

SUBJECT:
Nursing Care and Management of the
Second Stage of Labor

SECTION:

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PURPOSE:

To establish nursing standards of care for patients in the second stage of labor that reflect current research for better maternal and fetal outcomes

POLICY:

- Labor nurses will empower, prepare, support and educate women and their families through the second stage of labor
- Nurses will promote alternative positioning, non-direct pushing techniques and passive descent as recommended by current research
- Nurses will recognize, respond to and evaluate the physiologic and psychologic processes occurring during the second stage of labor
- Employ techniques and positions in second stage labor known to be beneficial in decreasing maternal exhaustion, decreasing perineal trauma and positively affecting fetal oxygenation and acid-base status

AFFECTED PERSONNEL/AREAS: MCH DEPARTMENT/ RNs

PROCEDURE:

1. Confirm complete cervical dilation as well as presentation, position and station of the fetus and assess uterine contractions for strength, duration and frequency
2. Await maternal urge to bear-down spontaneously (up to 2 hours/3 hours with regional anesthesia for nulliparous, 1 hour/2 hours with regional anesthesia for multiparous)
 - Provide comfort measures, frequent position changes and encourage frequent urination
 - If no spontaneous urge to push after the allowed timeframe, provide coaching to push while continuing frequent position changes
3. Once spontaneous maternal urge to push:
 - Provide encouragement with pushing efforts, coach patient to push for 6-8 seconds per effort and 3-4 times per contraction. Discourage breath holding with pushing.
 - Provide comfort measures and continue frequent position changes
 - Monitor FHR and uterine contractions per policy "Labor and Delivery Nursing Standards of Care"



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4. Continue to provide support and guidance with pushing efforts, continue frequent position changes. Encourage relaxation of limbs and perineum. If pushing ineffectively consider temporary rest or guided pushing with fingers in the posterior vagina. Encourage rest between contractions and pushing with every other contraction if FHR decelerations with pushing efforts.
5. If persistent pushing efforts procure fetal descent, continue with vaginal birth. If no fetal descent is noted, consult with physician or midwife for further evaluation of plan of care.

DOCUMENTATION:

1. If continuously monitoring with EFM, review of FHR and uterine contractions every 15 minutes once complete cervical dilation but prior to commencement of pushing. Documentation of review at least every 30 minutes in EMR
2. Review EFM tracing of patient who is actively pushing:
 - Every 15 minutes if the tracing is Category 1
 - Every 5 minutes if the tracing is Category 2 or 3 or the patient has any high risk factors
 - Documentation of tracing at least every 15 minutes to include summary indicating that there was a continuous bedside presence and assessment during active pushing phase
3. Documentation of sterile vaginal exams and progress of fetal head station with passive descent and pushing
4. Document patient position changes
5. Document alternate birthing techniques as used- ie passive descent, open-glottis pushing, rest between contractions and pushing every other contraction
6. Document physician/midwife notifications

- AWHONN Nursing Care and Management of the Second Stage of Labor (2nd Ed.) Washington, D.C.; AWHONN (2008)

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QUICK CARE GUIDE

Suggested Algorithm for Nursing Care and Management of the Second Stage of Labor

