Normal birth—Second stage

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

**Second stage (full dilatation) in the low risk, term woman**

- Baby visible or urge to push
  - No
  - Yes

**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: 4 hourly
  - 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**

Birth not imminent and:
- 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
- No

Discuss, consult, refer, manage as per professional* and Queensland guidelines

**Risk factors or diagnosis of delay?**

- Yes
- No

**Third and fourth stage**

Refer to flow chart: Normal Birth—Third and fourth stage

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

Queensland Clinical Guidelines: Physiological birth Flowchart version F17.25-3-V2-R22