

# **Labouring to better effect: studies of services for women in early labour**

## **The OPAL study (OPtions for Assessment in early Labour)**

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***Report for the National Co-ordinating Centre  
for NHS Service Delivery and Organisation  
R & D (NCCSDO)***

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## ***Executive Summary***

### **Background**

Care in early labour has an important contribution to make to clinical and psychosocial outcomes of labour, and to cost-effectiveness of services. Systematic evidence about alternative ways of organising and delivering services in early labour is, however, sparse. The OPAL (OPTions for Assessment in early Labour) study was developed as a suite of mixed-method studies to examine service provision in England and Wales for women in early labour. One specific service was of particular interest: the All-Wales Clinical Pathway for Normal Labour (or the Pathway). This was introduced in 2003 without formal evaluation and includes a structured telephone assessment and the provision of telephone advice around the time of labour onset to women considered at low obstetric risk.

A randomised controlled trial funded by the NHS Service Delivery and Organisation (SDO) programme (ELSA, the Early Labour Support and Assessment trial) is investigating the impact of providing midwifery support to nulliparous women in their own home, in early labour, compared with standard hospital care. OPAL was designed to provide important contextual information against which the findings of this trial could be interpreted.

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### **Objectives**

- 1 To map early labour services in England and explore innovations.
- 2 To explore the perceptions of Part 1 (the telephone component) of the Pathway among service users and providers.
- 3 To obtain health care providers' views about using NHS Direct for early labour advice.
- 4 To inform the interpretation of the results of the ELSA trial.

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### **Data collection**

Information about early labour services in 178 units was obtained by postal questionnaire survey to Heads of Midwifery; this was supported by interviews with a purposive sub-sample of 17 who provided additional information about local service provision.

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In Wales, focus-group discussions were held with a sample of 21 midwives and computer-assisted telephone interviews were carried out with 46 new mothers from six NHS Trusts.

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### **Key findings**

- 1 There has been a considerable amount of change to early labour services in England, driven by a need to reduce the number of women attending labour wards who are not in labour. The range of service provision includes contact and subsequent assessment at a maternity unit, home assessment, triage services (areas and telephone) and early labour assessment at Birth Centres, Maternity Units and Day Assessment Units. Change has more commonly been effected in consultant units with a midwifery-led care area and in larger size units.
- 2 The extent of service change is not matched by evaluation and statistical information about the impact of these changes appears scanty. Robust information related to clinical, psychosocial and workload management impacts of these services is generally lacking.
- 3 Several of the service innovations require additional staffing, staff training that should include issues of underpinning philosophy, high-quality documentation and evidence-based guidelines to support practice.
- 4 Midwives in Wales were generally positive about the telephone component of the Pathway. Reasons given included that it: was evidence-based; aided communication and led to women receiving more consistent advice; and 'gave permission' for women to remain at home.
- 5 Women's experiences of the Pathway were varied. Satisfaction was related to: being treated as an individual and with respect; longer and fewer calls; and antenatal preparation, particularly the expectation of staying at home in early labour.
- 6 Nearly half the sample of women in Wales were sent home after attending hospital and this was associated with dissatisfaction. Women were also dissatisfied when they did not feel welcome to attend the maternity unit.
- 7 Receipt of the Pathway leaflet and the opportunity to discuss it with a midwife were associated with satisfaction. Nearly one-third of the maternity units in the Heads of Midwifery services England survey did not offer women any written information about local arrangements for early labour care.

## Key recommendations for policy

- 1 The telephone service provided by NHS Direct should not be extended to include assessment of women in early labour.
  - 2 The potential for Children's Centres to be a further venue for early labour services is not yet known and should be monitored.
  - 3 The impacts on early labour services of changes to the commissioning process should be assessed.
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## Key recommendations for practice

- 1 Changes to early labour services should be introduced within robust systems of evaluation that address issues of clinical outcome, impacts on women's experiences and labour-ward workloads.
- 2 Good practices in change management should be adopted that foster staff involvement and time for discussion of new approaches.
- 3 The provision of early labour care for women who may not be able to communicate in English requires particular consideration.
- 4 Any changes to early labour services in England should reflect the philosophy of the maternity module of the National Service Framework for Children, Young People and Maternity Services.
- 5 Statistical information should be of a quality to support evaluation and monitoring.
- 6 Clinical guidelines for evidence-based care in early labour are required.
- 7 Workload-management systems should be utilised to determine impact of service changes.
- 8 The provision and content of written information about early labour should be reviewed. Women should receive information about local arrangements for early labour care and have the opportunity to discuss it with a midwife during pregnancy so that they also understand the underlying philosophy.
- 9 The use of discussion boards or other electronically based systems to facilitate the dissemination among providers of service developments, experiences and evaluations related to early labour care should be explored.
- 10 Documentation should be completed for each episode of telephone assessment; this documentation should be available for subsequent care providers.

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- 11 When women telephone in early labour, or are sent home after attending the unit, they should be given clear advice and criteria for further contact, and the rationale for this advice.
- 12 Midwives' training needs in conducting telephone assessments should be reviewed and training made available, where required.

**Disclaimer**

This report presents independent research commissioned by the National Institute for Health Research (NIHR). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the Department of Health

**Addendum**

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