

Management of Labour in an Institutional Setting if the Primary Maternal Care Provider is Absent – Core Competencies & Decision Support Tools

Site Applicability

All VCH & PHC sites with Maternity Services

Practice Level

For the following professions (within their respective scope of practice) with additional education:

- RN

Policy Statement

VCH & PHC Registered Nurses will use the Perinatal Service BC (PSBC) Core Competencies and Decision Support Tools: Management of Labour in an Institutional Setting if the Primary Maternal Care Provider is Absent (see guideline link below) when providing nursing care to women in labour.

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

Need to Know

In 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. The core competencies in the document are focused primarily in the realm of normal labour, which is defined as 'spontaneous labour in healthy women at term, with a singleton vertex fetus with no maternal or fetal risk factors' (SOGC, 2016). 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.

The core competencies and decision support tools provide guidance to RNs 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

Management of labour by primary maternal care provider (physician or midwife) is described in the SOGC Clinical Practice Guideline Management of Spontaneous Labour at Term in Healthy Women (SOGC, 2016)

Practice Guideline

Please refer to the Core Competencies and Decision Support Tools: Management of Labour in an Institutional Setting if the Primary Maternal Care Provider is Absent.

Entire document:	Core Competencies with Decision Support Tools Core Competencies only
Decision Support Tools:	<ol style="list-style-type: none"> 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 in Oxygen 6. Birth in the Absence of a Primary Care Provider 7. Postpartum Hemorrhage

Note: This is a **controlled** document for VCH & PHC internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

	8. Obstetric Emergencies 8A Cord Prolapse 8B Shoulder Dystocia
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Expected Patient Outcomes

Women in labour will receive care that increases the likelihood of a vaginal birth and optimize birth outcomes.

Documentation

Documentation on the following [PSBC](#) forms:

- [Form 1590](#) Triage and Assessment Record
- [Form 1583](#) Labour Partogram
- [Form 1588](#) Labour and Delivery Summary

References

See PBSC document – embedded in each section

Lee, L., Dy, J., Azzam, H. (2016) Clinical Practice Guideline Management of Spontaneous Labour at Term in Healthy Women. Journal of Obstetrics and Gynecology Canada 2016;38(9):843e865 retrieved from [http://www.jogc.com/article/S1701-2163\(16\)39222-2/pdf](http://www.jogc.com/article/S1701-2163(16)39222-2/pdf)

Developed by

Perinatal Services BC developed both the original edition (2009) and current edition (2011). The document represents a consensus opinion, based on current evidence and best practices, and incorporated feedback from professional nurses and other maternity care providers

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VCH: *(Regional SharePoint 2nd Reading)*

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