Algorithm for the Management of Second Stage of Labor

NO EPIDURAL

CERVIX 10 CM

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

ONE HOUR PUSHING

NULLIP

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

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

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

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 If no progress: RN to SBAR provider, document the call **CNM/MD** to evaluate patient and document plan of care

THREE

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

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

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