

**Issue date**  
**15 August 2023**

**Distributed to:**

Chief Executives  
Directors of Clinical Governance  
Director, Regulation and Compliance Unit  
Directors Nursing & Midwifery  
Directors of Obstetrics

**Action required by:**

Chief Executives  
Directors of Clinical Governance

**We recommend you also inform:**

Directors, Managers and Staff of:

- Maternity Services
- Clinicians who may provide care to pregnant women

**Expert Reference Group****Content reviewed by:**

Senior Advisor Obstetrics NSW Health  
Maternal and Perinatal Patient Safety team

**Representatives from:**

Maternal Perinatal Serious Incident Review Sub-Committee

**Clinical Excellence Commission**

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

### What has been updated in this Safety Notice from 007/21?

The message regarding the importance of fetal wellbeing assessment has been strengthened. The clinical recommendation for the use of intradermal injection of sterile water in early labour has been removed.

### Situation

The NSW Maternal Perinatal Serious Incident Review (MP SIR) Sub-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 established labour, often using cervical changes alone, influenced clinical decision making involving the use of opioid and non-opioid analgesia. This contributed to loss of situational awareness.

### Background

The management plan for women assessed as being in early labour included the administration of oral and/ or injectable analgesia (for example morphine, oxycodone, Panadeine Forte and temazepam). Women were then discharged home or transferred to an antenatal ward. Consequently, there were:

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

### Assessment and Ongoing Care

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 is to be underpinned by an individualised care plan based on the woman's obstetric and medical risk factors. Care plans should include the wishes of the woman 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 must never be a substitute for:

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

### Clinical Recommendations

- There should be no standing orders or phone orders for the administration of opioids in early labour
- Assessment of the transition from early to established labour

- 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

#### Required actions for the Local Health Districts/Networks

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