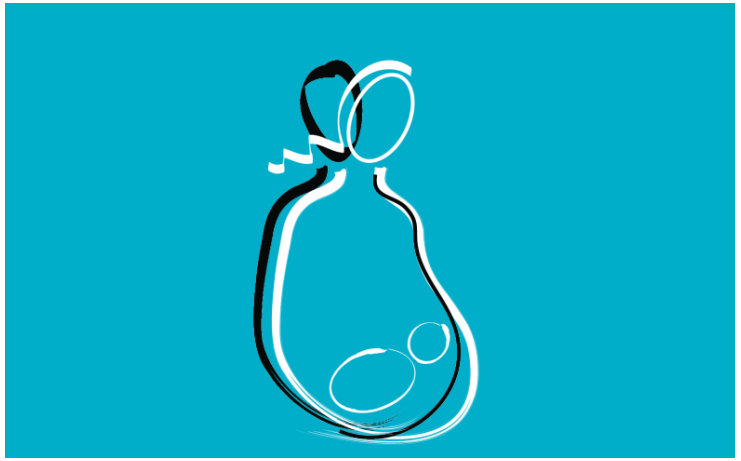
LABOUR CARE GUIDE

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Background

- Maternal and newborn health is a priority program of government of Nepal.
- Notable progress with institutional deliveries, decline in maternal mortality and neonatal mortality.
- Over one third of maternal deaths, neonatal deaths and still birth arise from preventable complications during labor and child birth.

Introduction to LCG

- LCG is a labour monitoring tool
- facilitates evidence-based, respectful, and woman-centered care during labour and childbirth
- Helps to improve maternal and newborn outcomes
- Helps to detect complications early and ensure timely intervention and referral.

- WHO introduced LCG in 2018
- Nepal adopted it in 2024 to replace the traditional partograph.

Objectives of LCG

- Improve quality of care
- Uphold women's rights
- Enhance care experience

Use of LCG: For whom?

- All healthy pregnant women and their babies during labour, specially low risk pregnancies.

- Includes assessments and observations that are essential for the care of all pregnant women regardless of their risk status.

- High risk women may require additional specialized monitoring.

When to start LCG?

- At active first stage of labour (=> 5 cm cervical dilatation) regardless of parity and membrane status.

- Continue throughout first, second, third and fourth stage of labour.

Where?

- All facility-based births, from primary to referral hospitals.

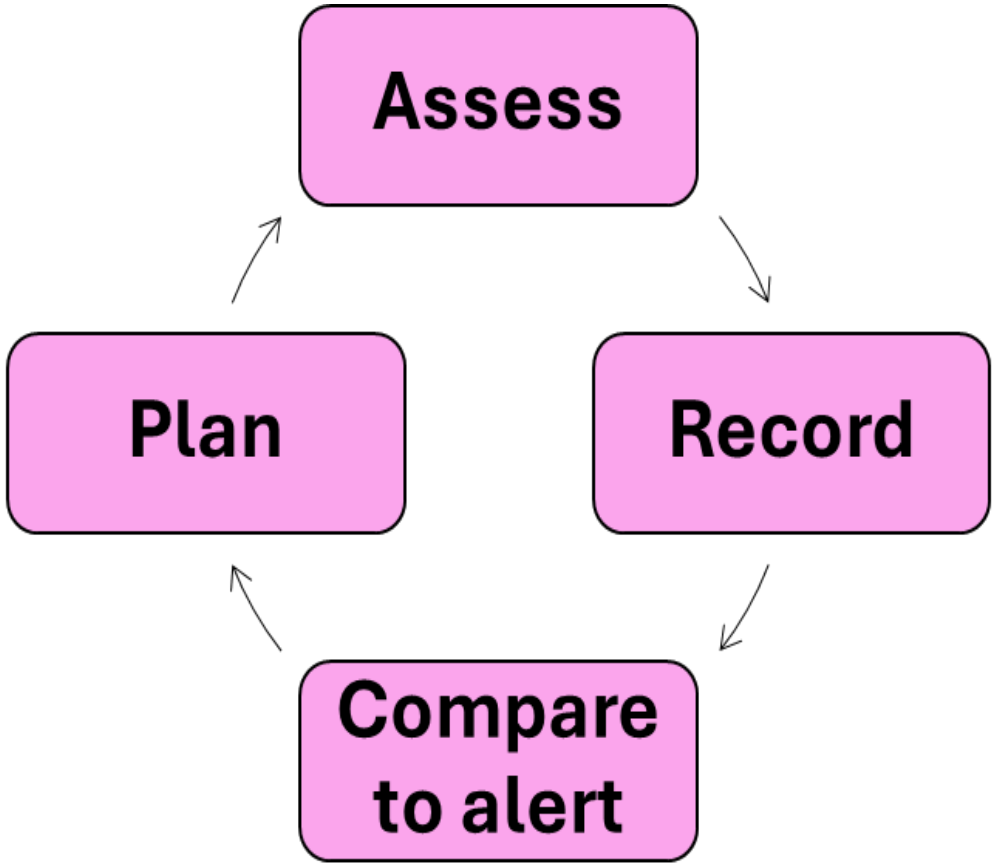
Sections of LCG Nepal

The LCG has **eight sections** (seven by WHO +one added in Nepal)

- Section 1: Identifying information and labour characteristics
- Section 2: Supportive care
- Section 3: Care of the baby
- Section 4: Care of the woman
- Section 5: Labour progress
- Section 6: Medication
- Section 7: Shared decision making
- Section 8: Birth outcome and immediate post-partum report

How to use LCG?

- The “ARCP” Approach



Nomenclature to complete the LCG Nepal

- Where a measurement is numerical, actual numbers should be recorded.

- When documenting non-numerical observations—i.e. observations not based on counting—a list of standard abbreviations is used by health-care teams.

Section 1: Identifying information and Labour characteristics at admission	
Ruptured membranes (Date; Time)	**U** = Unknown
Section 2: Supportive care	
Companionship	**Y** = Yes , **N** = No, **D** = Woman **declines**
Pain relief	**Y** = Yes, **N** = No , **D** = Woman **declines** to receive pharmacological or non-pharmacological pain relief
Oral fluid	**Y** = Yes , **N** = No , **D** = Woman declines
Posture	**SP** = Supine, **MO** = Mobile

Section 3: Baby	
FHR deceleration	**N** = No, **E** = Early, **L** = Late, **V** = Variable
Amniotic fluid	**I** = Intact membranes ,**C** = Membranes ruptured, clear fluid **M** = Meconium-stained fluid; record +, ++ and +++ to represent non-significant, medium and thick meconium, respectively **B** = Blood-stained fluid
Fetal Position	**A** = Any occiput anterior position **P** = Any occiput posterior position **T** = Any occiput transverse position
Caput	**0** (None) ,**+, ++, +++** (Marked)
Moulding	**0** (None) , **+** (Suture apposed), ++ (sutures overlapped but reducible), +++ (sutures overlapped and not reducible)

Section 4: Woman	
Urine	**P-** (No proteinuria) , **P** Trace (Trace of proteinuria) **P1+**, **P2+**, **P3+**
Acetone	**A-** (No acetonuria) **A1+**, **A2+**, **A3+**, **A4+**
Section 5: Labour progress	
Status	Not applicable
Section 6: Medication	
Oxytocin	**N**= No If Yes, **Units/ litre** and **drops/min**
Medication	**N**= No , If **Yes**, describe **medication name, dose and route** of administration
IV fluids	**Y**= Yes **N**= No

Section 7: Shared decision making
Not applicable
Section 8: Birth Outcomes
Not applicable

NB: Early referral recommended from peripheral birthing centers with limited access and facilities to manage obstetric / newborn complications.

Summary

- LCG is WHO-recommended, evidence-based tool to improve the quality, safety, and experience of intrapartum care.
- to monitor labour progress, maternal and fetal well-being, supportive care, medication use, shared decision-making, and birth outcomes
- Initiated: cervical dilatation ≥5 cm
- used at all levels of health facilities


Thank
You