Normal birth: second stage

Care is woman centred and includes informed choice, consent, privacy and respectful communication. Contemporaneous documentation is essential.

### Active second stage

*Full cervical dilatation or baby visible with involuntary expulsive contractions*

**Supportive care—consider**
- Measures to promote, protect, support normal birth
- Maternal/fetal wellbeing and expected progress
- Maternal position: encourage to find comfortable position(s), upright preferred
- Provide emotional support

**Assessment**
- Maternal and fetal condition
- Progress and descent of presenting part
- FHR: toward the end of and after each contraction or at least every 5 minutes
  - Differentiate from maternal pulse
- Temperature, BP: every 4 hours
- Maternal pulse: every 15 minutes and if indicated to differentiate from FHR
- Contractions: continuous assessment
- Abdominal palpation: prior to VE and as required to monitor progress
- Offer VE only if indicated
- Nutrition and hydration: offer oral fluids between contractions
- Bladder: monitor and encourage voiding
- Discomfort and pain
  - Warm perineal compress may aid comfort

**Delay in active second stage**

- Nulliparous woman (any of):
  - Insufficient flexion/rotation/descent within 1 hour
  - Active phase > 2 hours
  - Active and passive phase > 3 hours
- Multiparous woman (any of):
  - Insufficient flexion/rotation/descent within 30 minutes
  - Active phase > 1 hour
  - Active and passive phase > 2 hours

Longer durations may be appropriate where:
- Maternal and fetal condition is optimal
- Appropriate consultation and referral has occurred

### Passive second stage

*Full cervical dilatation without the urge to push*

**Care and assessment**
- FHR: every 15 minutes
  - Differentiate from maternal pulse
- Delay pushing if no urge to push
- Other care and assessment as per active second stage

**Delay in passive second stage**

- In 1 hour (multiparous and nulliparous) if:
  - No urge to push or
  - No evidence of flexion/rotation/descent

### Risk factors or diagnosis of delay?

- Yes
  - Discuss, consult, refer, manage as per professional and Queensland guidelines
- No

### Risk factors or diagnosis of delay?

- Yes
  - Third and fourth stage
    - Refer to flow chart: Normal Birth—Third and fourth stage
- No

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BP: blood pressure, FHR: fetal heart rate, VE: vaginal examination, >: greater than