Aneurin Bevan University Health Board

Managing Delay in the Second Stage of Labour

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Contents:

Introduction **3**

Statement..Error! Bookmark not defined.

Aims. **3**

Objectives **3**

Scope... **3**

Roles and Responsibilities **3**

Main Body..Error! Bookmark not defined.

Resources..Error! Bookmark not defined.

Training **3**

Implementation................................Error! Bookmark not defined.

Further Information Clinical Documents.................................. **3**

Equality ....Error! Bookmark not defined.

Audit...Error! Bookmark not defined.

Review..Error! Bookmark not defined.

References ....Error! Bookmark not defined.

Appendices.......................................Error! Bookmark not defined.

APPENDIX 1 – link to ABUHB Biomechanics leaflet and instructions
APPENDIX 2 – Flow chart for management of delay in 2nd stage of labour.

1. Introduction/Overview

This document is a clinical guideline designed to support safe and effective for managing delay in the second stage of labour.

2. Aims/Purpose

To provide support for clinical decision making.

4. Objectives

The aim of this document is to aid the identification and management of delay in the 2nd stage of labour. It is based on the National Institute for Health and Care Excellence clinical guidelines NG253 Intrapartum Care

5. Scope

Guideline applies to all staff working within maternity.

6. Roles and Responsibilities

The maternity management team are responsible to ensure that the guidelines are carried out.
Individual Health Care providers are responsible for ensuring that they are aware and adherent to the up to date Guidance within this document.

9. Training

Staff are expected to access appropriate training where provided. Training needs will be identified through appraisal and clinical supervision.

11. Further Information Clinical Documents

NICE clinical guideline NG235 intrapartum care

Pasquale et al (2022). Clinical algorithms for identification and management of delay in the first and second stage of labour. British Journal of Obstetrics and Gynaecology. https://doi.org/10.1111/1471-0528.16775

A Wright et al (2020) FIGO Good Clinical Practice Paper: Management of the second stage of labour. International Journal of Obstetrics and Gynaecologists. https://doi.org/10.1002/ijgo.13552

Delay in the Second Stage of Labour:

Definitions:

Diagnosing second stage of labour:

- Passive second stage of labour: the finding of full dilation of the cervix prior to or in the absence of involuntary expulsive contractions.
- Passive second stage maybe up to 2hrs when a woman has an epidural or has been advised to delay active pushing to allow for decent and rotation of the head.
- Active Second stage of labour
    - Expulsive contractions with a finding of full dilation of the cervix or other signs of full dilatation of the cervix
    - Active maternal effort following confirmation of full dilatation of the cervix in the absence of expulsive contractions
    - Vertex is visible

All women should be offered clinical reassessment at 30min if multiparous and 60mins if primiparous during the active second stage:
Maternal Assessment – analgesia, hydration, urine output, position/mobility
Abdominal Examination – decent of head and uterine contractions
Vaginal Examination – Confirm dilation, fetal position, station of head, caput/moulding.

Delay in the second stage of labour

- Primiparous women:
    - Delay should be suspected if no change in VE findings after 60mins of active second stage. Band 7 and Obstetric team should be informed of suspected delay: conservative manoeuvres such as change in position to improve biomechanics, empty bladder, consider obstetric review for possible manual rotation, offer amniotomy if membranes intact and active directed pushing should be considered over the next 45-60mins.
    - Delay in the second stage is confirmed after 90-120mins of active second stage and no sign of imminent delivery.

- Patient should have a senior Obstetric review at 90-120mins of active second stage and consideration for operative delivery.
- Birth would be expected within 3hrs of the start of active pushing.
- Aim delivery within 4hrs of confirmation of start of second stage.

- Multiparous Women:
    - Delay should be suspected if no change in VE findings after 30mins of active second stage and Band 7 and Obstetrics team informed – conservative manoeuvres such as change of position to improve biomechanics, empty bladder, consider obstetric review for consideration for manual rotation, offer amniotomy if membranes intact and active directed pushing should be considered for the next 30mins.
    - Delay should be diagnosed after 60mins of active second stage and no sign of imminent delivery.
    - Patient should have a Senior Obstetric review at 45-60mins of active second stage and consideration for operative delivery.
    - Birth would be expected withing 2hrs of the start of active pushing
    - Aim delivery within 3hrs of the onset of second stage and 4hrs if the patient has an epidural.

Any patient with diagnosed delay in the second stage on the All Wales Labour Pathway should exit the pathway and Obstetric review can take place on C3 or the Birth Centre depending on clinical circumstances and Obstetrician preference.

This guideline also applies to any patient who is undergoing delivery following diagnosis of an intrauterine death.

Oxytocin Augmentation in the Second Stage:

Suitability for augmentation in the second stage should be made by a Senior Obstetrician and **discussed with the Consultant oncall** following full assessment of the patient, fetal wellbeing considered and documented discussion in the patient notes due to the increased risk of uterine rupture. **Augmentation in the second stage is not to be considered in any patient attempting a VBAC unless Consultant Obstetrician has reviewed the patient and made the decision following assessment and documented in the clinical notes.**

Oxytocin augmentation in the second stage is to **ONLY** be considered if contractions are deemed inadequate (<3-4 every 10mins) or palpate weak after full assessment.

Second Stage Regime (the regime is taken from a consensus of reviewing other NHS Healthboard in the UK's delay in the second stage guidelines, there is no evidence based regime – all advised regime is individual to the unit):

30units of Oxytocin in 500mls Normal 0.9% Saline

- If previously not used start at a rate of 2ml/hr increasing by 4ml/hr every 15minutes until adequate uterine activity (4-3 contractions in 10 mins with 1min rest between contractions) or maximum dose is reached 20ml/hr.
- If previously on oxytocin increase by increments of 4ml/hr every 15mins until adequate uterine activity or maximum dose is reached 20ml/hr.

Increments of oxytocin infusion >20ml/hr are to be discussed with Consultant Obstetrician.

APPENDIX 1 – link to ABUHB Biomechanics leaflet and instructions

BIOMECHANICS IN PREGNANCY AND BIRTH

Biomechanics is the study of biology and the mechanics of movement.

In childbirth, biomechanics and positional changes can help babies to rotate and turn to navigate the pelvis.

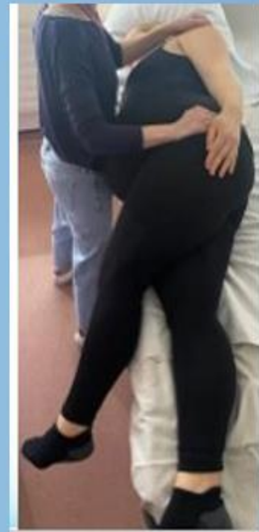
Side lying release

How does it work?

This technique uses a 'static stretch' to temporarily enlarge and soften the pelvis. It can be done weekly to maintain balance and stability, help baby to rotate into an optimal position and encourage regular contractions. It can also ease back and labour discomfort.

How to do side-lying release

- Begin by laying on a side of your choice. Your hips, shoulders, neck and head should be in-line.
- Your birth partner should stand in front of you for support.
- Move towards the edge of the bed until your bump extends over the edge. Flex your toes up towards your knees and allow your top leg to hang over the bed. Remain in this position for 3 contractions or 10 minutes. Repeat on the other side.



Avoid if you suffer from

- Hypermobility
- Ehlers-Danlos Syndrome
- Severe pelvic or back pain

Forward-leaning inversion

How does it work?

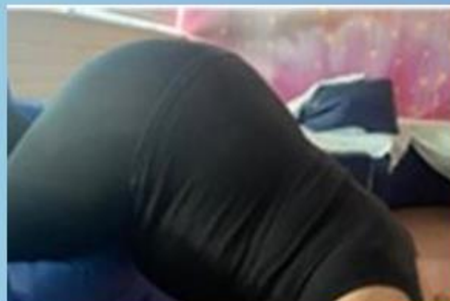
This technique increases room within the lower uterus for baby to move into an optimal position. It can be done in early labour, or when labour stalls. It can temporarily lengthen ligaments to aid alignment of the uterus with the pelvis. It may reduce back and hip pain and can help a breech or transverse baby to turn head down.

How to do forward-leaning inversion

- **Kneel on the edge of a couch, bed or chair**
- **With the help of your partner, carefully lower yourself to your hands on the floor and then lower further to rest your forearms. Keep your elbows out and hands close.**
- **Let your head hang freely. Your knees should be close to the edge, and your bottom up high. Take three breaths.**
- **With the support of your partner, come back up on to your hands, then up to a high kneeling position. Take two breaths here, then sit on your heels.**

Avoid if you suffer from

- **High blood pressure**
- **Polyhydramnios (increased amniotic fluid)**
- **Recent laser eye surgery**
- **Any condition related to an increased risk of stroke**



How does it work?

Shake the apple tree

Jiggling activities stretch sensors in muscles, helping then to relax. Relaxed muscles create more space for babies to move. This can comfort in labour and encourage baby's head to descend into the pelvis in a good position. This can also help prevent a delay in labour.

How to do shake the apple tree

- **Adopt an all-fours position or lean over a counter.**
- **Using a rebozo, scarf or blanket, a birthing partner places the material, so it is hugging both buttocks.**

How does it work?

- **Holding the edges of the material at the hips, gently jiggle from left to right. Jiggle for up to 20 minutes, depending on comfort. Always check whether it is comfortable with the birthing person.**

Be cautious to never shake the hips vigorously

Sifting

The sifting movement helps to relax abdominal muscles to encourage optimal fetal position. It can provide comfort in labour and encourage baby's head to descend into the pelvis,

How to do sifting

- **Adopt an all-fours position**
- **Using a robozo, scarf or blanket, a birthing partner places the material, so it is hugging the tummy comfortably, top to bottom.**

How does it work?

- Standing close to the birthing person's hips (to protect the partner's back), lift gently upwards and cycle the hands to create a rocking sensation: Cycle up for 20 minutes, depending on comfort. Always check whether it is comfortable for the birthing person

Be cautious to never shake the hips vigorously

Lunge

This technique aids rotation and descent of baby's head by opening the mid-pelvis.
Lifting one leg can help create more room for baby to rotate into a good position. Can be used when labour has slowed and is a useful upright position to adopt in labour.

How to do a lunge

- Whilst facing forwards, place one foot on a chair or stool to your side, toes pointing away from your body (90 degree angle).

How does it work?

- During a contraction, gently rock towards your bent knee beyond your foot.
- A birth partner can stand close or in front for support if needed.
- You can rest your foot on the floor between contractions if required.
- Try 5 contractions, then change to the other leg.

Avoid if you suffer from:

- You are struggling to stand on one leg In the
- presence of severe knee pain.

Alternative methods

There are many other things which can help you to stay relaxed and comfortable in pregnancy and labour.

These include:

- **Massage**
- **TENs (electrical nerve stimulation), TENs machines can be hired or bought privately.**
- **Changing position**
- **Warm or cool compress**
- **Paracetamol 1g every 4-5 hours (not exceeding 4g in 24 hours)**
- **Peanut ball**
- **Aromatherapy (please ask your midwife about this when in hospital or provide your own essential oils)**
- **Bath or shower**
- **Low lighting**
- **Music**

Useful resources

Comfort in Pregnancy and Easier Birth

Easier birth with fetal positioning. Use site & videos to improve fetal position (breech, transverse, posterior) and birth. Reduce the chance of cesarean.

Home

Optimal Birth is dedicated to an exploration of the biomechanics of...

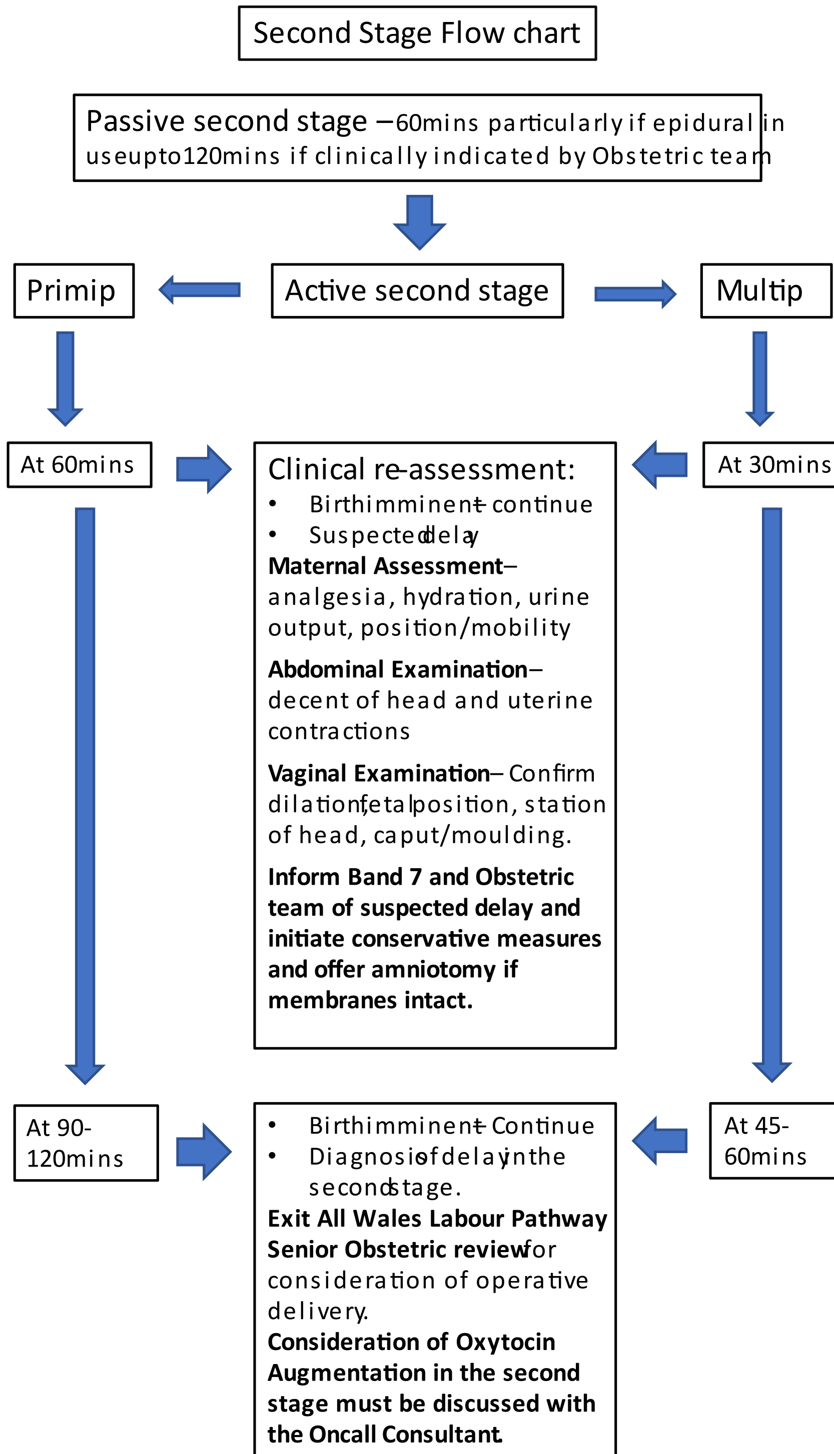
optimalbirth.co.uk

We value your feedback

Please tell us about your experience of maternity care by completing our short survey

Realtime evaluation Survey of your care on the postnatal ward

APPENDIX 2 – Flow chart for management of delay in 2nd stage of labour.


Second Stage Flow chart
Passive second stage – 60mins particularly if epidural in use up to 120mins if clinically indicated by Obstetric team
Primip
Active second stage
Multip
At 60mins
At 30mins
Clinical re-assessment:
• Birth imminent – continue
• Suspected delay
Maternal Assessment – analgesia, hydration, urine output, position/mobility
Abdominal Examination – decent of head and uterine contractions
Vaginal Examination – Confirm dilation, fetal position, station of head, caput/moulding.
Inform Band 7 and Obstetric team of suspected delay and initiate conservative measures and offer amniotomy if membranes intact.
At 90-120mins
At 45-60mins
• Birth imminent – Continue
• Diagnosis of delay in the second stage.
Exit All Wales Labour Pathway
Senior Obstetric review for consideration of operative delivery.
Consideration of Oxytocin Augmentation in the second stage must be discussed with the Oncall Consultant.