

Guideline for delay in the Second Stage of Labour

Definitions:

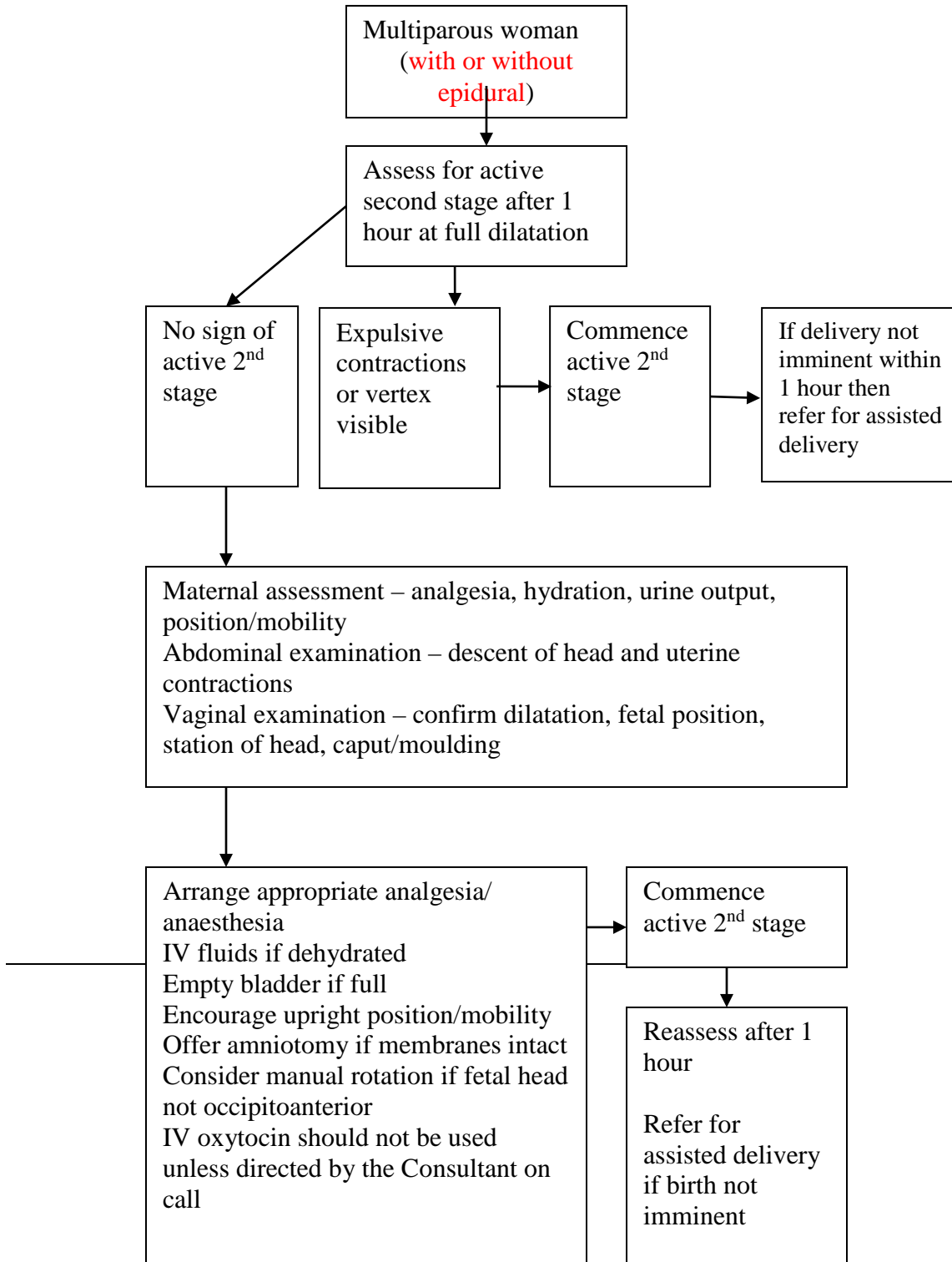
Diagnosis of 2nd stage of labour (NICE, KCND):

- Passive second stage of labour: the finding of full dilatation of the cervix prior to or in the absence of involuntary expulsive contractions
- Active second stage of labour
 - 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
 - The vertex is visible

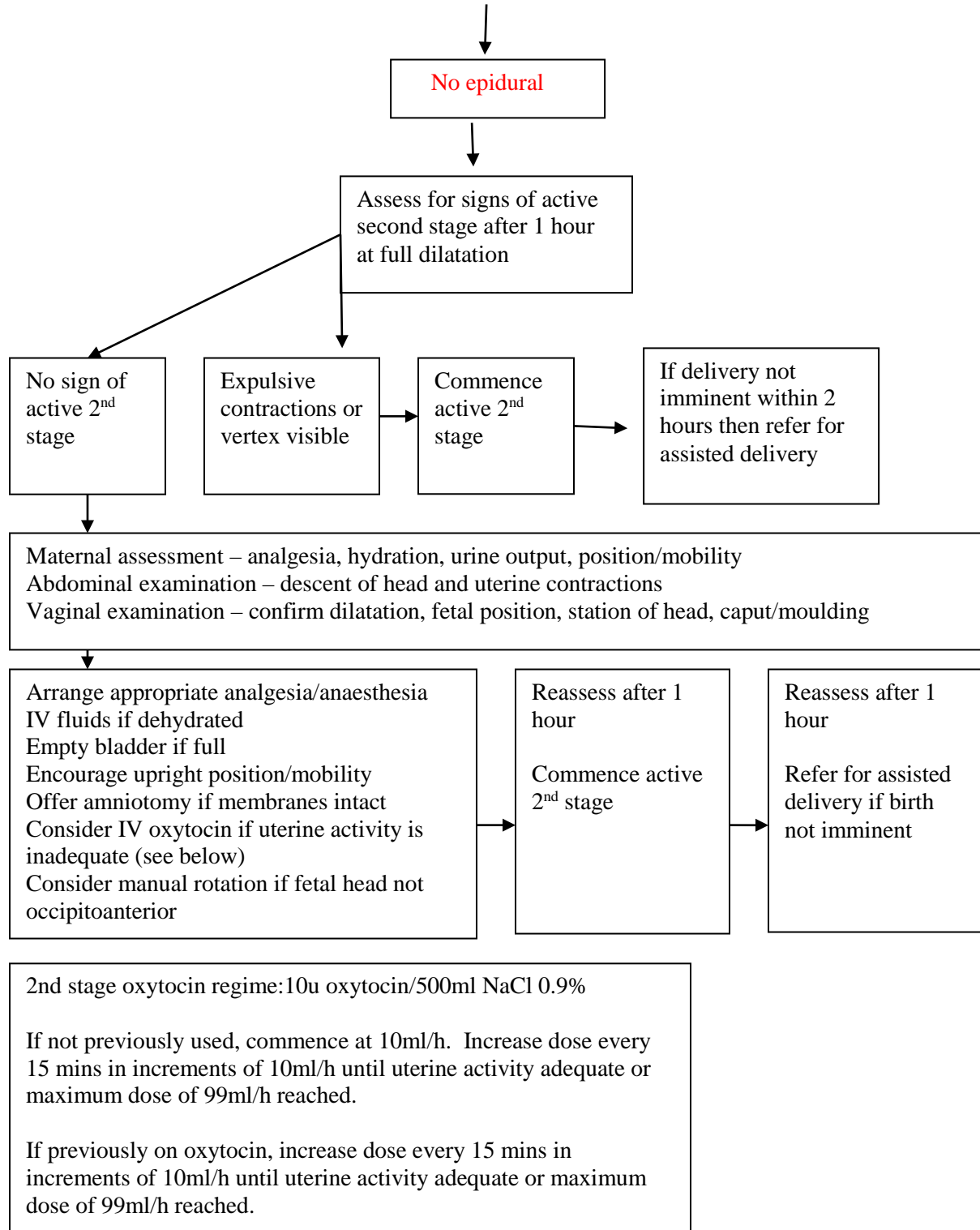
Definition of delay in the second stage of labour:

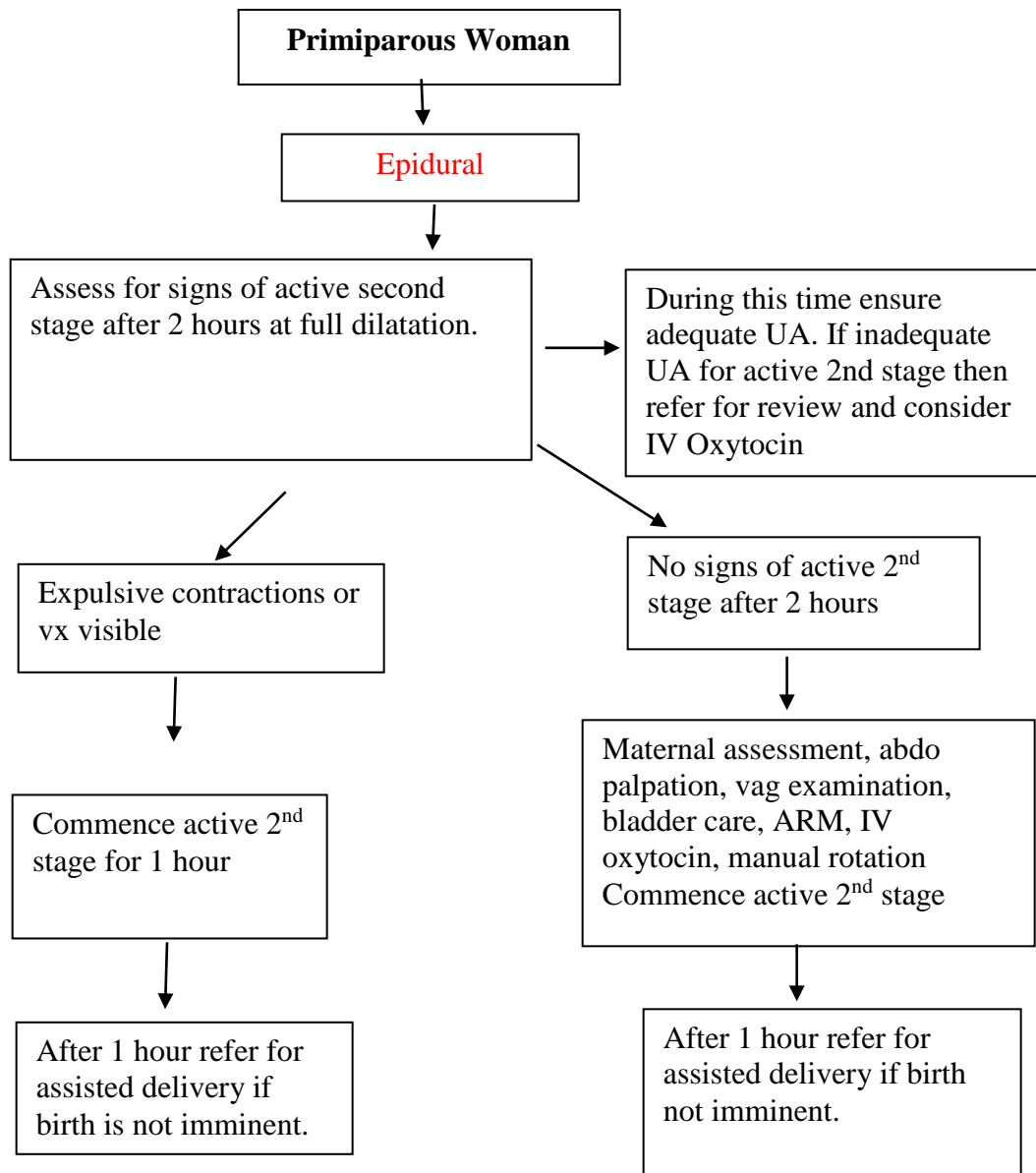
- Primiparous women:
 - After diagnosis of second stage a period of up to one hour is allowable to allow for decent and rotation of the head.
 - Delay should be diagnosed when active second stage has lasted 2 hours and women should be referred for assisted delivery if birth is not imminent
 - Birth would be expected to take place within 3 hours of the start of the active second stage in most women
 - Aim for delivery within 4 hours of 2nd stage
- Multiparous women:
 - After diagnosis of second stage a period of up to one hour is acceptable to allow for decent and rotation of the head
 - Delay should be diagnosed when active second stage has lasted 1 hour and women should be referred for assisted delivery if birth is not imminent
 - Birth would be expected to take place within 2 hours of the start of the active second stage
 - Aim for delivery within 3 hours of 2nd stage or 4 hours in women who have an epidural. (If not delivered consider malposition and senior review)

Management of Delay in the Second Stage of Labour – Multiparous Women



Management of Delay in the Second Stage of Labour – Primiparous Women





2nd stage oxytocin regime: 10u oxytocin/500ml NaCl 0.9%

If not previously used, commence at 10ml/h. Increase dose every 15 mins in increments of 10ml/h until uterine activity adequate or maximum dose of 99ml/h reached.

If previously on oxytocin, increase dose every 15 mins in increments of 10ml/h until uterine activity adequate or maximum dose of 99ml/h reached.

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