

Preparation of the Woman for the Second Stage of Labor

A woman's sense of self-efficacy, empowerment, and satisfaction with her labor and birth experience may increase when she receives patient-centered, realistic information prenatally and throughout the course of labor. In preparation for the second stage of labor, the woman should receive information about:

- The phases and estimated duration of the second stage of labor.
- The sensations she might experience.
- Options for initiation of pushing (immediate or delayed), including advantages and disadvantages of each option.
- Options for physiologically based positions she might assume, such as sitting, kneeling, squatting or standing.
- Benefits of having a support person present during labor and birth whenever available.

Supportive Care: Physical, Emotional, Instructional and Advocacy

Assessment of the woman and her partner throughout pregnancy and labor to evaluate the need for physical, emotional, instructional, or psychosocial supportive care may contribute to positive birth outcomes:

- Encourage ambulation and frequent position changes whenever possible.
- Promote physical comfort by applying cool or warm compresses, changing linens, performing vaginal exams only as needed, offering fluids as tolerated, and providing massage and touch as the mother desires.
- Provide emotional support through caring, reassurance, empathy, acceptance and encouragement.
- Provide information and instruction throughout labor to help reduce stress caused by fear of the unknown.
- Act as an advocate for the laboring woman and her partner to support preferences whenever possible, and promote maternal-fetal safety.

NURSING MANAGEMENT OF THE SECOND STAGE OF LABOR

THIRD EDITION

QUICK CARE GUIDE

This Quick Care Guide is based on AWHONN's Nursing Management of the Second Stage of Labor Evidence-Based Clinical Practice Guideline, 3rd Edition, and is meant to serve as a quick reference for the clinician. Detailed clinical practice recommendations, referenced rationales and evidence ratings are included in the Practice Guideline.



2 KEY ASSESSMENTS AND INTERVENTIONS

Positioning

Changing maternal positions frequently may align the fetus in a better position in the pelvis and promote comfort. If a woman is unable to maintain an upright position, facilitate lateral positioning. Benefits of upright and lateral positioning for the second stage of labor include:

- The pelvic diameter may be increased by up to 30% and fetal descent may be facilitated.
- The duration of the second stage of labor may be decreased.
- Fetal oxygenation may be enhanced and there may be fewer abnormal fetal heart rate patterns.
- The intensity of pain and discomfort experienced during the second stage of labor may be minimized.
- Perineal trauma may be decreased, provided the pelvis and perineum are given adequate support.
- Upright and lateral positioning may result in fewer episiotomies and operative assisted births.

Options for Initiation of Pushing and Nondirected Pushing Techniques

Provide information to the woman about options for immediate or delayed pushing. Include discussion of potential advantages and disadvantages based on maternal and fetal status.

- If delayed pushing until urge to push is chosen as an option, these timeframes are considered: up to 2 hours for nulliparous women and up to 1 hour for multiparous women with regional anesthesia.
- Assess the woman's knowledge of pushing techniques, expectations for pushing, presence of Ferguson's reflex and readiness to push as well as the fetal presentation, position and station.

- Encourage open glottis pushing for 6–8 seconds; repeating this pattern for 3 to 4 pushes per contraction, or as tolerated by the woman.
- Discourage prolonged breath holding. Avoid counting to 10 with each contraction.
- Provide aids such as peanut balls, birthing balls, squat bars, birthing stools, and pillows to support the woman and the pelvis.

Evaluation of Physiologic Processes of the Second Stage of Labor

Continuous assessment of the woman's progress and evaluation of individualized nursing interventions during the second stage of labor are important. Clinical practice recommendations for evaluating and facilitating progress through the second stage of labor include but are not limited to:

- Evaluate the effectiveness of pushing efforts and descent of the presenting part.
- Support and facilitate the woman's spontaneous pushing efforts.
- Assess and document fetal status every 30 minutes during the passive fetal descent phase, and every 5-15 minutes during the active pushing phase. More frequent assessment may be needed depending on maternal-fetal condition. Evaluate effectiveness of upright or other positions on fetal descent, rotation and maternal-fetal condition.
- If fetal descent is too rapid, assist the woman to maintain a lateral position and avoid sitting or squatting.
- If fetal descent is delayed, provide the woman with continuous feedback and encouragement regarding her progress, change maternal position to facilitate rotation and descent, discourage lithotomy or semirecumbent positions whenever possible and help the woman maintain an empty bladder.

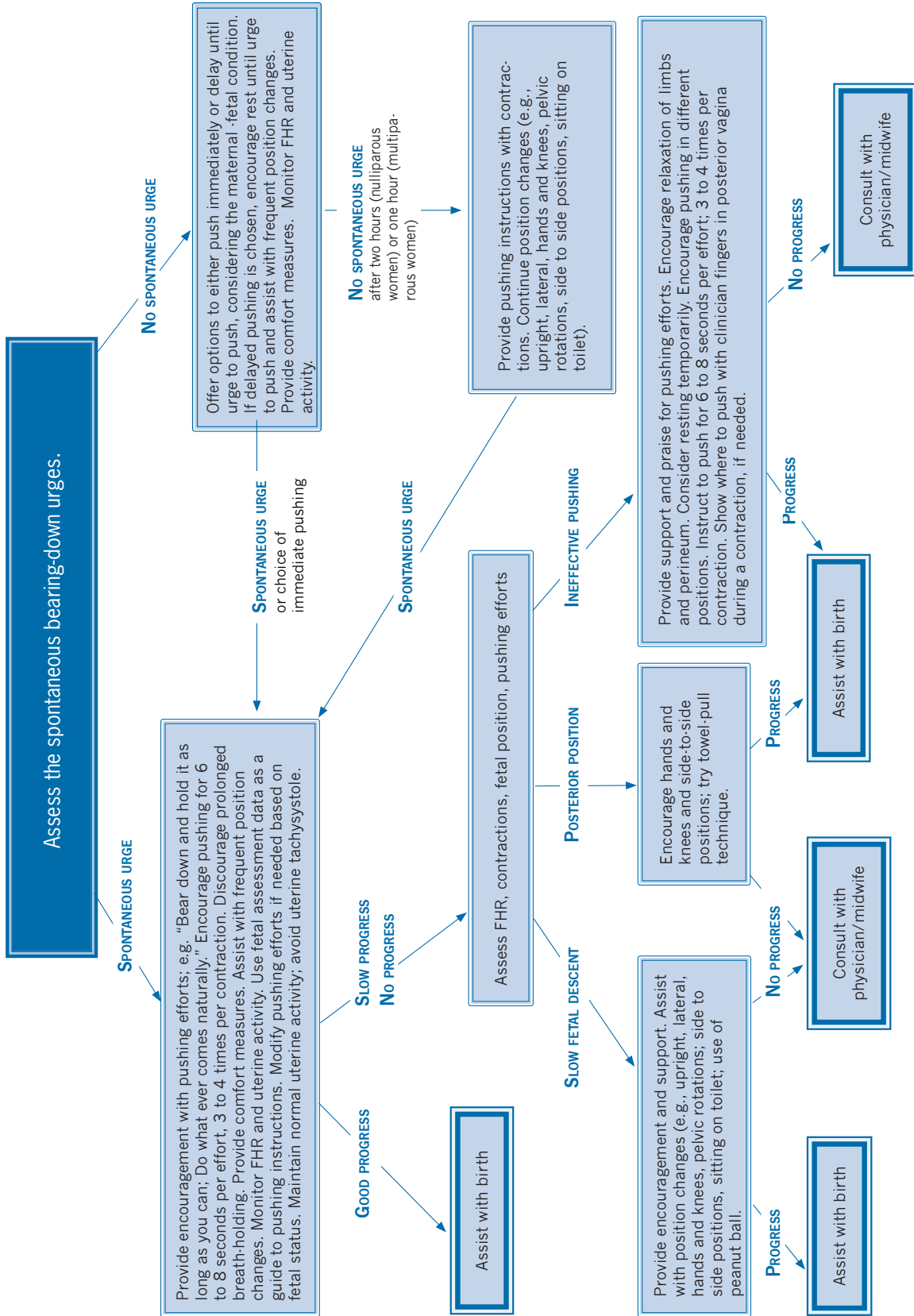
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Suggested Algorithm for Second Stage of Labor Management



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