

# Intrapartum and postpartum care

## (January 2017)

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### 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.