

CHILDBIRTH NURSING CARE DURING LABOR

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Abstract

Childbirth is a significant physiological process that requires continuous assessment, professional support, and appropriate nursing care to ensure the safety of both the mother and the newborn. Nursing care during labor includes monitoring maternal and fetal vital signs, assessing the progress of labor, providing physical and emotional support, maintaining infection prevention measures, assisting with appropriate positioning and breathing techniques, and identifying potential complications at an early stage.

Keywords: Childbirth, labor, nursing care, intrapartum care, maternal health, fetal monitoring, uterine contractions, cervical dilatation, fetal heart rate, infection prevention.

Introduction

Childbirth is a complex physiological process involving progressive cervical dilatation, uterine contractions, descent and birth of the fetus, delivery of the placenta, and immediate maternal and neonatal adaptation after birth. Although labor is a normal physiological process for most women, it can become complicated rapidly, making continuous observation and timely professional intervention essential. The World Health Organization (WHO) published its comprehensive recommendations on intrapartum care in 2018, emphasizing evidence-based, woman-centred care that protects both maternal and neonatal health while respecting the woman's preferences, dignity, and right to participate in decisions concerning her care.

The importance of appropriate nursing care during childbirth is considerable because approximately 140 million births occur worldwide each year, according to WHO's 2018 publication. Most births occur without major complications, but complications can develop during labor and childbirth and may require immediate recognition and intervention. WHO reported in 2020 that complications during labor and childbirth contribute to more than one third of maternal deaths, approximately half of stillbirths, and one quarter of neonatal deaths, with a substantial proportion occurring in low-resource settings and being potentially preventable through timely interventions.

MAIN PART

The first responsibility of the nurse or midwife is to perform an organized initial assessment. This includes obtaining information about the onset and frequency of contractions, rupture of membranes, vaginal bleeding, fetal movements, gestational age, previous pregnancies and births, known medical conditions, allergies, medications, and previous complications.





The woman's vital signs should be assessed, including blood pressure, pulse, respiratory rate, temperature, and oxygen saturation when clinically indicated. The nurse should also evaluate pain, level of consciousness, general appearance, hydration status, and emotional condition.

For example, a woman at 39 weeks of pregnancy may arrive at the maternity unit reporting contractions every five minutes. The nurse should not simply record that "labor has started." The assessment should establish whether the woman is in established labor, whether membranes have ruptured, whether there is abnormal bleeding, whether fetal movements are present, and whether maternal and fetal conditions are stable.

The nurse should also establish communication with the woman from the beginning. WHO's 2018 intrapartum care guideline emphasizes respectful, individualized care and recognizes that women should be involved in decisions about their care.

Labor is traditionally described in stages. The first stage involves cervical effacement and dilatation, the second stage extends from full cervical dilatation to birth of the baby, and the third stage involves delivery of the placenta.

During the first stage, the nurse observes the frequency, duration, and strength of uterine contractions and records relevant findings according to the facility's clinical protocol. Cervical dilatation and fetal descent are assessed by appropriately trained personnel when clinically indicated.

The WHO approach has changed significantly from the traditional assumption that every woman should follow exactly the same rate of cervical dilatation. In 2020, WHO introduced the Labour Care Guide (LCG) as a practical tool for monitoring labor. WHO specifically stated that there is no evidence supporting the use of a cervical dilatation rate of exactly 1 cm per hour as a universal trigger for intervention or referral. The Labour Care Guide instead uses updated evidence-based reference ranges and integrates maternal and fetal assessment with clinical decision-making.

This is an important practical development in nursing care. For example, if a woman's cervical dilatation progresses more slowly than 1 cm per hour but maternal and fetal conditions remain reassuring, the nurse should not independently assume that an emergency exists simply because the traditional 1 cm/hour rule has not been achieved. The woman should be assessed using the current clinical protocol and the Labour Care Guide or locally approved equivalent.

Pain is a normal component of labor, but women's experiences of pain vary considerably. Nursing care should therefore combine clinical monitoring with emotional and physical support.

The nurse can help the woman use breathing and relaxation techniques, change position, maintain a comfortable environment, receive appropriate support from a chosen companion where permitted, and access pharmacological pain relief when clinically appropriate and prescribed or provided under the relevant maternity protocol.

For example, a woman experiencing strong contractions may become frightened and begin breathing rapidly. The nurse can calmly guide her through controlled breathing, explain what is happening, provide reassurance, and help her adopt a comfortable position.

WHO's 2018 recommendations emphasize that childbirth care should be individualized and respectful rather than based solely on routine interventions. The guideline was developed specifically to improve both clinical outcomes and the woman's experience of labor and childbirth.

A woman has been experiencing contractions for several hours, but the expected progress of labor is slower than initially anticipated.





The nurse should not automatically label the labor as abnormal solely because a traditional 1 cm/hour cervical dilatation rate has not been achieved. WHO's 2020 Labour Care Guide specifically moved away from using 1 cm/hour as a universal threshold for intervention. Instead, maternal condition, fetal condition, cervical changes, contraction pattern, and the overall clinical situation should be assessed.

If other clinical findings indicate a problem, the nurse should promptly communicate them to the obstetric team and assist with the necessary evaluation.

A woman in labor develops a blood pressure of 165/110 mmHg and reports a severe headache.

This is not a routine labor finding. The nurse should repeat or confirm the measurement according to protocol, assess the woman's symptoms and general condition, notify the responsible clinician urgently, and prepare for further assessment and treatment.

This example illustrates why routine vital-sign monitoring is clinically important: an abnormal value may be the first indication of a serious complication.

CONCLUSION

Childbirth is a physiological process, but safe childbirth requires skilled observation, respectful communication, appropriate monitoring, and the ability to recognize complications at an early stage. Nursing care during labor therefore encompasses much more than assisting with delivery. It includes comprehensive assessment of the mother and fetus, monitoring labor progression, supporting hydration and comfort, maintaining infection prevention, providing emotional support, documenting clinical findings, assisting during birth, recognizing emergencies, and providing immediate maternal and newborn care.

The development of the WHO Labour Care Guide in 2020–2021 represents an important change in contemporary intrapartum care. It moves away from rigid assumptions about the rate at which every woman's labor should progress and instead promotes individualized assessment and evidence-based decision-making. WHO's subsequent 2025 implementation resource package further demonstrates the continuing development of standardized labor monitoring.

Ultimately, high-quality nursing care during childbirth should protect the physical safety, dignity, psychological well-being, and informed participation of the woman while maintaining continuous attention to fetal and newborn health. The evidence-based approach recommended by WHO since 2018, together with the Labour Care Guide and the 2022 postnatal-care recommendations, provides a contemporary framework for nurses and midwives working in maternity services.

REFERENCES

1. World Health Organization. (2018). WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: WHO.
2. World Health Organization. (2020). WHO Labour Care Guide. Geneva: WHO.
3. World Health Organization. (2021). WHO Labour Care Guide: User's Manual. Geneva: WHO.
4. World Health Organization. (2022). WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva: WHO.
5. World Health Organization. (2025). WHO Labour Care Guide: Implementation Resource Package. Geneva: WHO.

