Algorithm for the Management of Second Stage of Labor

**NO EPIDURAL**

- **CERVIX 10 CM**

  **ONE HOUR PUSHING**
  - If no progress: RN to SBAR provider re: maternal and fetal status; document the call; CNM/MD to evaluate patient and document plan of care.

  **TWO HOURS**
  - Delivery not imminent: RN to SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

  **THREE HOURS**
  - RN to SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

  **Delivery not imminent**
  - RN to SBAR provider re: maternal and fetal status; document the call; CNM consult with MD; MD to evaluate patient and document plan

- RN document time, SBAR to provider

  Encourage the patient to listen to her body; there is no “right way” to push in this case, and the patient should push for as long as seems natural with each contraction. Open glottis pushing is preferable to “purple pushing” or “counting to 10” while holding breath. Offer coaching/advice as needed if pushing seems ineffective. Continuous RN bedside presence when pushing

**EPIDURAL**

- RN document time, SBAR to provider

  Evaluate pushing. Open glottis pushing is preferable to “purple pushing” or “counting to 10” while holding breath. However, women with epidurals may need more coaching and may find holding their breath while pushing to be more effective.

**Effective and pt wishes to push**
- Begin active pushing with continuous RN presence; SBAR provider; Document time

**Not Effective or no descent**
- Consider ONE HOUR passive descent; SBAR provider; Document time

**MULTIP**

- **ONE HOUR PUSHING**
  - If no progress: RN to SBAR provider re: maternal and fetal status; document the call; CNM/MD to evaluate patient and document plan of care.

- **TWO HOURS**
  - Delivery not imminent: RN to SBAR provider, document the call; CNM consult with MD; MD evaluate patient and document plan

- **THREE HOURS**
  - RN SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

- **FOUR HOURS**
  - RN to SBAR provider, document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

  **Delivery not imminent**
  - RN SBAR provider document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

  **MULTIP**

  - RN SBAR provider document the call; CNM consult re: transfer to MD vs. continued pushing; MD evaluate patient and document plan

Adapted with permission from the Women’s and Children’s Department of Kaiser Roseville Medical Center