

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



N SAFETY NOTICE 003/26

Issue date:	19 February 2026
Replaces:	SN: 029/24 - Updated: Assessment and care in early labour; opioid and non-opioid analgesia.
Content reviewed by:	Maternal and Perinatal Serious Incident Review (MP SIR) Sub-Committee. Maternity Policy and Strategy Unit, Health and Social Policy Branch, NSW Health. Maternal and Perinatal Patient Safety and Medication Safety teams, Clinical Excellence Commission.
Distributed to:	Chief Executives Directors of Clinical Governance Director, Regulation and Compliance Unit
KEY MESSAGE:	Assessment and care of women in early labour must include assessment of fetal wellbeing, progress in labour, and effectiveness of analgesia.
ACTION REQUIRED BY:	Local Health District Maternity Co-Leads with support from respective Executive sponsors.
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 is to review and update their risk assessment of local processes on the assessment and care of women in early labour (including maternal and fetal observations and administration of analgesia). 4. Review any local procedures relating to the care of women in early labour to align with the recommendations in this Safety Notice. 5. Report any adverse outcomes associated with the care of women in early labour and associated administration of analgesia into a local incident management system, for example ims+.
DEADLINE:	N/A
We recommend you also inform:	<ul style="list-style-type: none"> • Directors, Managers and Staff in 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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What is updated in this Safety Broadcast from SN: 029/24?

This Safety Notice replaces SN:029/24 – Updated: Assessment and care of early labour; opioid and non-opioid analgesia, which has now been **rescinded**. It reinforces and updates recommendations to improve safety and early labour care for women.

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 and the associated administration of analgesia.

The incidents indicate there was inadequate assessment on presentation, leading to inappropriate care planning and suboptimal care. The diagnosis of established labour was often based on cervical changes alone and this negatively influenced decision making and care planning 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

For the majority of women, early labour and the transition to established labour will progress without any clinical concern. However for some women, signs of maternal and / or fetal deterioration may begin to emerge before active labour is established. For those women who present for care in early labour, timely and thorough comprehensive maternal and fetal assessment is essential. High quality maternity care plays a critical role during early labour – undertaking maternal and fetal observations, supporting and advocating for informed decision-making, timely identification and escalation of maternal and / or fetal deterioration, and providing guidance on comfort measures, hydration, and mobility.

For some women the usual first line comfort measures may not be sufficient, and women may request or be recommended the administration of oral and / or injectable analgesia. When administering analgesia in early labour, particular opioids, it is important to be aware that response to these medications is variable. Women may experience a range of side effects from nausea and vomiting, to alterations in alertness / consciousness, respiratory depression and may even continue to experience pain following administration. In addition, opioids readily cross the placenta to the fetus and may cause changes in the fetal heart rate (for example, decreased variability)^[1].

Assessment

Clinical care plans for women assessed as being in early labour often included the administration of oral and / or injectable analgesia, including opioids. 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.

Recognition of the transition from early to established labour is essential for clinicians to provide appropriate care. Initial and ongoing assessment of women in early labour should be consistent in all care settings (birth unit, antenatal unit, maternity ward, home or emergency department) in accordance with local guidelines.

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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, escalation should occur as per the local Clinical Emergency Response System (CERS), in line with NSW Health Policy Directive *Recognition and management of patients who are deteriorating* ([PD2025_014](#)).

The use of analgesia should not be a substitute for:

- midwifery support and care
- ongoing comprehensive maternal and fetal assessment (obstetric and midwifery).

Recommendations

All maternity services must ensure local processes and procedures are in place to support that:

- there are **no** standing orders or phone orders for the administration of opioids in early labour
- women requiring analgesia in early labour should:
 - undergo comprehensive maternal and fetal wellbeing assessment before any opioid or non-opioid analgesia is administered
 - have a care plan that includes re-assessment following administration of analgesia to assess the woman's pain response and any new symptoms or changes in clinical status (i.e. progress in labour, changes in fetal wellbeing).
- women who require opioid analgesia in early labour must only be discharged home if:
 - it is their specific preference
 - a further comprehensive maternal and fetal wellbeing assessment (medical and midwifery) is attended
 - clear instructions on when to return are provided.

References:

1. Hale S, Hill CM, Hermann M, Kinzig A, Lawrence C, McCaughin N, et al. Analgesia and anesthesia in the intrapartum period. *Nursing for women's health*. 2020 [accessed 3 February 2026]; 24(1):e1-e60 DOI:10.1016/j.nwh.2019.12.002.