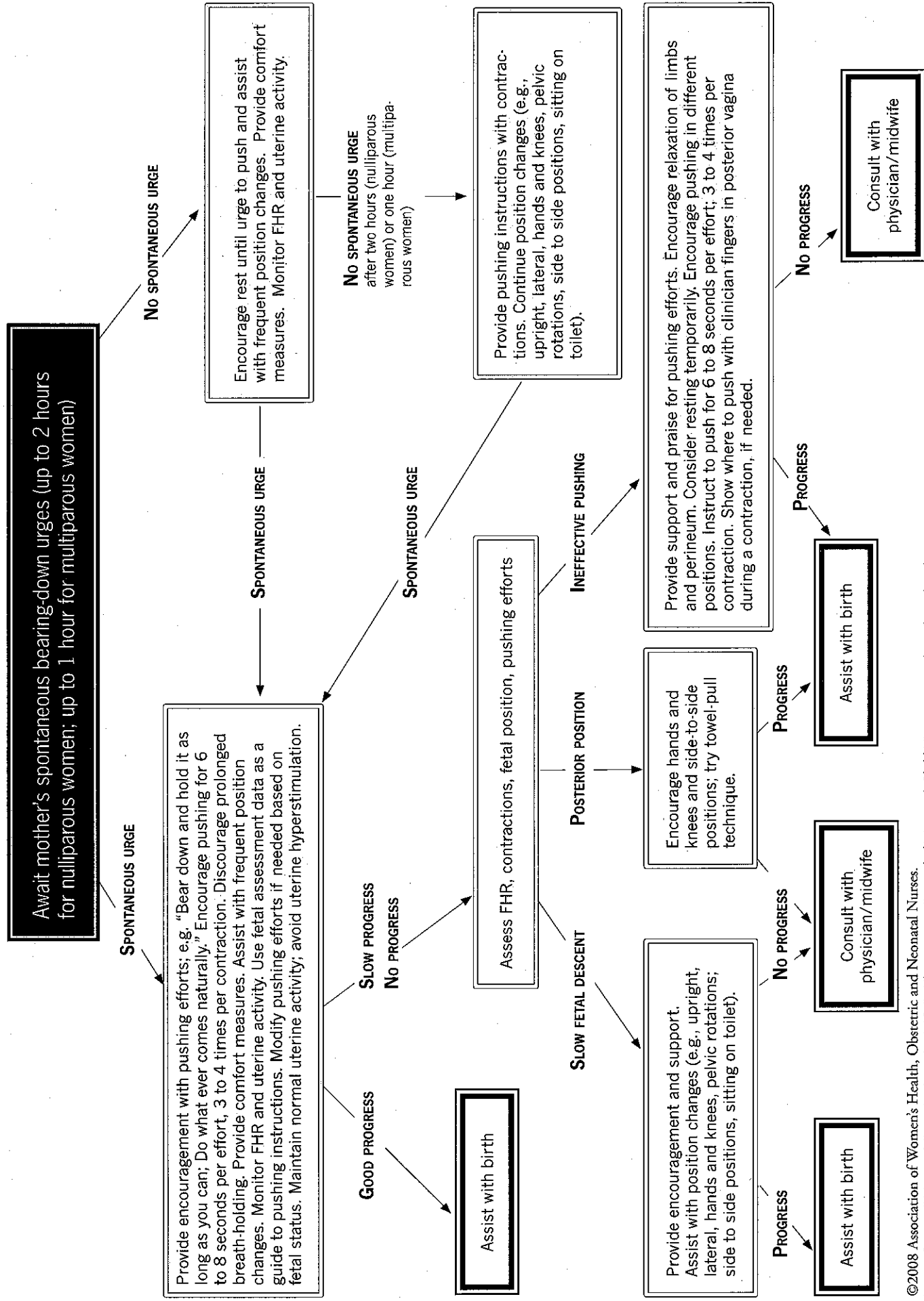


# QUICK CARE GUIDE

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



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## Nursing Care and Management of the Second Stage of Labor

This Quick Care Guide is based on AWHONN's Nursing Management of the Second Stage of Labor Evidence-Based Clinical Practice Guideline, 2nd Edition, and is meant to serve as a quick reference for the clinician. Detailed clinical practice recommendations, referenced rationale and evidence ratings are included in the Practice Guideline.

### Preparation of the Woman for the Second Stage of Labor

Prenatal preparation can be reviewed and reinforced throughout the course of labor. In preparation for the second stage of labor, the woman should receive the following information:

- Realistic estimation of duration of the second stage of labor and variety of sensations she might experience
- Delayed and nondirected pushing techniques
- Positions she might assume, including upright positions such as sitting, kneeling, squatting or standing
- Benefits of having support persons present during labor and birth.

### Supportive Care: Physical, Emotional, Instructional and Advocacy

- 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, providing touch and offering fluids as ordered.
- Provide emotional support through reassurance, empathy, acceptance and encouragement.
- Provide information and instruction throughout labor.
- Act as an advocate for the laboring woman and her partner to promote safety and well being.

### Positioning

Benefits of upright positioning for the second stage of labor include the following:

- The pelvic diameter may be increased by as much as 30%.
- The duration of the second stage of labor may be decreased.
- 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.
- 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.

### Delayed and Nondirected Pushing Techniques

Pushing efforts may be delayed until the woman feels the urge to push (up to 2 hours for nulliparous women; up to 1 hour for multiparous women) unless contraindicated by maternal or fetal condition.

- 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 sec; repeating this pattern for 3 to 4 pushes per contraction.
- Discourage prolonged breath-holding. Avoid counting to 10 with each contraction.
- Provide aids such as birthing balls, squat bars, and pillows or cushions 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 the following:

- Evaluate the effectiveness of pushing efforts and descent of the presenting part.
- Support and facilitate the woman's spontaneous pushing efforts.
- 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.