

# WHO Labour Care Guide: A Transformative Approach to Intrapartum Care

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**Abstract:** *The World Health Organization (WHO) introduced the Labour Care Guide (LCG) in 2020 as a next-generation partograph, designed to improve intrapartum care and maternal–neonatal outcomes. Unlike traditional monitoring tools, the LCG emphasizes evidence-based thresholds for labour progress, respectful maternity care, and shared decision-making. This article explores the structure, key features, and clinical relevance of the WHO Labour Care Guide, highlighting its potential to standardize care, reduce unnecessary interventions, and promote positive birth experiences.*

**Keywords:** WHO Labour Care Guide, intrapartum care, maternal outcomes, respectful maternity care, shared decision-making

## 1. Introduction

Labour and childbirth are critical events in a woman's life, and quality of intrapartum care significantly influences maternal and neonatal outcomes. For decades, the partograph has been the primary tool used to monitor labour; however, its rigid definitions of "normal" and "abnormal" progress often led to unnecessary interventions, such as augmentation or cesarean sections. Recognizing these limitations, the **WHO launched the Labour Care Guide (LCG) in 2020**, aligning it with updated recommendations on intrapartum care for a positive childbirth experience.

The LCG shifts the focus from simply charting progress to **providing comprehensive, woman-centred care** during labour. It not only tracks clinical parameters but also incorporates supportive care elements such as pain relief, companionship, and respectful treatment.

### Objectives of the Labour Care Guide

- 1) To assist health professionals in **timely decision-making** based on evidence-based thresholds.

- 2) To ensure **safe, respectful, and individualized care** for women in labour.
- 3) To reduce **unnecessary interventions** by redefining normal labour progress.
- 4) To promote **documentation transparency** and accountability among care providers

### Key Features of the WHO Labour Care Guide

- **Evidence-based thresholds:** Abandons the traditional "1 cm/hour cervical dilatation" rule, allowing for slower but safe progress.
- **Eight monitoring sections:** Maternal condition, fetal condition, supportive care, interventions, and progress of labour.
- **Focus on supportive care:** Includes emotional support, continuous companionship, and non-pharmacological pain relief methods.
- **Individualized care:** Recognizes that labour experiences differ and interventions must be personalized.
- **Decision-support tool:** Encourages critical thinking rather than automatic interventions.

## WHO LABOUR CARE GUIDE

Name		Parity	Labour onset	Active labour diagnosis [Date]		
Ruptured membranes [Date]		Time	Risk factors			
		Time Hours	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3		
		ALERT	ACTIVE FIRST STAGE		SECOND STAGE	
SUPPORTIVE CARE	Companion	N				
	Pain relief	N				
	Oral fluid	N				
	Posture	SP				
BABY	Baseline FHR	< 110, ≥ 160				
	FHR deceleration	L				
	Amniotic fluid	M+++ , B				
	Fetal position	P, T				
	Caput	+++				
	Moulding	+++				
WOMAN	Pulse	< 60, ≥ 120				
	Systolic BP	< 80, ≥ 140				
	Diastolic BP	≥ 90				
	Temperature °C	< 35.0, ≥ 37.5				
	Urine	P++ , A++				
LABOUR PROGRESS	Contractions per 10 min	≤ 2, > 5				
	Duration of contractions	< 20, > 60				
	Cervix [Plot X]	10				
		9	≥ 2h			
		8	≥ 2.5h			
		7	≥ 3h			
		6	≥ 5h			
	Descent [Plot O]	5				
		4				
		3				
2						
1						
MEDICATION	Oxytocin (U/L, drops/min)					
	Medicine					
	IV fluids					
SHARED DECISION-MAKING	ASSESSMENT					
	PLAN					
INITIALS						

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN, ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN. IF, LABOUR EXTENDS BEYOND 12 h, PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE.

Abbreviations: Y – Yes, N – No, D – Declined, U – Unknown, SP – Supine, MO – Mobile, E – Early, L – Late, V – Variable, I – Intact, C – Clear, M – Meconium, B – Blood, A – Anterior, P – Posterior, T – Transverse, P+ – Protein, A+ – Acetone

## The WHO Labour Care Guide (LCG): Explanation of Monitoring Domains

The WHO Labour Care Guide (LCG) includes **eight structured domains** designed to support safe, respectful, and evidence-based intrapartum care. Each domain addresses key aspects of maternal and fetal health, supportive care, and decision-making.

### 1) Supportive Care

This is one of the most **unique features of the LCG**, emphasizing respectful maternity care.

- Labour companionship:** Presence of a partner, family member, or doula.

- Pain relief options:** Non- pharmacological methods (breathing, massage, mobility, positioning) and pharmacological options when available.

- Emotional support:** Respect, encouragement, and communication.

Purpose: To improve the woman's birth experience, reduce anxiety, and enhance satisfaction with care.

### 2) Fetal Condition

This section ensures continuous monitoring of the well-being of the fetus during labour.

- Fetal heart rate (FHR):** Recorded at regular intervals to detect bradycardia or tachycardia.

- **Amniotic fluid assessment:** Color and volume are noted (e.g., clear, meconium-stained), which may indicate fetal distress.
- **Head moulding:** Checked through vaginal examination to identify disproportion between fetal head and maternal pelvis.

Purpose: To detect early signs of fetal compromise and enable timely interventions.

### 3) Woman's Well-being

The mother's overall condition is monitored continuously.

- **Vital signs:** Pulse, blood pressure, temperature, and respiratory rate.
- **Hydration and nutrition:** Oral or IV fluids, urine output.
- **Pain level and comfort:** Regular assessment of physical and emotional well-being.

Purpose: To prevent maternal complications, detect exhaustion or dehydration, and maintain overall safety.

### 4) Labour Progress

This section evaluates the progression of labour, replacing the rigid timelines of the traditional partograph.

- **Cervical dilatation:** Monitored at intervals, acknowledging variable rates of progress.
- **Descent of the fetal head:** Assessed through abdominal and vaginal examinations.
- **Contractions:** Frequency, duration, and intensity are recorded to evaluate uterine activity.

Purpose: To ensure that labour is advancing safely while avoiding unnecessary interventions such as augmentation or cesarean section.

### 5) Medication

Records all medical and obstetric interventions provided during labour.

- **Induction of labour:** Method and timing.
- **Augmentation:** Use of oxytocin or artificial rupture of membranes.
- **Medications:** Antibiotics, analgesics, fluids, or other drugs.
- **Procedures:** Instrumental delivery, episiotomy, or other interventions.

Purpose: To document the necessity, appropriateness, and timing of interventions, ensuring accountability and minimizing overuse.

### 6) Shared Decision Making

This section ensures that all findings and actions are clearly documented.

- **Decision points:** Records of clinical reasoning (why an intervention was done or not done).
- **Communication:** Notes to support continuity of care between team members.
- **Informed choice:** Ensuring that the woman and her family are included in decision-making.

Purpose: To promote transparency, shared decision-making, and accountability in intrapartum care.

## 2. Clinical Implications

- **Improved maternal outcomes:** Reduces over-diagnosis of labour dystocia, thereby preventing unnecessary cesarean sections.
- **Enhanced neonatal safety:** Continuous monitoring ensures timely identification of complications.
- **Promotes respectful maternity care:** Incorporates woman's preferences, dignity, and informed consent.
- **Standardized documentation:** Facilitates continuity of care and communication between health workers.
- **Training implications:** Midwives, nurses, and doctors require orientation for effective adoption.

## 3. Challenges in Implementation

- Resistance from providers accustomed to traditional partograph.
- Need for **training and capacity building** at all levels of health care.
- Potential documentation burden in resource-limited settings.
- Requirement of adequate staff-to-patient ratios to ensure supportive care is feasible.

## 4. Conclusion

The WHO Labour Care Guide represents a paradigm shift in intrapartum care, moving from a rigid monitoring tool to a **woman-centred, evidence-based framework**. Its successful implementation has the potential to improve maternal and neonatal outcomes, reduce unnecessary interventions, and promote respectful maternity care globally. For countries striving to achieve Sustainable Development Goal 3 (good health and well-being), integrating the LCG into routine obstetric practice is both timely and essential.

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