Key points

- Ask the woman's consent before all procedures and observations.
- Document escalation of care as clinically indicated.
- Duration of second stage of labour should be dictated by clinical judgement which includes analgesia use, maternal and fetal condition, and progress of the presenting part through the pelvis.
- Provided there are no contra-indications delayed pushing may be appropriate if the woman has no urge to push.
- If inadequate contractions in a nulliparous woman at the beginning of second stage, consideration can be given to oxytocin with an offer of regional analgesia.¹

Definitions ¹

Nulliparous woman

- Birth would be expected to take place within 3 hours of the start of the active second stage.
- Diagnose delay in the active second stage at 2 hours and arrange medical review.

Multiparous women

- Birth would be expected to take place within 2 hours of the start of the active second stage.
- Diagnose delay in the active second stage at 1 hour and arrange medical review

<table>
<thead>
<tr>
<th>Nulliparous woman</th>
<th>Multiparous woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspect delay if progress, in terms of descent and/or rotation of the presenting part, does not occur after 1 hour of active second stage.</td>
<td>Suspect delay if progress, in terms of descent and/or rotation of the presenting part, does not occur after 30 minutes of active second stage.</td>
</tr>
</tbody>
</table>
### Assessment

<table>
<thead>
<tr>
<th>Without epidural</th>
<th>With epidural</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nulliparous women</strong></td>
<td><strong>Nulliparous &amp; multiparous women</strong> – if there is no urge to push and/or the fetal head is not visible allow pushing to be delayed for at least 1 hour, and longer if the woman wishes, for descent.</td>
</tr>
<tr>
<td>Arrange medical review by professional trained to perform assisted birth if:</td>
<td>After this time, encourage active pushing.¹</td>
</tr>
<tr>
<td>- Woman’s cervix has been 10cm dilated for 1 hour and does not have an urge to push</td>
<td>Once active stage commenced, see time frames as per “Without epidural”.</td>
</tr>
<tr>
<td>- Birth is not imminent 2 hours from start of active second stage¹</td>
<td></td>
</tr>
<tr>
<td>- inadequate progress (rotation/descent) after 1 hour of active second stage.¹</td>
<td></td>
</tr>
<tr>
<td>Inform the Labour and Birth Suite Coordinator.</td>
<td></td>
</tr>
</tbody>
</table>

**Multiparous women**

Arrange medical review by professional trained to perform assisted birth if:

- Birth is not imminent 1 hour from commencement of the active phase of second stage,¹ Inform the Labour and Birth Suite Coordinator.
- inadequate progress (rotation/descent) after 30 min of active second stage.¹

### Management

If a delay in progress occurs:

- Perform an abdominal palpation, offer a vaginal examination and ROM if the membranes are intact.
- Assess maternal bladder, if the woman is unable to void recommend intermittent catheterisation, perform urinalysis.
- Continue maternal observations and fetal heart rate as per Second Stage of Labour guideline.
- Consider repositioning of woman. Exit birth pool if applicable.
• Provide aids to assist pushing e.g. birth stools, pillows, birth balls, mirrors.
• For CMP at home consult with obstetric registrar or above at supporting hospital and arrange transfer to hospital**. Inform CMS, CNM of transfer.
• On LBS obstetric review 15-30 minutely.
• Obstetric Consultant review if confirmed delay before use of oxytocin
• Consider assisted vaginal birth.
• Advise women to have a caesarean birth if vaginal birth not possible.¹

**Note – If transfer required for CMP clients in the home setting refer to the following guideline:

References


Related policies

Related WNHS policies, procedures and guidelines

KEMH Clinical Guideline: O&G: Waterbirth; Labour guidelines

Keywords: woman in labour, labour assessment second stage, labour, birth, urge to push, delay

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NSQHS Standards (v2) applicable: 1 Governance, 4 Medication Safety, 8 Recognising & Responding to Acute Deterioration

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