



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

14 April 2021

### Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Directors Nursing & Midwifery
- Directors of Obstetrics

### Action required by:

- Chief Executives
- Directors of Clinical Governance
- Directors Nursing & Midwifery
- Directors Obstetrics

### We recommend you also inform:

- Midwifery Unit Managers
- Clinical Midwifery Educators
- Clinical Midwifery Consultants
- Senior and Junior Registrars
- Consumers of Maternity services

### Expert Reference Group

Content reviewed by:

- CEC Maternal and Perinatal team
- CEC maternal & Perinatal SAER Committee
- NSW Maternity Risk Network

### Clinical Excellence Commission

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Intranet Website:

<http://internal.health.nsw.gov.au/quality/sabs>

### Review date

April 2022

The NSW Maternal and Perinatal Serious Adverse Event Review (SAER) Committee has identified several incidents that involved the care of women assessed as being in 'early labour'.

The incidents indicated that there was inadequate assessment on presentation, leading to suboptimal or inappropriate care planning. The absolute threshold for the diagnosis of 'active labour', often cervical dilatation, was observed to influence clinical decision making involving the use of opioid and non-opioid analgesia, with a subsequent loss of situational awareness.

The management plan for the women assessed as being in 'early labour', included the administration of oral and/or injectable analgesia and psychotropic medication (e.g. morphine, oxycodone, Panadeine Forte and temazepam) and intradermal injection of sterile water for injection for low back pain. Women were then discharged home or transferred to an antenatal ward. Consequently, there was:

- delayed recognition of the transition from 'early labour' into 'active labour'
- sub-optimal surveillance of the woman's labour progress and fetal wellbeing
- serious adverse outcomes including fetal death in-utero

### Recommendations

- The use of opioid analgesia must never be a substitute for:
  - midwifery support and care
  - comprehensive maternal and fetal assessment (medical and midwifery)
- There should be no standing orders or phone orders for the administration of opioid in early labour.
- Opioid use for pain relief should be preceded by a thorough assessment of possible onset of 'active labour'.
- Women that require opioid analgesia in 'early labour' should only be discharged home if:
  - contractions have ceased and
  - a further comprehensive maternal and fetal assessment (medical and midwifery) has been undertaken
- The use of use of intradermal injection of sterile water for injection for back pain should only be utilised in active labour.
- Procedures for the care of women admitted for 'early labour' should be consistent regardless of where a woman is admitted (birth unit or a maternity ward).

### Actions required by Local Health Districts/Networks

1. Distribute the Safety Notice to all relevant clinical staff
2. Each Maternity service undertake a risk assessment of the assessment and care in early labour and complete the [QARS](#) survey by April 30th 2021
3. Ensure that local procedures are reviewed and address the recommendations