that since publication of the guideline more literature has become available on place of birth, retained placenta and use of umbilical oxytocin, partograms, early cord clamping, home review of early labour and active versus expectant management. This feedback contributed towards the development of the clinical questions for the focused searches.

6. Ongoing research was cited by GDG members including NPEU Birthplace (proposed publication: summer 2011), NPEU Infant (trial of cardiotocogram analysis), BUMPES (trial of upright versus recumbent in second stage of labour), RELEASE (trial of umbilical oxytocin for retained placenta) and HOLDS pilot on syntocinon (anticipated study will complete: 2011).
7. Four respondents agreed that there is sufficient variation in current practice supported by adequate evidence at this time to warrant an update of the current guideline. Two GDG members highlighted, particularly, that initial results from the NPEU Birthplace study are due to be published summer 2011 which may potentially have implications on the guideline recommendations.

Implementation and post publication feedback

8. Key themes emerging from post-publication feedback were:
 - The use of oxytocin for active management of the third stage of labour as this is not a licensed indication
 - Provision of new evidence on management of retained placenta (RELEASE trial)
9. An analysis by the NICE implementation team indicated that the guideline has been helpful although the size of the guideline has made it a challenge to implement. Practical issues were highlighted including 1:1 intrapartum care and the number of midwives required to cover a delivery and the use of oxytocin for the third stage labour because it is unlicensed for this usage requiring doctors to prescribe.
10. This feedback contributed towards the development of the clinical questions for the focused searches.

Relationship to other NICE guidance

11. NICE guidance related to CG55 can be viewed in [Appendix 1](#).

Summary of Stakeholder Feedback

Review proposal put to consultees:

The guideline should be updated at this time.

12. In total 14 stakeholders commented on the review proposal recommendation during the 2 week consultation period.

13. All stakeholders agreed with the review proposal recommendation that this guideline should be updated at this time.

14. Literature was submitted through stakeholder consultation relating to:

- Fetal heart rate abnormalities
- Home births and maternal age as a factor in deciding on place of birth
- Fetal blood sampling in early labour
- Self-hypnosis during labour
- Admission CTG for labour
- An updated Cochrane systematic review on active versus expectant management of the third stage of labour (expected to be published September 2011)
- Cord clamping
- Association of drugs routinely given in labour on breastfeeding at 48 hours
- Prevention of perinatal group B streptococcal disease
- ST analysis of the fetal ECG as an adjunct to standard CTG assessment

15. During consultation, areas to consider for review in an update of the guideline were highlighted including:

- Evidence of interventions which improve women's satisfaction (for example, one-to-one care in labour)

- Monitoring babies in labour
- Associations of uterotonics and analgesics with breastfeeding
- Late administration of epidurals and the effect on outcomes
- Management of infants born after exposure to meconium stained liquor
- Management of the third stage of labour and postpartum haemorrhage, and the use of uterotonics
- Non-pharmacological pain relief
- Pre-labour rupture of the membranes
- Postnatal prophylactic antibiotics for babies
- Indications for continuous EFM
- Prevention of post-partum haemorrhage, especially appropriateness of syntocinon alone

16. During consultation, new areas to consider in an update of the guideline were highlighted including:

- Cultural issues around childbirth
- The relationship between adverse clinical outcomes and workforce, competencies, skill-mix and timing of delivery/events
- Evidence relating to clinical care and outcomes to job satisfaction for staff, and factors that affect turnover/leaving/part-time working/early retirement
- Additional care for women with known or suspected infectious co-morbidities such as group B streptococcus
- Risk of fetal death during labour and management of stillbirth

17. The following equalities issues were highlighted during stakeholder consultation: cultural issues relating to putting the baby to the breast immediately after birth (before washing) and advice on cultural sensitivity relating to male doctors and midwives conducting internal examinations.

18. One stakeholder indicated that any update of the guideline should take into consideration the impact of the recommendations upon Clinical Negligence Scheme for Trusts standards. In addition, one stakeholder suggested that the format of the guideline should be taken into consideration during a review.
19. An in progress NICE guideline was highlighted through stakeholder consultation: Antibiotics for neonatal infection. This has been added to the table of related NICE guidance in [Appendix 1](#).
20. The timing of a review was deemed important, specifically to allow the results of the Birthplace study to be included (expected to be published summer 2011).

Anti-discrimination and equalities considerations

21. No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The original scope is inclusive of healthy women in labour at term (37-42 weeks of gestation).

Conclusion

22. From the evidence and intelligence identified through the process, it suggests that some areas of the guideline may need updating at this stage, particularly in relation to:
- Place of birth
 - Early versus delayed cord clamping
 - Umbilical vein oxytocin as treatment for retained placenta
 - Areas mentioned by stakeholders need to be considered
23. The guideline should be considered for an update at this time.

Relationship to quality standards

24. This guideline relates to a quality standard on intrapartum care.

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February 2011

Appendix 1

The following NICE guidance is related to CG55:

Guidance	Review date
CG2: Infection control, prevention of healthcare-associated infection in primary and community care, 2003.	Guideline is currently being updated. Expected date of publication March 2012.
CG13: Caesarean section, 2004.	Guideline is currently being updated. Expected date of publication March 2012.
CG37: Postnatal care: routine postnatal care of women and their babies, 2006.	Guideline was previously reviewed for update in 2009 but no update was required at that time. Expected to be reviewed for update July 2012.
CG45: Antenatal and postnatal mental health: clinical management and service guidance, 2007.	Expected to be reviewed for update February 2012.
CG62: Antenatal care: routine care for the healthy pregnant woman, 2008.	Expected to be reviewed for update March 2011.
CG70: Induction of labour, 2008.	Expected to be reviewed for update July 2011.
Related NICE guidance not included in CG55	
TA156: Pregnancy - routine anti-D prophylaxis for rhesus negative women (review of TA41), 2008.	Expected to be reviewed for update May 2011.
PH11: Guidance for midwives,	Expected review date: TBC.

health visitors, pharmacists and other primary care services to improve the nutrition of pregnant and breastfeeding mothers and children in low income households, 2008.	
CG110: A model for service provision for pregnant women with complex social factors, 2010.	Expected review date: September 2013.
Related NICE guidance in progress	
Clinical Guideline: Multiple pregnancy: the management of twin and triplet pregnancies in the antenatal period.	Provisional publication date: September 2011.
Clinical Guideline: Antibiotics for neonatal infection.	In progress.