



Highlights of the United Kingdom (UK) National Institute for Health and Care Excellence (NICE) Guidelines: *Intrapartum care: care for healthy women and their babies during childbirth* *

The following points summarize the major findings of the [December 2014 NICE Guidelines](#). The guidelines assert that increased utilization of midwives and evidence-based physiologic birth practices most commonly associated with out-of-hospital birth settings are key to improving maternity care in all settings within the UK. As such, the guidelines provide important opportunities for midwives working to improve maternity care in the United States. These highlights of the guidelines may assist you in conversations and communications with colleagues and health care stakeholders, as well as with the media.

Overarching Points

- Midwife-led care in labor is safest.
- The guidelines focus on healthy women with uncomplicated full term pregnancies (37 0/7 – 41 6/7) entering labor at low risk of developing complications (i.e. the majority of women).
- The guidelines call for woman-centered care and careful communication. All health care professionals should ensure that in all birth settings there is a culture of respect for each woman as an individual undergoing a significant and emotionally intense life experience, so that the woman is in control, is listened to, and cared for with compassion, and that appropriate informed consent is sought.
- The guidelines focus on “inconsistency and uncertainty about care” in the following areas: choosing place of birth, care during latent phase of labor, fetal assessment and monitoring during labor (particularly cardiotocography vs. intermittent auscultation), and care during third state of labor.
- Read the Royal College of Midwives’ statement about the new guidelines [here](#). The Royal College of Obstetricians and Gynaecologists (the national professional association for OBGYNs in the UK) has endorsed these guidelines.

Expanded Access to Midwife-Led Care and Out-of-Hospital Birth

- Maternity care providers should explain to all women that they may choose any birth setting and support them in their choice. Women should have access to information about all birth settings, including local statistics.

- Maternity care providers should advise **all** women at low risk for complications that midwife-led birth centers are particularly suitable for them (lower risk of interventions, outcome for baby no different than hospital).
- Midwife-led birth centers and home birth are particularly suitable for multiparous women. Home birth has a small increased risk of adverse outcome for the babies of nulliparous women.
- When discussing a woman's choice of place of birth, her maternity care providers should not disclose personal views or judgments about her choice.
- Women should be assured access to all birth settings in all geographic areas, and timely access to transfer of care, if needed.

Recommended Clinical Practices

- **One-to-one care** is recommended for all laboring women, which requires adequate staffing and plenty of midwives.
- **Latent/first phase of labor:** Maternity care providers should educate women during pregnancy about what to expect/what to do in early labor, and agree upon a plan of care considering women's needs and desires. The guidelines provide the following recommendations with regard to early labor:
 - Women should be able to ambulate and have their choice of support persons in labor.
 - Providers should not perform cardiotocography on admission for low-risk women in suspected or established labor in any birth setting as part of the initial assessment.
 - Providers should not offer or advise clinical intervention if labor is progressing normally and the woman and baby are well.
 - Providers should not make any decision about a woman's care in labor on the basis of cardiotocography findings alone. Much detailed guidance on interpretation and management of fetal heart rate monitoring is provided.
- **In all stages of labor:** Women who have left the normal care pathway because of the development of complications can return to it if/when the complication is resolved.
- Many other detailed recommendations for specific care practices during labor are outlined. Most notably, maternity care providers should not offer amnioinfusion for intrauterine fetal resuscitation.
- **Third stage of labor:** Maternity care providers should explain to women antenatally about what to expect with regard to active and physiologic management of third stage of labor and the risks/benefits of each.
 - Providers should support women in their choice of third stage management.
 - Providers should recognize that the time immediately after the birth is when the woman and her birth companions are meeting and getting to know the baby.
 - Providers should ensure that any care or interventions are sensitive to this and minimize separation or disruption of the mother and baby.

- Providers should promote skin-to-skin contact, avoid separation, and encourage initiation of breastfeeding.
- The guidelines recommend that additional research be conducted in the following areas:
 - Effect of information given on place of birth
 - Long-term consequences of planning birth in different settings
 - Education about the latent/first stage of labor
 - Postpartum hemorrhage
 - Intermittent auscultation compared to cardiotocography

In 2014, ACNM launched a comprehensive initiative, the [American College of Nurse-Midwives Healthy Birth Initiative](#)™, to maximize a woman’s opportunity to have a healthy birth using her own natural physiology. The initiative provides tools to assist women, maternity care providers, and quality managers and hospital policymakers in achieving better care, better health, and lower costs. In particular, ACNM’s BirthTOOLS website, www.birthtools.org, provides specific resources to help midwives play a leading role in implementing these practices in inter-professional settings.

For more information about the NICE guidelines and the implications for the United States, or to share your ideas about leveraging the guidelines in the United States, please contact Tina Johnson, CNM, MS, Director of Professional Practice & Health Policy, American College of Nurse-Midwives, tjohnson@acnm.org.

**NICE clinical guideline 190; www.guidance.nice.org.uk/cg190; December, 2014 (replaces 2007 “Intrapartum care” NICE guidelines CG55)*