

Updated: Assessment and care of early labour; opioid and non-opioid analgesia.



N SAFETY NOTICE 029/24

Issue date:	24 October 2024
Replaces:	Safety Notice 022/23 Updated: Assessment and care of early labour; opioid and non-opioid analgesia.
Content reviewed by:	Maternal and Perinatal Serious Incident Review Sub- Committee Senior Advisor Obstetrics NSW Health Maternal and Perinatal Patient Safety, CEC
Distributed to:	Chief Executives Directors of Clinical Governance Director, Regulation and Compliance Unit
KEY MESSAGE:	Assessment and care in early labour must include assessment of fetal wellbeing, progress in labour, and effectiveness of analgesia.
ACTION REQUIRED BY:	Chief Executives and Directors of Clinical Governance Clinicians
REQUIRED ACTION:	<ol style="list-style-type: none"> 1. Distribute the Safety Notice to all relevant clinical staff 2. Include this Safety Notice in relevant handovers and safety huddles 3. Each Maternity service to undertake a risk assessment of local processes on the assessment and care of women in early labour (including maternal and fetal observations) 4. Ensure that local procedures are reviewed and address the recommendations
DEADLINE:	N/A
We recommend you also inform:	Directors, Managers and Staff of: <ul style="list-style-type: none"> • Maternity Services • Other clinicians who may provide care to pregnant women
Website:	https://www.health.nsw.gov.au/sabs/Pages/default.aspx http://internal.health.nsw.gov.au/quality/sabs/index.html
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Situation

The NSW Maternal Perinatal Serious Incident Review (MP SIR) Sub-Committee continues to identify incidents involving the care of women assessed as being in early labour. The incidents indicate there was inadequate assessment on presentation, leading to inappropriate care planning and suboptimal care. The diagnosis of established labour was often done using cervical changes alone and this negatively influenced decision making around the use of analgesia in early labour. This contributed to loss of situational awareness where women were not provided adequate and timely ongoing care, including reassessment of pain and analgesia effectiveness.

Background

Clinical management plans for women assessed as being in early labour included the administration of oral and/ or injectable analgesia. Women were then discharged home or transferred to an antenatal ward. Consequently, there was:

- delayed recognition of the transition from early labour into established labour
- sub-optimal surveillance of the woman's labour progress
- sub-optimal recognition and escalation of pain not responsive to analgesia
- inadequate fetal wellbeing assessment
- maternal and fetal harm, and fetal death in-utero

Assessment

Initial and ongoing assessment of women in early labour should be consistent in all care settings (birth unit, antenatal unit, maternity ward, or emergency department) in accordance with local guidelines. Ongoing care should include an individualised care plan based on the woman's obstetric and medical risk factors, the woman's wishes and/ or concerns as well as plans for ongoing review. Where there are concerns for either maternal or fetal wellbeing, escalate as per the local Clinical Emergency Response System (CERS), in line with *Recognition and management of patients who are deteriorating* ([PD2020 018](#)). The use of analgesia should not be a substitute for:

- Midwifery support and care
- Ongoing comprehensive maternal and fetal assessment (obstetric and midwifery)

Recommendations

- There should be no standing orders or phone orders for the administration of opioids in early labour
- Recognition of the transition from early to established labour is essential for clinicians to provide appropriate care
- Women who require opioid analgesia in early labour should only be discharged home if:
 - They wish to do so
 - A further comprehensive maternal and fetal wellbeing assessment (medical and midwifery) is attended
 - Clear instructions on when to return are provided