

'Onset of Labour Risk Assessment' to determine place of birth & initial method of intrapartum fetal monitoring

(Affix this sheet in maternal intrapartum records with partogram)



University Hospitals
Bristol and Weston
NHS Foundation Trust

Affix label

Full Name: _____

Hospital Number: _____

Date: _____ Time: _____

Signature: _____

Print name: _____

Carry out initial assessment:

1. Place of birth: Identify appropriate place of birth (using 'St Michael's Hospital Co-Located MLU—Eligibility for Labour and Birth' and 'Fetal Monitoring in Labour' guidelines) and share your recommendation including any risk factors identified with the patient so they can make an informed decision.

2. Maternal observations:

- Review antenatal records & screening results
- Ask about length, strength and frequency of contractions
- Ask about pain and discuss pain relief options
- Record pulse, blood pressure, temperature, respiratory rate and urinalysis
- Note any vaginal loss

3. Fetal observations

- Ask about fetal movement in past 24 hours
- Palpate woman's abdomen to determine fundal height, fetal lie, presentation, position, engagement of presenting part, frequency of contractions and resting tone
- Auscultate fetal heart rate for a **full minute immediately after a contraction**. Palpate woman's pulse to differentiate between fetal and maternal heart rates

4. Review all risk categories listed

- Tick YES/NO for any risks in each category

5. Assessment of labour

- If the woman appears to be in established labour, offer vaginal examination (VE)
- If uncertainty about established labour, then a VE may be helpful after a period of assessment, but not always necessary

Recommended place of birth:

Home ☐ MLU ☐ CDS ☐

Informed of risk factors and recommendations

Signature: _____ Date: _____

Print Name: _____

Patient preferred place of birth: _____

NO RISK FACTORS ☐

or obstetric plan notes risk & indicates eligible for IA

Offer and recommend intermittent auscultation (IA) using either Doppler or Pinard stethoscope

Continue to risk assess hourly during labour using the 'IA - hourly risk assessment' sticker on the partogram

ONE OR MORE RISK FACTORS ☐

Offer and recommend continuous CTG (use telemetry if appropriate/available)

Continue to risk assess hourly during labour using the 'Fresh Eyes' and CTG stickers on the partogram

Maternal risks that may affect fetus in labour			
- see individualised care plan in maternity notes or dotty file			
Maternal medicine plan <input type="checkbox"/>			
Maternal risks that may <i>directly</i> affect fetus in labour	YES	NO	
Post mature pregnancy (>42 weeks gestation)			
BMI ≥40			
Age ≥40 years at booking			
Hypertension			
Diabetes			
Severe anaemia (Hb < 85 g/litre at onset of labour)			
Antepartum haemorrhage			
Previous caesarean section			
Suspected chorioamnionitis or maternal sepsis			
Obstetric cholestasis			
Substance misuse			
Late booker			
Increased risk of fetal compromise	YES	NO	
Fetal growth restriction			
Prematurity (<37 weeks gestation)			
Anhydramnios, oligohydramnios or polyhydramnios			
Reduced fetal movements in last 24 hours without normal CTG, obstetric review and normal movements since			
Abnormal umbilical artery Doppler velocimetry			
Multiple pregnancy			
Breech presentation or other abnormal presentation including high head (4-5/5 or free floating) in nulliparous woman			
Significant fetal abnormality according to FMU plan			
Isoimmunisation			
Increased risk of fetal compromise	YES	NO	
Induction of labour			
Fresh vaginal bleeding			
Temperature of >38°C on one occasion or >37.5°C on two occasions at least an hour apart			
Pulse over 120bpm on two occasions 30 minutes apart			
Hypertension (>160/ 110 on one occasion or >140/ 90 on two occasions 1 hr apart or proteinuria 2+ with any raised BP)			
A temperature of less than 36°C (with other risk factors for sepsis)			
Significant meconium-stained liquor			
Pain not normally associated with contractions			
Membrane rupture for longer than 24 hours (prior to established labour)			
Abnormal fetal heart rate on auscultation			
Prolonged latent phase (3rd admission & not in active labour)			

The is not an exhaustive list and if clarification is required please discuss with a band 7 or 8 midwife, or an obstetric ST3 or above