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**When should I come in? Reducing the incidence of premature hospital admission in the latent phase.**

Women who present to hospital in the latent phase of labour are at increased risk of interventions. Research reveals that reducing presentations in the latent phase reduces the risk of interventions, increases satisfaction and positive birth outcomes, and decreases the strain on hospital staff and resources, with clear cost savings per woman.

International pilot programs providing dedicated midwifery-led telephone triage, home visits and video calls in the latent phase, show promising results in supporting women to stay home longer. Routine care in Australia does not provide dedicated telephone triage, home visits and video calling resources; with only an estimated 10% of women able to access this kind of support through continuity of midwifery care. An absence of Australian data regarding dedicated midwifery-led support through routine care in the latent phase also highlights the need for more research. A 2-year ACT hospital-based pilot program, using international research findings, will determine the effectiveness and acceptability of telephone triage, home visits and video call support for the women of Canberra and surrounds and will inform future policy. Multidisciplinary collaboration and stakeholder consultation will ensure the balance of clinical safety and maternal choice.

Internal training will be provided, regarding labour assessment and coping strategies to ensure consistent advice. Information regarding recruitment and available support will also be fed through antenatal education classes to ensure women and their support people are aware of the pilot program. Evaluation will include analysing data through questionnaires from women and care providers and through an audit of admission and labour data, measuring specific maternal and neonatal outcomes.

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