

# WHO RECOMMENDATIONS: INTRAPARTUM CARE FOR A POSITIVE CHILDBIRTH EXPERIENCE

## EXECUTIVE SUMMARY

### Summary list of recommendations on intrapartum care for a positive childbirth experience

#### Care throughout labour and birth

##### *Respectful maternity care*

1. Respectful maternity care – which refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth – is **recommended**.

##### *Effective Communication*

2. Effective communication between maternity care providers and women in labour, using simple and culturally acceptable methods, is recommended. **Recommended**

##### *Companionship during labour and childbirth*

3. A companion of choice is recommended for all women throughout labour and childbirth.

**Recommended**

##### *Continuity of care*

4. Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes.

**a Context-specific recommendation**

<sup>a</sup> Integrated from *WHO recommendations on antenatal care for a positive pregnancy experience*.

#### First stage of labour

##### *Definitions of the latent and active first stages of labour*

5. The use of the following definitions of the latent and active first stages of labour is recommended for practice.  
— The latent first stage is a period of time characterized by painful uterine contractions and variable changes of the cervix, including some degree of effacement and slower progression of dilatation up to 5 cm for first and subsequent labours.

— The active first stage is a period of time characterized by regular painful uterine contractions, a substantial degree of cervical effacement and more rapid cervical dilatation from 5 cm until full dilatation for first and subsequent labours. **Recommended**

##### *Duration of the first stage of labour*

6. Women should be informed that a standard duration of the latent first stage has not been established and can vary widely from one woman to another. However, the duration of active first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 12 hours in first labours, and usually does not extend beyond 10 hours in subsequent labours. **Recommended**

##### *Progress of the first stage of labour*

7. For pregnant women with spontaneous labour onset, the cervical dilatation rate threshold of 1 cm/hour during active first stage (as depicted by the partograph alert line) is inaccurate to identify women at risk of adverse birth outcomes and is therefore not recommended for this purpose. **Not recommended**

8. A minimum cervical dilatation rate of 1 cm/hour throughout active first stage is unrealistically fast for some women and is therefore not recommended for identification of normal labour progression. A slower than 1-cm/hour cervical dilatation rate alone should not be a routine indication for obstetric intervention. **Not recommended**

9. Labour may not naturally accelerate until a cervical dilatation threshold of 5 cm is reached. Therefore the use of medical interventions to accelerate labour and birth (such as oxytocin augmentation or caesarean section) before this threshold is not recommended, provided fetal and maternal conditions are reassuring.

## **Not recommended**

### *Labour ward admission policy*

10. For healthy pregnant women presenting in spontaneous labour, a policy of delaying labour ward admission until active first stage is recommended only in the context of rigorous research.

### **Research-context recommendation**

### *Clinical pelvimetry on admission*

11. Routine clinical pelvimetry on admission in labour is not recommended for healthy pregnant women.

### **Not recommended**

### *Routine assessment of fetal well-being on labour admission*

12. Routine cardiotocography is not recommended for the assessment of fetal well-being on labour admission in healthy pregnant women presenting in spontaneous labour. **Not recommended**

13. Auscultation using a Doppler ultrasound device or Pinard fetal stethoscope is recommended for the assessment of fetal wellbeing on labour admission. **Recommended**

### *Perineal/pubis shaving*

14. Routine perineal/pubis shaving prior to giving vaginal birth is not recommended.<sup>a</sup>

### **Not recommended**

### *Enema on admission*

15. Administration of enema for reducing the use of labour augmentation is not recommended.<sup>b</sup>

### **Not recommended**

### *Digital vaginal examination*

16. Digital vaginal examination at intervals of four hours is recommended for routine assessment of active first stage of labour in low-risk women.<sup>a</sup> **Recommended**

### *Continuous cardiotocography during labour*

17. Continuous cardiotocography is not recommended for assessment of fetal well-being in healthy pregnant women undergoing spontaneous labour. **Not recommended**

### *Intermittent fetal heart rate auscultation during labour*

18. Intermittent auscultation of the fetal heart rate with either a Doppler ultrasound device or Pinard fetal stethoscope is recommended for healthy pregnant women in labour. **Recommended**

### *Epidural analgesia for pain relief*

19. Epidural analgesia is recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences. **Recommended**

### *Opioid analgesia for pain relief*

20. Parenteral opioids, such as fentanyl, diamorphine and pethidine, are recommended options for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.

### **Recommended**

### *Relaxation techniques for pain management*

21. Relaxation techniques, including progressive muscle relaxation, breathing, music, mindfulness and other techniques, are recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences. **Recommended**

### *Manual techniques for pain management*

22. Manual techniques, such as massage or application of warm packs, are recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences. **Recommended**

### *Pain relief for preventing labour delay*

23. Pain relief for preventing delay and reducing the use of augmentation in labour is not recommended .<sup>b</sup>

### **Not recommended**

### *Oral fluid and food*

24. For women at low risk, oral fluid and food intake during labour is recommended.<sup>b</sup>

### **Recommended**

### *Maternal mobility and position*

25. Encouraging the adoption of mobility and an upright position during labour in women at low risk is recommended.<sup>b</sup> **Recommended**

#### *Vaginal cleansing*

26. Routine vaginal cleansing with chlorhexidine during labour for the purpose of preventing infectious morbidities is not recommended.<sup>a</sup> **Not recommended**

#### *Active management of labour*

27. A package of care for active management of labour for prevention of delay in labour is not recommended.<sup>b</sup> **Not recommended**

<sup>a</sup> Integrated from *WHO recommendations for prevention and treatment of maternal peripartum infections*.

<sup>b</sup> Integrated from *WHO recommendations for augmentation of labour*.

#### *Routine amniotomy*

28. The use of amniotomy alone for prevention of delay in labour is not recommended.<sup>a</sup> **Not recommended**

#### *Early amniotomy and oxytocin*

29. The use of early amniotomy with early oxytocin augmentation for prevention of delay in labour is not recommended.<sup>a</sup> **Not recommended**

#### *Oxytocin for women with epidural analgesia*

30. The use of oxytocin for prevention of delay in labour in women receiving epidural analgesia is not recommended.<sup>a</sup> **Not recommended**

#### *Antispasmodic agents*

31. The use of antispasmodic agents for prevention of delay in labour is not recommended.<sup>a</sup> **Not recommended**

#### *Intravenous fluids for preventing labour delay*

32. The use of intravenous fluids with the aim of shortening the duration of labour is not recommended.<sup>a</sup> **Not recommended**

<sup>a</sup> Integrated from *WHO recommendations for augmentation of labour*.

### **Second stage of labour**

#### *Definition and duration of the second stage of labour*

33. The use of the following definition and duration of the second stage of labour is recommended for practice.  
— The second stage is the period of time between full cervical dilatation and birth of the baby, during which the woman has an involuntary urge to bear down, as a result of expulsive uterine contractions.

— Women should be informed that the duration of the second stage varies from one woman to another. In first labours, birth is usually completed within 3 hours whereas in subsequent labours, birth is usually completed within 2 hours. **Recommended**

#### *Birth position (for women without epidural analgesia)*

34. For women without epidural analgesia, encouraging the adoption of a birth position of the individual woman's choice, including upright positions, is recommended. **Recommended**

#### *Birth position (for women with epidural analgesia)*

35. For women with epidural analgesia, encouraging the adoption of a birth position of the individual woman's choice, including upright positions, is recommended. **Recommended**

#### *Method of pushing*

36. Women in the expulsive phase of the second stage of labour should be encouraged and supported to follow their own urge to push. **Recommended**

#### *Method of pushing (for women with epidural analgesia)*

37. For women with epidural analgesia in the second stage of labour, delaying pushing for one to two hours after full dilatation or until the woman regains the sensory urge to bear down is recommended in the context where resources are available for longer stay in second stage and perinatal hypoxia can be adequately assessed and managed.

### **Context-specific recommendation**

#### *Techniques for preventing perineal trauma*

38. For women in the second stage of labour, techniques to reduce perineal trauma and facilitate spontaneous birth (including perineal massage, warm compresses and a "hands on" guarding of the perineum) are recommended, based on a woman's preferences and available options. **Recommended**

#### *Episiotomy policy*

39. Routine or liberal use of episiotomy is not recommended for women undergoing spontaneous vaginal birth.  
**Not recommended**

#### *Fundal pressure*

40. Application of manual fundal pressure to facilitate childbirth during the second stage of labour is not recommended. **Not recommended**

#### *Prophylactic uterotonics*

41. The use of uterotonics for the prevention of postpartum haemorrhage (PPH) during the third stage of labour is recommended for all births.<sup>a</sup> **Recommended**

42. Oxytocin (10 IU, IM/IV) is the recommended uterotonic drug for the prevention of postpartum haemorrhage (PPH).<sup>a</sup> **Recommended**

43. In settings where oxytocin is unavailable, the use of other injectable uterotonics (if appropriate, ergometrine/ methylergometrine, or the fixed drug combination of oxytocin and ergometrine) or oral misoprostol (600 µg) is recommended.<sup>a</sup> **Recommended**

#### *Delayed umbilical cord clamping*

44. Delayed umbilical cord clamping (not earlier than 1 minute after birth) is recommended for improved maternal and infant health and nutrition outcomes.<sup>b</sup> **Recommended**

#### *Controlled cord traction (CCT)*

45. In settings where skilled birth attendants are available, controlled cord traction (CCT) is recommended for vaginal births if the care provider and the parturient woman regard a small reduction in blood loss and a small reduction in the duration of the third stage of labour as important.<sup>a</sup> **Recommended**

#### *Uterine massage*

46. Sustained uterine massage is not recommended as an intervention to prevent postpartum haemorrhage (PPH) in women who have received prophylactic oxytocin.<sup>a</sup> **Not recommended**

### **Care of the newborn**

#### *Routine nasal or oral suction*

47. In neonates born through clear amniotic fluid who start breathing on their own after birth, suctioning of the mouth and nose should not be performed.<sup>c</sup> **Not recommended**

#### *Skin-to-skin contact*

48. Newborns without complications should be kept in skin-to-skin contact (SSC) with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding.<sup>d</sup> **Recommended**

#### *Breastfeeding*

49. All newborns, including low-birth-weight (LBW) babies who are able to breastfeed, should be put to the breast as soon as possible after birth when they are clinically stable, and the mother and baby are ready.<sup>e</sup>  
**Recommended**

#### *Haemorrhagic disease prophylaxis using vitamin K*

50. All newborns should be given 1 mg of vitamin K intramuscularly after birth (i.e. after the first hour by which the infant should be in skin-to-skin contact with the mother and breastfeeding should be initiated).<sup>d</sup>  
**Recommended**

#### *Bathing and other immediate postnatal care of the newborn*

51. Bathing should be delayed until 24 hours after birth.

If this is not possible due to cultural reasons, bathing should be delayed for at least six hours. Appropriate clothing of the baby for ambient temperature is recommended.

This means one to two layers of clothes more than adults, and use of hats/caps. The mother and baby should not be separated and should stay in the same room 24 hours a day.<sup>f</sup>

<sup>a</sup> Integrated from *WHO recommendations for the prevention and treatment of postpartum haemorrhage*.

<sup>b</sup> Integrated from the *WHO Guideline: delayed cord clamping for improved maternal and infant health and nutrition outcomes*.

<sup>c</sup> Integrated from *WHO Guidelines on basic newborn resuscitation*.

<sup>d</sup> Integrated from *WHO Recommendations for management of common childhood conditions: evidence for technical update of pocket book recommendations*.

<sup>e</sup> Integrated from *WHO recommendations on newborn health*.

<sup>f</sup> Integrated from *WHO recommendations on postnatal care of the mother and newborn*.

Recommendation

Category of recommendation

## Care of the woman after birth

### *Uterine tonus assessment*

52. Postpartum abdominal uterine tonus assessment for early identification of uterine atony is recommended for all women.<sup>a</sup> **Recommended**

### *Antibiotics for uncomplicated vaginal birth*

53. Routine antibiotic prophylaxis is not recommended for women with uncomplicated vaginal birth.<sup>b</sup>  
**Not recommended**

### *Routine antibiotic prophylaxis for episiotomy*

54. Routine antibiotic prophylaxis is not recommended for women with episiotomy.<sup>b</sup>  
**Not recommended**

### *Routine postpartum maternal assessment*

55. All postpartum women should have regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth.

Blood pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within six hours. Urine void should be documented within six hours.<sup>c</sup>

**Recommended**

### *Postnatal discharge following uncomplicated vaginal birth*

56. After an uncomplicated vaginal birth in a health care facility, healthy mothers and newborns should receive care in the facility for at least 24 hours after birth.<sup>c,d</sup> **Recommended**

<sup>a</sup>Integrated from *WHO recommendations for the prevention and treatment of postpartum haemorrhage*.

<sup>b</sup>Integrated from *WHO recommendations for prevention and treatment of maternal peripartum infections*.

<sup>c</sup>Integrated from *WHO recommendations on postnatal care of the mother and newborn*.

<sup>d</sup>For the newborn, this includes an immediate assessment at birth, a full clinical examination around one hour after birth and before discharge.