

Intrapartum and postpartum care

(January 2017)

Rationale

Intrapartum and postpartum care includes the care of the mother and fetus during labour and the six-week period following birth. The care provided during this period has the potential to impact the mother's physical and emotional health in both the short and longer term.

Key Objectives

The candidate will be able to provide intrapartum and postpartum care that integrates the best available evidence into a model of shared decision-making that enables women to make informed decisions based on their personal needs.

Enabling Objectives

Given a pregnant patient requiring intrapartum and postpartum care, the candidate will

- list and interpret relevant clinical findings, including
 - a. those derived from an appropriate history and physical examination;
 - b. ongoing emotional and physical needs of a woman in labour;
 - c. pre-labour rupture of membranes;
 - d. onset, stage, and progression of labour;
 - e. indications and contraindications for induction of labour;
 - f. features suggestive of a complicated labour (e.g., prolonged stage of labour, fever, meconium-stained fluid);
 - g. possible causes of a complicated labour (e.g., insufficient contractions, cephalopelvic disproportion, infection);
 - h. risk factors for and features of postpartum fever, hemorrhage, and pain;

- i. socio-economic determinants of pregnancy outcome.
- list and interpret relevant investigations, including
 - a. appropriate initial investigations for a woman presenting in labour;
 - b. indications and options for fetal and maternal monitoring in labour (e.g., electronic fetal monitoring, fetal blood sampling);
 - c. appropriate maternal and fetal investigations to determine the need for Rh immunoglobulin;
- construct an effective initial management plan, including
 - a. reviewing maternal birth plans within a model of shared decision-making, including culturally sensitive care;
 - b. encouraging the involvement of birth partner(s) and of extended social supports, if appropriate;
 - c. informing the patient about the need for maternal examination and fetal health surveillance, ensuring consent, privacy, dignity and comfort;
 - d. assessing maternal knowledge of strategies for coping with pain and discuss options for pain management;
 - e. ensuring appropriate management of each stage of labour, including (list not exhaustive)
 - determination as to when clinical intervention should not be offered or advised (e.g., normal labour);
 - indications and options for augmentation and active management of labour;
 - use of prophylactic antibiotics to reduce the risk of Group B Streptococcal disease in the neonate;
 - appropriate counselling and support when complications are anticipated or encountered (e.g., prolonged stage of labour, non-reassuring fetal status);
 - initial immediate management if there are signs of fetal distress;
 - determination as to when surgical intervention (e.g., cesarean section, episiotomy) or instrumental birth (e.g., forceps) is indicated;

- initial management of postpartum complications (e.g., hemorrhage, fever, depression);
- f. ensuring management of preterm labour and pre-labour rupture of membranes;
 - g. determining whether the patient requires specialized care.