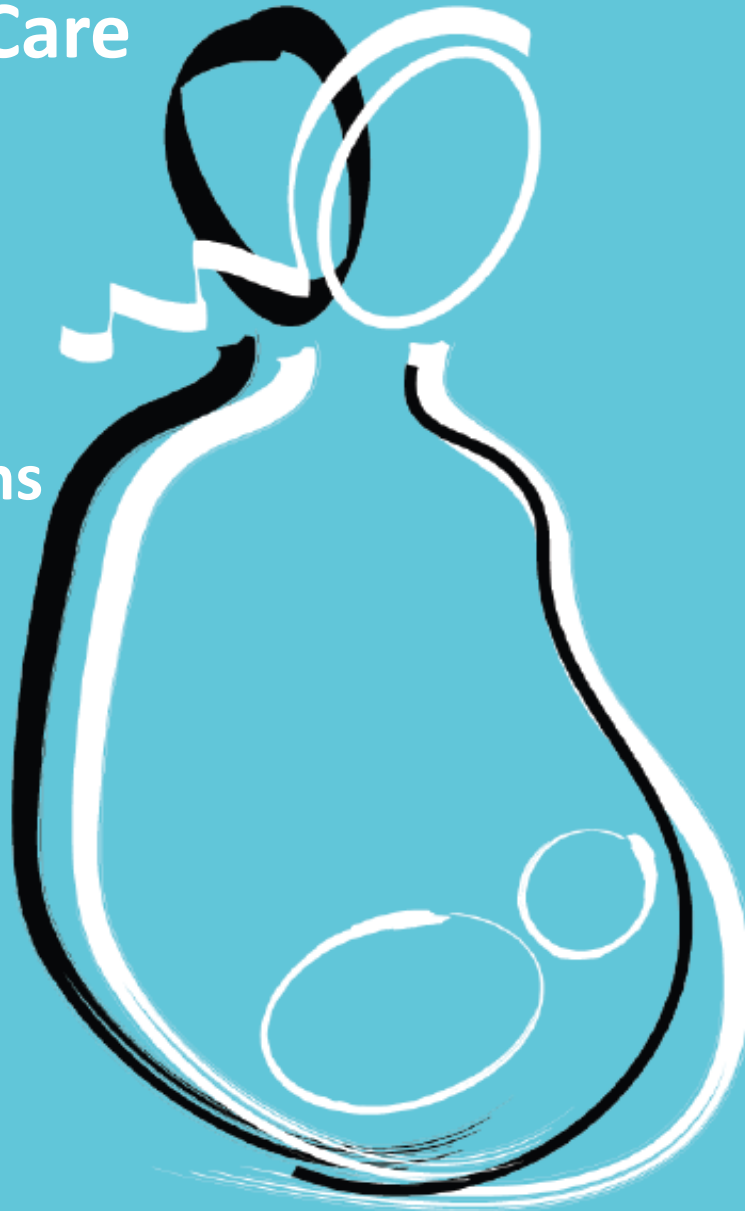


Introduction to the WHO Labour Care Guide:

A tool for
implementing
recommendations
on intrapartum
care for a
positive
childbirth
experience



World Health
Organization

Outline

1. **WHO recommendations on intrapartum care for a positive childbirth experience**
2. **WHO Labour Care Guide: the next generation partograph**

2018 WHO intrapartum care recommendations

*“The aim of this guideline is to **improve the quality of essential intrapartum care** with the ultimate goal of improving maternal, fetal and newborn outcomes.”*

- ✓ 26 new recommendations
- ✓ 30 existing recommendations
- ✓ From labour onset through to the immediate postnatal period
- ✓ For healthy women and babies
- ✓ Any health care setting

[Link to WHO Recommendations on intrapartum care for a positive childbirth experience](#)

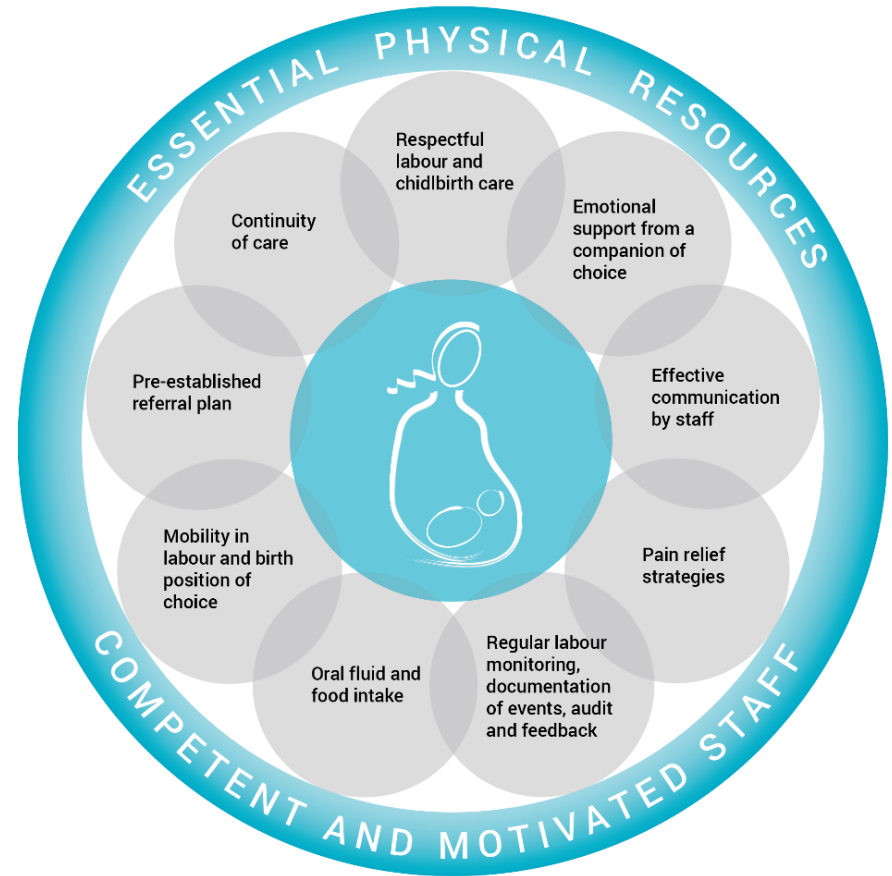
[Link to WHO intrapartum care recommendations slideshow](#)

WHO recommendations
**Intrapartum care for
a positive childbirth experience**



Guiding principles for the WHO intrapartum care model

- ✓ Labour and childbirth should be **individualized** and **woman-centred**
- ✓ No intervention should be implemented **without a clear medical indication**
- ✓ Only interventions that serve an immediate purpose and proven to be **beneficial** should be promoted
- ✓ A clear objective that a **positive childbirth experience** for the woman, the newborn and her family should be at the forefront of labour and childbirth care at all times



[Link to WHO Intrapartum Care Model](#)

2. WHO Labour Care Guide: the next generation partograph

Labour Care Guide: Why?

WHO LABOUR CARE GUIDE

Name _____ Parity _____ Labour onset _____ Active labour diagnosis [Date] _____

Ruptured membranes [Date] _____ Time _____ Risk factors _____

		Time	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
		Hours															
		Minutes															
		Alert															
		Active first stage															
		Second stage															
SUPPORTIVE CARE	Companion	NI															
	Pain relief	NI															
	Oral fluid	NI															
	Posture	SP															
BABY	Biophysical profile	<110, >140															
	FHR deceleration	L															
	Amniotic fluid	M+++ B															
	Fetal position	R/T															
WOMAN	Cervix	+++															
	Moulding	+++															
	Pulse	<60, >120															
	Systolic BP	<80, >160															
LABOUR PROGRESS	Diastolic BP	>90															
	Temperature °C	<35.5, >37.5															
	Urine	P++ A++															
	Contraction per 10 min	<2, >5															
LABOUR PROGRESS	Duration of contraction	<20, >60															
	Cervix [Plot X]	10 9 8 7 6 5															
	Descent [Plot Y]	5 4 3 2 1 0															
	Oxygen (litre, drops/min)																
MEDICATION	Medicine																
	IV fluids																
SHARED DECISION-MAKING	ASSESSMENT																
	PLAN																
INITIALS																	

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN, ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN IF LABOUR EXTENDS BEYOND 12H. PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE.

Abbreviations: NI = Nil, B = Blood, D = Distress, SP = Supine, MD = Midline, R = Right, L = Left, V = Variable, L = Latent, C = Cervix, M = Moulding, + = Good, A = Amniotic, P = Pushing, T = Tension, P+ = Pushing, A+ = Amniotic

Labour Care Guide was developed to **improve every woman's experience of childbirth**, and to help ensure the **health and well-being** of women and their babies by facilitating the effective **implementation of the WHO intrapartum care recommendations**.

This tool establishes essential **good-quality and evidence-based clinical care** in all settings, and it **expands the focus** of labour monitoring to non-clinical practices that promote a **positive childbirth experience** for every woman and baby.

WHO Labour Care Guide: Aims

- ✓ Guide the monitoring and documentation of the well-being of women and babies and the progress of labour
- ✓ Guide health personnel to **offer supportive care** throughout labour to ensure a positive childbirth experience for women
- ✓ Assist health personnel to promptly **identify and address emerging labour complications**, by providing reference thresholds for labour observations that are intended to trigger reflection and specific action(s) if an abnormal observation is identified
- ✓ Prevent unnecessary use of interventions in labour
- ✓ Support audit and quality improvement of labour management

The image shows a detailed WHO Labour Care Guide form. It is divided into several horizontal sections: 'SUPPORTIVE CARE', 'BABY', 'WOMAN', 'LABOUR PROGRESS', 'MEDICATION', and 'ASSESSMENT'. Each section contains a grid of boxes for recording data over time. The 'LABOUR PROGRESS' section includes a 'Cervix (Plot)' section with a scale from 0 to 10. The 'ASSESSMENT' section includes a 'PLAN' section. The form also includes a header with fields for 'Name', 'Registered midwives (Date)', 'Time', 'Party', 'Labour onset', and 'Active labour diagnosis (Date)'. At the bottom, there are instructions and a legend for the symbols used in the form.

For whom should the Labour Care Guide be used?

The Labour Care Guide has been designed for the care of women and their babies during labour and birth.

It includes assessments and observations that are essential for the care of **all pregnant women**, regardless of their risk status.



However, the Labour Care Guide was primarily designed to be used for the care of apparently healthy pregnant women and their babies (i.e. women with low-risk pregnancies).

High-risk women many require additional and specialized monitoring and care.

When should the Labour Care Guide be initiated?

Documentation on the Labour Care Guide should be initiated **when the woman enters the active phase of the first stage of labour** (5 cm or more cervical dilatation), regardless of her parity and membranes status.

Although the Labour Care Guide should not be initiated during the **latent phase** of labour, it is expected that women and their babies are **monitored and that they receive labour care and support** during the latent phase.

Once initiated, the Labour Care Guide will support continuous monitoring throughout the **first and second stage** of active labour.



Where should the Labour Care Guide be used?

The Labour Care Guide is designed for use at **all levels of care in health facilities**, although the plan of action will vary depending on level of care.



The use of the **Labour Care Guide** can **facilitate early identification of** potential **complications**; hence, it should **contribute to timely referrals** when required.

Structure of the WHO Labour Care Guide

The Labour Care Guide has 7 sections, which were adapted from the previous partograph design:

Section 1: Identifying information and labour characteristics at admission

Section 2: Supportive care

Section 3: Care of the baby

Section 4: Care of the woman

Section 5: Labour progress

Section 6: Medication

Section 7: Shared decision-making

These sections contain a **list of labour observations**.

WHO LABOUR CARE GUIDE														
Section 1	Name		Parity		Labour onset		Active labour diagnosis [Date]							
	Ruptured membranes [Date]		Time		Risk factors									
Alert Column	Time	Hours												
	Alert	ACTIVE FIRST STAGE												
Section 2	SUPPORTIVE CARE	Companion	N											
		Pain relief	N											
		Oral fluid	N											
		Posture	SP											
Section 3	BABY	Baseline FHR	<110, ≥160											
		FHR deceleration	L											
		Amniotic fluid	M+++ , B											
		Fetal position	P, T											
		Caput	+++											
		Moulding	+++											
Section 4	WOMAN	Pulse	<60, ≥120											
		Systolic BP	<80, ≥140											
		Diastolic BP	≥90											
		Temperature °C	<35.0, ≥37.5											
		Urine	P++ , A++											
Section 5	LABOUR PROGRESS	Contractions per 10 min	≤2, >5											
		Duration of contractions	<20, >60											
		Cervix [Plot X]	10											
			9	≥ 2h										
			8	≥ 2.5h										
			7	≥ 3h										
			6	≥ 5h										
		Descent [Plot O]	5	≥ 6h										
			4											
			3											
2														
1														
Section 6	MEDICATION	Oxytocin (UI, drops/min)												
		Medicine												
		IV fluids												
Section 7	SHARED DECISION-MAKING	ASSESSMENT												
		PLAN												
INITIALS														

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN. ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN. IF LABOUR EXTENDS BEYOND 12H, PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE.

Abbreviations: Y – Yes, N – No, D – Declined, U – Unknown, SP – Supine, MO – Mobile, E – Early, L – Late, V – Variable, I – Intact, C – Clear, M – Meconium, B – Blood, A – Anterior, P – Posterior, T – Transverse, P+ – Protein, A+ – Acetone

The health-care provider should record observations for all sections **soon after** the woman is **admitted** to the labour ward.

The remainder of the Labour Care Guide is then completed following **subsequent assessments throughout labour**.

For all observations, there is a horizontal **time axis** for documentation of the corresponding time of observation and a **vertical reference values axis** for determination of any deviation from normal observations.

The Labour Care Guide also provides a **second-stage section** to continue the observations made during the first stage of labour.

WHO LABOUR CARE GUIDE

Name *Mary Jane Williams* Parity *2* Labour onset: *spontaneous* Active labour diagnosis (Date *06/07/20*)

Ruptured membranes (Date *06/07/20* Time *5:00*) Risk factors *History of stillbirth, anaemia*

		Time																	
		6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00					13:05	13:45				
		Hours																	
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3			
ALERT		← ACTIVE FIRST STAGE →												← SECOND STAGE →					
SUPPORTIVE CARE	Companion	N	N	Y	Y	Y	N	Y	Y	Y				Y					
	Pain relief	N	N	Y	Y	Y	N	Y	Y	Y				Y					
	Oral fluid	N	Y	Y	Y	D	Y	Y	D	Y				Y					
	Posture	SP	MO	SP	MO	MO	SP	MO	MO	SP				SP					
BABY	Baseline FHR	<110, ≥160	160	136	132	148	145	138	128	159	133	149	125	153	130	132	130	132	
	FHR deceleration	L	N	N	V	N	N	N	N	V	N	N	N	N	N	N	N	N	
	Amniotic fluid	M+++; B	C							+					+				
	Fetal position	R/T	P							T					A				
	Caput	+++	0							+					+				
	Moulding	+++	0							+					++				
WOMAN	Pulse	<60, ≥120	88							96									
	Systolic BP	<90, ≥140	120							128									
	Diastolic BP	≥90	80							84									
	Temperature °C	<35.0, ≥37.5	36.5							36.9									
Urine	Pe+, A++	-/-							-/-										
LABOUR PROGRESS	Contractions per 10 min	≤2, >5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	
	Duration of contractions	<20, >60	40	40	40	40	40	45	40	50	50	50	40	50	50	50	50	50	
	Cervix (Plot X)	10																	
		9																	
		8																	
		7																	
		6																	
	Descent (Plot O)	5																	
		4																	
		3																	
2																			
1																			
MEDICATION	Oxytocin (IUI, drops/min)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N			
	Medicine	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N			
	iv fluids	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N			
SHARED DECISION-MAKING	ASSESSMENT	PAIN RELIEF REQUIRED	NORMAL PROGRESS	NORMAL PROGRESS	NORMAL PROGRESS	PAIN RELIEF REQUIRED	NORMAL PROGRESS	NORMAL PROGRESS	NORMAL PROGRESS					NORMAL PROGRESS					
	PLAN	Offer companionship and relaxation techniques to continue of routine monitoring	Continuation of routine monitoring	Continuation of routine monitoring	Continuation of routine monitoring	Offer companionship and manual pain relief; encourage mobilisation; continue monitoring	Continuation of routine monitoring	Continuation of routine monitoring	Continuation of routine monitoring					Continuation of routine monitoring					
INITIALS		LA	LA	LA	GP	GP	GP	GP	GP					GP					

In active first stage, plot 'X' to record cervical dilatation. Alert triggered when lag time for current cervical dilatation is exceeded with no progress. In second stage, insert 'P' to indicate when pushing begins.

Section 1: Identifying information and labour characteristics at admission

Section 1 is for documenting the **woman's name** and **labour admission characteristics** that are important for labour management: parity, mode of labour onset, date of active labour diagnosis, date and time of rupture of membranes, and risk factors.

This section should be completed with the information obtained **when active labour diagnosis is confirmed**.

WHO LABOUR CARE GUIDE

Name	Parity	Labour onset	Active labour diagnosis [Date]
Ruptured membranes [Date	Time] Risk factors		

Section 2: Supportive care

Respectful maternity care (RMC) is a fundamental human right of pregnant women and is a core component of the WHO intrapartum care recommendations.

Section 2 of the Labour care Guide, Supportive Care, aims to encourage the consistent practice of RMC, through the continuous provision and monitoring of **supportive care**.

The supportive care section includes labour **companionship**, access to pharmacological and non-pharmacological **pain relief**, ensuring women are offered **oral fluid**, and techniques to improve women's comfort (such as encouraging women to be **mobile** during labour).

		Time															
		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
		Hours	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
		ALERT	← ACTIVE FIRST STAGE →												← SECOND STAGE →		
SUPPORTIVE CARE	Companion	N															
	Pain relief	N															
	Oral fluid	N															
	Posture	SP															

Section 3: Care of the baby

Section 3, Care of the baby, was designed to facilitate decision-making while monitoring the well-being of the baby.

The well-being of the baby is monitored by regular observation of **baseline fetal heart rate** (FHR) and **decelerations** in FHR, and of **amniotic fluid, fetal position, moulding** of the fetal head, and development of **caput succedaneum**.

[illegible]

Section 4: Care of the woman

Section 4, Care of the Woman, is to facilitate decision-making for consistent, intermittent monitoring of the woman's well-being.

The woman's health and well-being are monitored on the Labour Care Guide by regular observation of the **pulse, blood pressure, temperature** and **urine**.

[illegible]

Section 5: Labour progress

Section 5, Labour Progress, aims to encourage the systematic practice of intermittent monitoring of labour progression parameters.

Labour progress is recorded on the Labour Care Guide by regular observation of the **frequency** and **duration of contractions**, **cervical dilatation** and **descent** of the baby's head.

		Time																	
		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
		Hours	1	2	3	4	5	6	7	8	9	10	11	12		1	2	3	
		ALERT	ACTIVE FIRST STAGE												SECOND STAGE				
Contractions per 10 min	≤2, >5																		
Duration of contractions	<20, >60																		
Cervix [Plot X]	10																		
	9	≈ 2h																	
	8	≈ 2.5h																	
	7	≈ 3h																	
	6	≈ 5h																	
	5	≈ 6h																	
Descent [Plot O]	5																		
	4																		
	3																		
	2																		
	1																		
	0																		

In active first stage, plot 'X' to record cervical dilatation. Alert triggered when lag time for current cervical dilatation is exceeded with no progress. In second stage, insert 'P' to indicate when pushing begins.

Section 6: Medication

Section 6, Medication, aims to facilitate consistent recording of all types of medication used during labour, by describing whether the woman is receiving **oxytocin**, and its dose, and whether **other medications** or **IV fluids** are being administered.

[illegible]

Section 7: Shared decision-making

Section 7, Shared decision-making, aims to facilitate continuous **communication** with the woman and her companion, and the consistent **recording of all assessments and plans** agreed.

WHO recommends effective communication between maternity health providers and women in labour, including the use of simple and culturally appropriate language.

Clear explanations of procedures and their purpose should always be provided to each woman.

The findings of physical examinations should be explained to the woman and her companion, and the subsequent course of action made clear to **enable shared decision-making**.

		Time												Time			
		:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
		Hours	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
		ALERT	← ACTIVE FIRST STAGE →												← SECOND STAGE →		
SHARED DECISION-MAKING	ASSESSMENT																
	PLAN																

How to use the Labour Care Guide: Labour monitoring to action

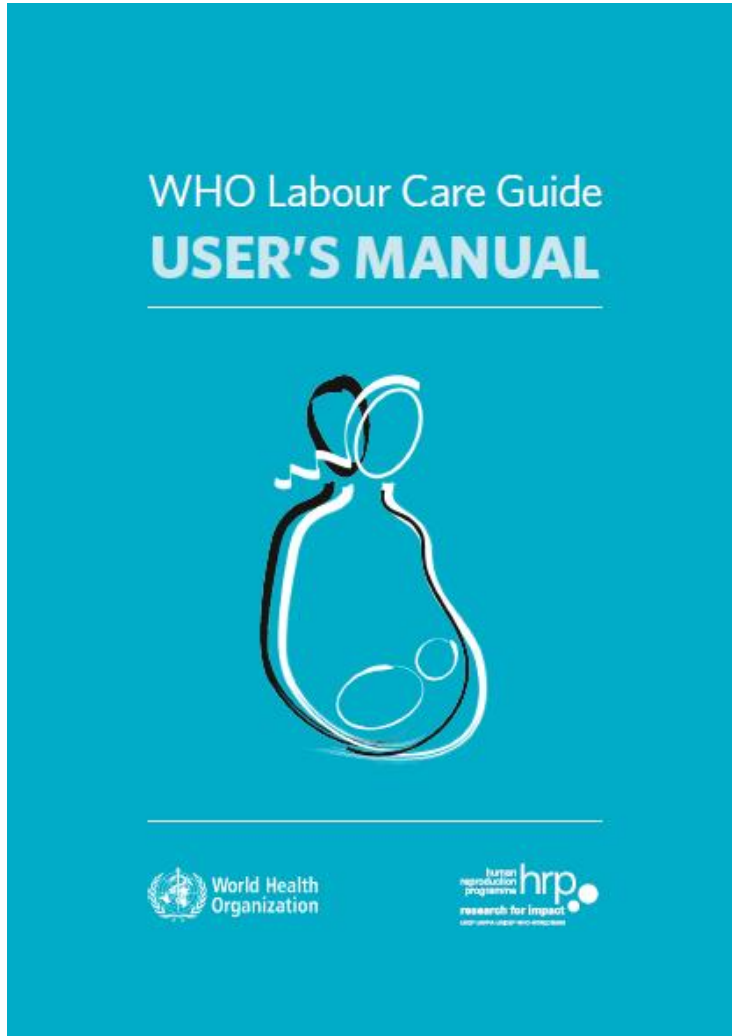
The Labour Care Guide creates a positive feedback and decision-making loop, as health personnel are encouraged to regularly:

- **Assess** → assess the well-being of woman and her baby, and progress of labour
- **Record** → document labour observations
- **Check reference threshold** → compare labour observations with reference values in the “Alert” column
- **Plan** → decide whether and what interventions are required, in consultation with the woman, and document accordingly

By recording and reviewing their observations against these **references**, health personnel are encouraged to think critically, avoid unnecessary interventions and act on warning signs.

The Labour Care Guide includes a section to **document shared decisions** to address any deviation. The decision to **intervene** in the course of labour is primarily based on **observation of a deviation** from expected observations.

WHO Labour Care Guide: User's Manual



The WHO Labour Care Guide User's Manual has been developed to help health personnel who care for women during labour and childbirth to **successfully use the Labour care Guide**.

The primary target audience for this manual is **skilled health personnel** directly providing labour and childbirth care in all settings.

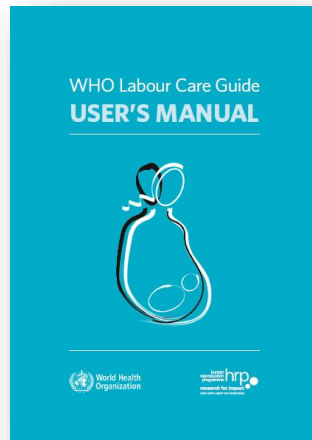
The manual will also be of interest to staff involved in training health care personnel, health-care facility managers, implementers and managers of maternal and child health programmes, nongovernmental organizations (NGOs), and professional societies involved in the planning and management of maternal and child health services.

This manual **provide guidance on how to complete** each section of the Labour Care Guide

Additional resources

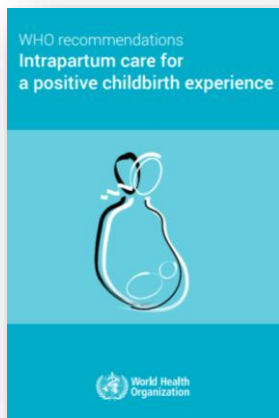
The following additional resources are available for facilitating the implementation of the WHO Labour Care Guide.

[WHO Labour Care Guide User's Manual](#)



Coming soon:

[WHO Labour Care Guide Training slides](#)



[WHO recommendations on intrapartum care for a positive childbirth experience](#)



[WHO intrapartum care recommendations: Slidedoc](#)

Thank you

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Reproductive Health and
Research



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