National Institute for Health and Care Excellence

Final

Intrapartum care

Editorial changes

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Final

These supplements were developed by NICE



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Editorial changes

As part of the scope for this update a number of prespecified editorial changes were planned. These are listed below. Details of the changes made to these recommendations and the rationale for making the changes are included in the guideline changes tables A, B and C, and are also summarised here.

Number in scope	Topic	Recommendations in previous guideline	Change(s) required	Changes made (recommendation numbers refer to updated guideline)
1	Place of birth	1.1.11 to 1.1.13; 1.2.1 to 1.2.2;	Editorial changes to the sections on communication and women's experience to bring them more inline with current NICE style and terminology and to increase the emphasis on shared decision-making	New recommendation 1.4.8; updated recommendations 1.4.9 to 1.4.11
2	Place of birth	1.1.8	Removal of the terminology 'supervisor of midwives'	Removed from recommendations 1.2.4 and 1.3.10
3	Place of birth	1.1.1 to 1.1.10 (and tables 1 to 9)	Editorial changes to the recommendations on planning place of birth, to ensure they are consistent with current practice (for example, administration of intravenous antibiotics by midwives, outpatient induction with dinoprostone)	Updated tables 6, 7, 8, 9
4	Transfer	1.5.1 to 1.5.4 and 1.6.1 to 1.6.4	Editorial changes to clarify the existing wording on the criteria that necessitate an urgent or emergency transfer to obstetric care	New recommendation 1.5.4; updated recommendations 1.8.11, 1.8.20, 1.8.28. 1.8.43, 1.9.30, 1.10.4, 1.10.29, 1.11.26. 1.11.28, 1.12.1
5	Place of birth	1.1.7	Editorial changes to the information that should be given to women about the availability of different	Updated recommendation 1.3.5 and 1.6.25

Number in scope	Topic	Recommendations in previous guideline	Change(s) required	Changes made (recommendation numbers refer to updated guideline)
			pain relief options at their planned place of birth	
6	Transfer	1.6.4	Editorial changes to clarify the existing wording on the monitoring (for example, auscultation) that should occur during transfer	Updated recommendation 1.5.5
7	1st stage	1.3 1; 1.4.2 to 1.4.3; 1.5.1 to 1.5.4	Editorial changes to the current definitions for the latent and active first stages of labour, and the risk assessment that should be undertaken to determine the best place of care (including the incremental effect of several minor risk factors)	Updated recommendations 1.8.1, 1.8.8, 1.8.11
8	PROM	1.11.1 to 1.11.6	Editorial changes to include cross-referral to existing guidance on management of women who are group B streptococcus positive in the current or previous pregnancy	New recommendation 1.7.11
9	Established labour	1.7.5	Editorial changes to the recommendation on controlling gastric acidity to remove antacids and include proton-pump inhibitors.	Updated recommendations 1.8.15, 1.8.16
10	Pain relief (NR)	1.8.11	Editorial changes to the recommendations on use of inhalational analgesia (Entonox) to include awareness of the environmental impact.	This change was discussed by the committee but as there are no alternatives to Entonox no change was made to the guideline.
11	Pain relief (NR)	1.8.10	Editorial changes to the recommendations on	Updated recommendation 1.6.7

Number in scope	Topic	Recommendations in previous guideline	Change(s) required	Changes made (recommendation numbers refer to updated guideline)
			TENS to clarify that women can obtain and use a TENS machine, but that this is not a pain relief modality provided by the NHS	
12	Pain relief (R)	1.9.4 to 1.9.12	Editorial changes to the recommendations on monitoring of women with regional analgesia, in light of updated guidelines from the Association of Anaesthetists and the Obstetric Anaesthetists' Association	New recommendations 1.12.2 and 1.6.31
13	Established labour	1.7.6, table 11 footnote, 1.10.34, 1.12.7, 1.13.2,	Editorial changes to the recommendations on drinking water, use of intravenous fluids and monitoring of urine output and fluid balance during labour to reduce the risk of hyponatremia.	New recommendation 1.8.23; updated recommendations 1.8.17
14	Monitoring during labour	1.10.1 to 1.10 .35 and tables 10 and 11	Editorial changes to the wording of the recommendations on CTG interpretation and subsequent actions, to aid implementation, encourage standardised practice and to clarify which team members should be involved. NB: specific change to wording of rec 1.10.15 to clarify that a fetal heart rate above 180 beats/minute is abnormal	These changes were made in the NICE guideline on fetal monitoring
15	Monitoring during labour	1.10.1	Clarification of the difference between antenatal and	These changes were made in the NICE

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			intrapartum CTG interpretation	guideline on fetal monitoring
16	2nd stage	1.13.1	Editorial changes to the current definitions for the duration of the second stage of labour and the definition of delay	Updated recommendations 1.9.1, 1.9.25to 1.9.28
17	Instrumental birth	1.13.30 to 1.13.32	Editorial changes to the recommendation on assisted birth to clarify when analgesia is required, and when anaesthesia is required.	Updated 1.9.41 and 1.9.42
18	2nd stage	1.13.25	Editorial changes to the recommendations on the dose of oxytocin to be used if started for the first time in the second stage of labour	New recommendation 1.9.32
19	Postpartum haemorrhage	1.14.29	Editorial changes to the recommendations on the risk factors for postpartum haemorrhage to include ongoing nature of assessment and medications which may increase the risk.	New recommendation 1.10.31; updated recommendations 1.10.29. 1.10.30
20	Postpartum haemorrhage	1.14.31	Editorial changes to the recommendations on the management of postpartum haemorrhage to clarify the amount of oxygen and dose of medications to be given.	New recommendation 1.10.34 and table 12; updated recommendation 1.10.33
21	Care of baby	1.15.1	Editorial changes to the recommendation to assess babies using the APGAR score so it is also applicable to non-white babies	New recommendation 1.11.2

Number in scope	Topic	Recommendations in previous guideline	Change(s) required	Changes made (recommendation numbers refer to updated guideline)
22	Care of baby	1.15.6	Editorial changes to the recommendations on skin-to-skin contact to include information on safe positioning and monitoring.	New recommendation 1.11.9
23	Monitoring during labour	1.10.9	Editorial changes to the recommendations on the use of telemetry	These changes were made in the NICE guideline on fetal monitoring