CLINICAL PRACTICE GUIDELINE

Second stage of labour – management of delay

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

Nulliparous woman	Multiparous woman
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.	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.

<table>
<tr><th colspan="2">Assessment</th></tr>
<tr><th>Without epidural</th><th>With epidural</th></tr>
<tr><td>Nulliparous women
Arrange medical review by professional trained to perform assisted birth if:
Woman’s cervix has been 10cm dilated for 1 hour and does not have an urge to push
Birth is not imminent 2 hours from start of active second stage[1]
inadequate progress (rotation/descent) after 1 hour of active second stage.[1]
Inform the Labour and Birth Suite Co-ordinator.</td><td>Nulliparous & multiparous women – 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.

After this time, encourage active pushing.[1]

Once active stage commenced, see time frames as per “Without epidural”.</td></tr>
<tr><td>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 Co-ordinator.
inadequate progress (rotation/descent) after 30 min of active second stage.[1]</td><td></td></tr>
<tr><th colspan="2">Management</th></tr>
<tr><td colspan="2">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.</td></tr>
</table>

- 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:

https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/NMAHS/WNHS/WNHS.OG.TransferHomeToHospital.pdf

References

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Related policies

Related WNHS policies, procedures and guidelines

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

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