

## SCOPE DEFINITION

**Guideline Title:** *Prolonged and/or obstructed labour*

Scope framework	
<b>Population</b>	<p><i>Which group of people will the guideline be applicable to?</i></p> <ul style="list-style-type: none"> <li>• Pregnant women during active first stage or second stage of labour</li> </ul>
<b>Purpose</b>	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify evidence related to :</p> <ul style="list-style-type: none"> <li>• Diagnosis, assessment and management of prolonged and/or obstructed labour</li> </ul>
<b>Outcome</b>	<p><i>What will be achieved if the guideline is followed?</i> <i>(This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support:</p> <ul style="list-style-type: none"> <li>• Early recognition of women experiencing prolonged and/or obstructed labour</li> <li>• Best practice management when prolonged and/or obstructed labour is diagnosed</li> </ul>
<b>Exclusions</b>	<p><i>What is not included/addressed within the guideline?</i></p> <ul style="list-style-type: none"> <li>• Routine antenatal, intrapartum and postpartum care</li> <li>• Elements contained in other Queensland Clinical Guidelines (e.g. intrapartum pain management, instrumental vaginal birth, perineal care, normal birth)</li> <li>• Elements specific to Queensland Clinical Guideline <i>Standard care</i></li> <li>• Anaesthetic management</li> <li>• Work/procedural instructions for caesarean section, instrumental birth, manual rotation, episiotomy</li> </ul>

## Clinical questions

Question	Likely Content/Headings/Document Flow
<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Definitions               <ul style="list-style-type: none"> <li>○ Nomenclature obstructed/delayed/</li> </ul> </li> <li>• Clinical standards</li> </ul>
1. What factors can affect the progress of normal labour?	<ul style="list-style-type: none"> <li>• Uterine activity (powers)</li> <li>• Pelvic factors (passage)</li> <li>• Fetal factors (passenger)</li> <li>• Other (maternal state, need for analgesia)</li> </ul>
2. What clinical assessments are indicated when labour is prolonged and/or obstructed labour is suspected	<ul style="list-style-type: none"> <li>• Clinical presentation</li> <li>• Clinical examination</li> <li>• Monitoring</li> <li>• Ultrasound</li> </ul>
3. What care can be recommended when prolonged and/or obstructed labour is diagnosed?	<ul style="list-style-type: none"> <li>• Intrapartum care               <ul style="list-style-type: none"> <li>○ Hydration</li> <li>○ Analgesia</li> </ul> </li> <li>• In first stage               <ul style="list-style-type: none"> <li>○ Augmentation</li> </ul> </li> <li>• In second stage               <ul style="list-style-type: none"> <li>○ Augmentation</li> <li>○ Manual rotation</li> <li>○ Episiotomy</li> <li>○ Instrumental vaginal birth</li> </ul> </li> <li>• Caesarean Section</li> </ul>
4. When caesarean birth is indicated, what are evidence based considerations in the setting of obstructed labour	<ul style="list-style-type: none"> <li>• Clinician experience</li> <li>• Operative techniques</li> <li>• Management of:               <ul style="list-style-type: none"> <li>○ Impacted fetal head</li> <li>○ Bandl's ring</li> </ul> </li> </ul>

### Potential areas for audit focus (to be refined during development)

*Audit items will relate to the desired outcomes and the clinical questions*

- What proportion of women diagnosed with prolonged or obstructed labour requiring caesarean birth achieved a decision to birth interval consistent with local protocols
- What proportion of women diagnosed with obstructed labour in second stage were reviewed and assessed by an obstetrician prior to:
  - Augmentation
  - Caesarean birth
- What proportion of women diagnosed with impacted fetal head at caesarean birth had fetal head elevation with a fetal pillow attempted
- What proportion of women who had a caesarean birth in second stage experienced:
  - Uterine or bladder trauma
  - Postpartum haemorrhage
- What proportion of babies born to women who had a caesarean birth in second stage experienced a birth injury (e.g. fracture of skull, clavicle, femur)