NICE National Institute for Health and Care Excellence

NICE Pathways

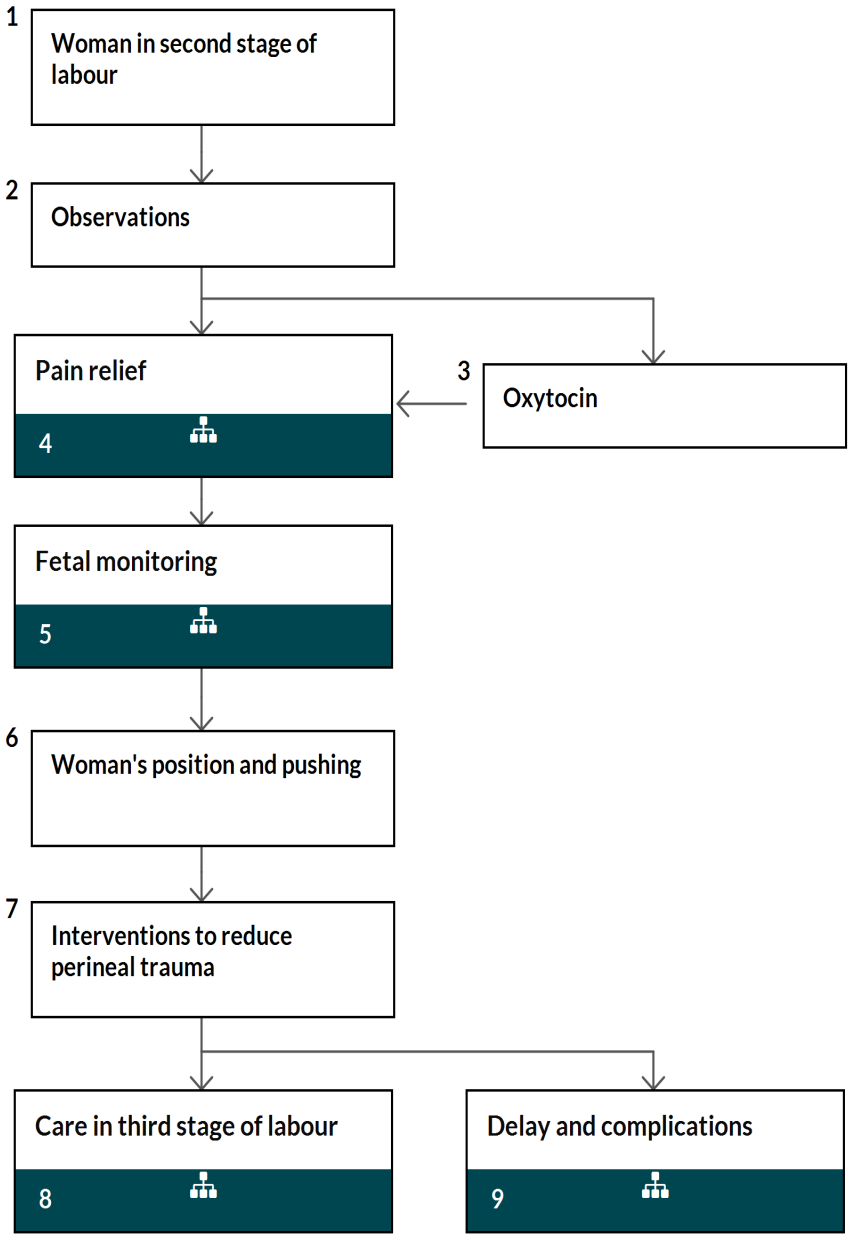
Care in second stage of labour

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/intrapartum-care
NICE Pathway last updated: 25 April 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman in second stage of labour

For the purposes of this guidance, use the following definitions:

- Passive second stage of labour:
  - the finding of full dilatation of the cervix before or in the absence of involuntary expulsive contractions.
- Onset of the active second stage of labour:
  - the baby is visible
  - expulsive contractions with a finding of full dilatation 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.

2 Observations

Carry out the following observations in the second stage of labour, record all observations on the partogram and assess whether transfer of care may be needed (see ongoing assessment):

- half-hourly documentation of the frequency of contractions
- hourly blood pressure
- continued 4-hourly temperature
- frequency of passing urine
- offer a vaginal examination (see vaginal examination) hourly in the active second stage, or in response to the woman's wishes (after abdominal palpation and assessment of vaginal loss).

In addition:

- Continue to take the woman's emotional and psychological needs into account.
- Assess progress, which should include the woman's behaviour, the effectiveness of pushing and the baby's wellbeing, taking into account the baby's position and station at the onset of the second stage. These factors will assist in deciding the timing of further vaginal examination and any need for transfer to obstetric-led care.
- Perform intermittent auscultation of the fetal heart rate immediately after a contraction for at least 1 minute, at least every 5 minutes. Palpate the woman's pulse every 15 minutes to differentiate between the two heartbeats.
- Ongoing consideration should be given to the woman's position, hydration, coping strategies and pain relief throughout the second stage.

3 Oxytocin

Consideration should be given to the use of oxytocin, with the offer of regional analgesia, for nulliparous women if contractions are inadequate at the onset of the second stage.

4 Pain relief

See Intrapartum care / Pain relief in labour

5 Fetal monitoring

See Intrapartum care / Fetal monitoring during labour

6 Woman's position and pushing

Discourage the woman from lying supine or semi-supine in the second stage of labour and encourage her to adopt any other position that she finds most comfortable.

Inform the woman that in the second stage she should be guided by her own urge to push.

If full dilatation of the cervix has been confirmed in a woman without regional analgesia, but she does not get an urge to push, carry out further assessment after 1 hour.

If pushing is ineffective or if requested by the woman, offer strategies to assist birth, such as support, change of position, emptying of the bladder and encouragement.

Water birth

Inform women that there is insufficient high-quality evidence to either support or discourage giving birth in water.

7 Interventions to reduce perineal trauma

Do not perform perineal massage in the second stage of labour.

Either the 'hands on' (guarding the perineum and flexing the baby's head) or the 'hands poised'

(with hands off the perineum and baby's head but in readiness) technique can be used to facilitate spontaneous birth.

Do not offer lidocaine spray to reduce pain in the second stage of labour.

Do not carry out a routine episiotomy during spontaneous vaginal birth.

Inform any woman with a history of severe perineal trauma that her risk of repeat severe perineal trauma is not increased in a subsequent birth, compared with women having their first baby.

Do not offer episiotomy routinely at vaginal birth after previous third- or fourth-degree trauma.

In order for a woman who has had previous third- or fourth-degree trauma to make an informed choice, talk with her about the future mode of birth, encompassing:

- current urgency or incontinence symptoms
- the degree of previous trauma
- risk of recurrence
- the success of the repair undertaken
- the psychological effect of the previous trauma
- management of her labour.

Inform any woman with infibulated genital mutilation of the risks of difficulty with vaginal examination, catheterisation and application of fetal scalp electrodes. Inform her of the risks of delay in the second stage and spontaneous laceration together with the need for an anterior episiotomy and the possible need for defibulation in labour.

8 Care in third stage of labour

See Intrapartum care / Care in third stage of labour

9 Delay and complications

See Intrapartum care / Delay and complications in second stage of labour

Birth settings

(home, freestanding midwifery unit, alongside midwifery unit and obstetric unit)

Must

in accordance with current health and safety legislation (at the time of publication of NICE clinical guideline 139 [March 2012]): Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999, Health and Safety Regulations 2002, Control of Substances Hazardous to Health Regulations 2002, Personal Protective Equipment Regulations 2002 and Health and Social Care Act 2008

Transfer of care

(transfer between midwifery-led care and obstetric-led care – this may or may not involve transport from one location to another; women who are receiving midwifery-led care in an obstetric unit can have their care transferred to obstetric-led care without being moved)

Sources

Intrapartum care for healthy women and babies (2014 updated 2017) NICE guideline CG190

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They

should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the

interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.