VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE
2nd STAGE OF LABOR

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

The successful management of the second stage of labor requires knowledge, ongoing assessment and experienced clinical judgment. Although it is hard to state definitive rules, certain information, principles and practices are worth reviewing. The second stage begins with complete dilation of the cervix and ends with expulsion of the newborn. The American College of Obstetricians and Gynecologists has commented on duration:

"In a retrospective review of nearly 7,000 women with minimal intervention, the mean length of the second stage of labor was 19 minutes for multiparous women and 54 minutes for nulliparous women, without regard for anesthesia. The use of conduction anesthesia increased the mean duration of the second stage by 20–30 minutes. In a nulliparous woman, the diagnosis of a prolonged second stage should be considered when the second stage exceeds 3 hours if regional anesthesia has been administered or 2 hours if no regional anesthesia is used. In multiparous women, the diagnosis can be made when the second stage exceeds 2 hours with regional anesthesia or 1 hour without. A prolonged second stage of labor warrants clinical reassessment of the woman, fetus, and expulsive forces. These statistical parameters are useful for defining when labor becomes prolonged and intervention should be considered. "

Consideration of the mean duration of the second stage and the working definition of a prolongation disorder should help guide clinicians in their assessment of fetal and maternal well-being and prognosis for vaginal delivery. Documentation of this assessment of a prolongation disorder and review of parameters leading to clinical planning is essential to an adequate medical record. The standard "3 P's" method will assure an ordered approach. Estimated fetal weight and fetal position with or without the presence of diabetes, assessment of the uterine activity either by external palpation or internal monitoring and examination of the pelvis for anatomic abnormalities must be addressed and a note in the medical record should be completed at this time.

Arrest disorders (lack of descent) after 2-3 hours in the presence of adequate labor (contractions every 3 minutes that are palpably strong or >200 Montevideo units) require consideration of delivery options and possible consultation depending on the privileges of the responsible clinician. The options of operative vaginal delivery, cesarean section or continued observation require careful deliberation. Although patience where progress is being made or labor can be augmented results in a higher rate of successful vaginal delivery, arrest disorders that are unusually prolonged may result in significant fetal and maternal morbidity.

Summary

- Mean length of second stage
  - Multipara 19 minutes
  - Nullipara 54 minutes
- Prolongation disorder
  - Multipara >1 hours; with epidural >2 hours
  - Nullipara >2 hours; with epidural >3 hours
- Arrest disorder (lack of descent) for 2-3 hours
  - Adequate contractions
  - Requires consideration of delivery options and possible consultation
- Document assessment of second stage disorders; review 3 P's
  - Passenger-Estimated fetal weight and fetal position with and without diabetes
  - Power-Assessment of uterine contractions by palpation or internal monitoring
  - Passage-Examination of the pelvis for anatomic abnormalities

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