Women and Birth, 2023; 36(6): 481-482.
https://doi.org/10.1016/j.wombi.2023.09.004

# Early labour: an under-recognised opportunity for improving the experiences of women, families and maternity professionals.

Susanne Grylka-Baeschlin[1], Vanora Hundley[2], Helen Cheyne[3], Mechthild M. Gross[4], Patricia A. Janssen[5] and Helen Spiby[6]

[1] Susanne Grylka-Baeschlin, Prof., RM, MSc, PhD, Research Institute of Midwifery and Reproductive Health, School of Health Science, ZHAW Zurich University of Applied Sciences, Winterthur, Switzerland

[2] Vanora Hundley, Prof., RM, MSc, PhD, Centre for Midwifery, & Women's Health, Bournemouth University, England

[3] Helen Cheyne, Prof. RM, RGN, MSc (Med Sci) PhD Nursing, Midwifery and Allied Health Professions Research Unit, University of Stirling, Scotland

[4] Mechthild M. Gross, Prof., RM, RN, BSc, MSc, Dr, PD, Midwifery Research and Education Unit, Hannover Medical School, Hannover, Germany

[5] Patricia A. Janssen, Prof., RN, BSN, MPH, PhD, School of Population and Public Health, University of British Columbia, Canada

[6] Helen Spiby, Prof., SRN, SCM, MPhil, School of Health Sciences, University of Nottingham, UK

Corresponding Author: Susanne Grylka-Baeschlin, Research Unit for Midwifery Science and Reproductive Health, Institute of Midwifery, School of Health Professions, ZHAW Zurich University of Applied Sciences, Katharina-Sulzer-Platz 9, CH-8401 Winterthur, Switzerland, susanne.grylka@zhaw.ch, +41 58 934 43 77

Many pregnant women as well as their labour companions experience early labour care as unsatisfactory and do not feel that their needs are being met sufficiently [1–3]. However, midwifery care providers also perceive early labour care as challenging [4]. Interventions to assess and support early labour have not been demonstrated to improve birth outcomes [5,6]. Parturient women, their labour companions and midwifery care providers have agreed that early labour care is under-researched and a priority topic for further investigation [5,7].

There is strong evidence that women who are admitted to the hospital early during the labour and birth process, especially those with prolonged early labour, are confronted with more intrapartum interventions and less favourable maternal and infant outcomes compared to those staying longer or returning at home [8–10]. Above all, they experience more vaginal examinations, labour augmentation with oxytocin, epidural analgesia and caesarean birth [11]. The American College of Obstetricians and Gynaecologists identified the prevention of early interventions as an important factor for reducing primary caesarean section [12]. Consequently, midwives often assume the role of a gatekeeper in delaying hospital admission with the aim to protect women from unnecessary interventions [13,14]. Some women however, view this practice as dismissive of their needs. Some parturients experience intense pain in early labour and they and their partners may have difficulties in coping with or without midwifery support at home [4,15,16]. In fact these women might benefit from early support because of anxiety associated with intense pain [17,18]. Fear and pain interact; interventions that have a positive impact on one also affect the other [18]. For up to 30% of women in early labour, encouragement to remain at home as long as possible may not be consistent with woman-centred care and achieving healthiest possible outcomes for mothers and their children [7,11,19,20]. This is also reflected in the fact that women reporting that early labour started more than 24 hours before hospital admission demonstrated increased risk for caesarean section [1].

Interventions for assessing early labour and supporting early labour have been the focus of studies published at the end of the last millennium and in the early 2000s [5]. A Cochrane Review summarised the results of six trials with over 12,000 pregnant women in the UK, Canada and America. The interventions investigated consisted of early labour assessment in hospital, home support and assessment, midwifery support via telephone triage, one-to-one structured care in early labour as well as the application of a labour diagnosis tool, in comparison to usual care. These measures to improve early labour care had no clear impact on caesarean section and instrumental birth rates, but there was some evidence of lower use of epidural analgesia and increased maternal satisfaction with care [5]. Studies included in this review had predominantly focused on changing health care providers' responses to early labour, rather than on supporting women's self-management. Meeting the needs of individual

women during early labour with standardised procedures is a limitation of current approaches [2,21]. This is not surprising, since early studies have shown that pregnant women experience onset of labour and early labour with differing symptoms and needs [14,21]. The midwifery literature in recent years has identified and addressed this gap [17,22]. Current studies, for example, have investigated mechanisms behind excessive pain during early labour. Assessment tools to measure individual experiences using a holistic lens are being developed.

Despite various research conducted during the past decades, early labour care is still a widely discussed and controversial topic [14,17,22]. This special issue collated papers that promote a deeper understanding of the versatile and individual facets of women's early labour experiences and current approaches to meet their needs more effectively. The articles summarise current knowledge, evaluate instruments designed to assess early labour experience, quantify individual risk of caesarean section, and address early labour care from a variety of perspectives. They are drawn from different geographical areas and systems of care, suggesting continuing widespread interest and concern. The studies highlight the potential for and use of new technologies such as video calls, mobile apps, web based antenatal interventions to provide innovative support for women during early labour. Although this is in line with the topical themes of the post-pandemic era and therefore not surprising, it is encouraging that woman -focused approaches are now highlighted in studies of early labour care. This special issue contributes to the current scientific discussion about early labour and offers directions for how the experience of women and their labour companions in this important but under-recognised/ under-valued phase of childbirth can be improved in differing circumstances.

## References

[1] P.A. Janssen, S. Weissinger, Women's perception of pre-hospital labour duration and obstetrical outcomes; a prospective cohort study, BMC Pregnancy Childbirth. 14 (2014) 182. https://doi.org/10.1186/1471-2393-14-182.

[2] K. Ängeby, B. Wilde-Larsson, I. Hildingsson, A.-K. Sandin-Bojö, Primiparous women's preferences for care during a prolonged latent phase of labour, Sex Reprod Healthc. 6 (2015) 145–150. https://doi.org/10.1016/j.srhc.2015.02.003.

[3] V. Hundley, S. Downe, S.J. Buckley, The initiation of labour at term gestation: Physiology and practice implications, Best Pract Res Clin Obstet Gynaecol. 67 (2020) 4–18. https://doi.org/10.1016/j.bpobgyn.2020.02.006.

[4] S. Beake, Y.-S. Chang, H. Cheyne, H. Spiby, J. Sandall, D. Bick, Experiences of early labour management from perspectives of women, labour companions and health professionals: A systematic review of qualitative evidence, Midwifery. 57 (2018) 69–84. https://doi.org/10.1016/j.midw.2017.11.002.

[5] S. Kobayashi, N. Hanada, M. Matsuzaki, K. Takehara, E. Ota, H. Sasaki, C. Nagata, R. Mori, Assessment and support during early labour for improving birth outcomes, Cochrane Database Syst Rev. 4 (2017) CD011516. https://doi.org/10.1002/14651858.CD011516.pub2.

[6] H. Spiby, D. Walsh, J. Green, A. Crompton, G. Bugg, Midwives' beliefs and concerns about telephone conversations with women in early labour, Midwifery. 30 (2014) 1036–1042. https://doi.org/10.1016/j.midw.2013.10.025.

[7] P. Janssen, M.L. Nolan, H. Spiby, J. Green, M.M. Gross, H. Cheyne, V. Hundley, M. Rijnders, A. de Jonge, S. Buitendijk, Roundtable discussion: Early labor: what's the problem?, Birth. 36 (2009) 332–339. https://doi.org/10.1111/j.1523-536X.2009.00361.x.

[8] K. Ängeby, B. Wilde-Larsson, I. Hildingsson, A.-K. Sandin-Bojö, Prevalence of Prolonged Latent Phase and Labor Outcomes: Review of Birth Records in a Swedish Population, J Midwifery Womens Health. 63 (2018) 33–44. https://doi.org/10.1111/jmwh.12704.

[9] C. Schick, L.M. Spineli, L. Raio, M.M. Gross, First assessed cervical dilatation: is it associated with oxytocin augmentation during labour? A retrospective cohort study in a university hospital in Switzerland, Midwifery. 85 (2020) 102683. https://doi.org/10.1016/j.midw.2020.102683.

[10] R.T. Mikolajczyk, J. Zhang, J. Grewal, L.C. Chan, A. Petersen, M.M. Gross, Early versus Late Admission to Labor Affects Labor Progression and Risk of Cesarean Section in Nulliparous Women, Front Med (Lausanne). 3 (2016) 26. https://doi.org/10.3389/fmed.2016.00026.

[11] Y.D. Miller, A.A. Armanasco, L. McCosker, R. Thompson, Variations in outcomes for women admitted to hospital in early versus active labour: an observational study, BMC Pregnancy Childbirth. 20 (2020) 469. https://doi.org/10.1186/s12884-020-03149-7.

[12] ACOG, Society for Maternal-Fetal Medicine, A.B. Caughey, A.G. Cahill, J.-M. Guise, D.J. Rouse, Safe prevention of the primary cesarean delivery, Am. J. Obstet. Gynecol. 210 (2014) 179–193. https://doi.org/10.1016/j.ajog.2014.01.026.

[13] T.S. Eri, A. Blystad, E. Gjengedal, G. Blaaka, "Stay home for as long as possible": midwives' priorities and strategies in communicating with first-time mothers in early labour, Midwifery. 27 (2011) e286-292. https://doi.org/10.1016/j.midw.2011.01.006.

[14] K. Ängeby, A.-K. Sandin-Bojö, M. Persenius, B. Wilde-Larsson, Women's labour experiences and quality of care in relation to a prolonged latent phase of labour, Midwifery. 77 (2019) 155–164. https://doi.org/10.1016/j.midw.2019.07.006.

[15] G. Cappelletti, A. Nespoli, S. Fumagalli, S.E. Borrelli, First-time mothers' experiences of early labour in Italian maternity care services, Midwifery. 34 (2016) 198–204. https://doi.org/10.1016/j.midw.2015.09.012.

[16] T.S. Eri, T. Bondas, M.M. Gross, P. Janssen, J.M. Green, A balancing act in an unknown territory: a metasynthesis of first-time mothers' experiences in early labour, Midwifery. 31 (2015) e58-67. https://doi.org/10.1016/j.midw.2014.11.007.

[17] C.J. Clark, G. Kalanaviciute, V. Bartholomew, H. Cheyne, V.A. Hundley, Exploring pain characteristics in nulliparous women; A precursor to developing support for women in the latent phase of labour, Midwifery. 104 (2022) 103174. https://doi.org/10.1016/j.midw.2021.103174.

[18] L. Floris, O. Irion, Association between anxiety and pain in the latent phase of labour upon admission to the maternity hospital: a prospective, descriptive study, J Health Psychol. 20 (2015) 446–455. https://doi.org/10.1177/1359105313502695.

[19] H. Cheyne, L. Dalgleish, J. Tucker, F. Kane, A. Shetty, S. McLeod, C. Niven, Risk assessment and decision making about in-labour transfer from rural maternity care: a

social judgment and signal detection analysis, BMC Medical Informatics and Decision Making. 12 (2012) 122.

[20] I. Lundgren, K. Andrén, E. Nissen, M. Berg, Care seeking during the latent phase of labour--frequencies and birth outcomes in two delivery wards in Sweden, Sex Reprod Healthc. 4 (2013) 141–146. https://doi.org/10.1016/j.srhc.2013.09.001.

[21] M.M. Gross, T. Haunschild, T. Stoexen, V. Methner, H.H. Guenter, Women's recognition of the spontaneous onset of labor, Birth. 30 (2003) 267–271. https://doi.org/10.1046/j.1523-536x.2003.00257.x.

[22] S. Grylka-Baeschlin, M.M. Gross, A.N. Mueller, J. Pehlke-Milde, Development and validation of a tool for advising primiparous women during early labour: study protocol for the GebStart Study, BMJ Open. 12 (2022) e062869. https://doi.org/10.1136/bmjopen-2022-062869.