Nurses Content
Downloaded from nursescontent.com

Management of Second Stage of Labour

Midwifery & Obstetrical Nursing

Signs of second stage, maternal preparation, fetal monitoring, conduct of normal vaginal delivery, delivery of the head and shoulders, immediate newborn care and perineal care.

For educational purposes only.

CHAPTER 14 / MIDWIFERY AND OBSTETRICAL NURSING 14. Management of Second Stage of Labour

1. Definition and recognition

Second stage extends from full cervical dilatation to birth. Signs may include urge to bear down, perineal bulging, increasing rectal pressure, visible presenting part, descent and confirmation of full dilatation. Urge alone does not prove full dilatation. Assess maternal/fetal status, contraction strength, descent/rotation, fatigue and risk factors. Duration varies; persistent lack of descent, fetal compromise or maternal deterioration requires obstetric review.

2. Preparation and monitoring

Prepare clean delivery area, sterile instruments, warm dry newborn towels, neonatal resuscitation equipment, uterotonic and PPH readiness per policy. Identify woman and explain plan and consent; support preferred safe position and companion. Monitor fetal heart more frequently according to protocol, maternal vital signs and contractions, encourage rest between contractions and spontaneous effective pushing when appropriate. Do not use routine fundal pressure or routine episiotomy.

NURSE'S CONTENT / MIDWIFERY AND OBSTETRICAL NURSING 24

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

3. Principles of conduct of vaginal birth

This is a supervised clinical skill, not independent instructions. Trained accoucheur supports controlled birth of head, assesses rotation and cord as appropriate, enables physiological shoulders/body delivery without excessive traction or twisting. If shoulder dystocia suspected (head delivered but shoulders fail with usual gentle efforts), call emergency team immediately; use trained standardized manoeuvres (e.g., McRoberts/suprapubic pressure) under protocol; never fundal pressure. Document times and manoeuvres. Assess need for assisted birth or caesarean in appropriate circumstances before unsafe attempts.

4. Immediate newborn and maternal care

Note birth time, assess breathing and tone, dry and maintain warmth, skin-to-skin and delayed cord clamping when appropriate, initiate breastfeeding support; neonatal resuscitate promptly if needed. Verify identification and Apgar at 1/5 minutes. Observe uterine tone and bleeding; administer prophylactic uterotonic as authorized and prepare third-stage management. Assess perineum for trauma after birth with consent and trained examination; classify tear and repair by appropriately skilled provider. Use pain relief and asepsis.

5. Nursing responsibilities

Track progress and fetal status, ensure emergency readiness, support communication and privacy, assist trained birth attendant, record birth, newborn condition, maternal blood loss and interventions. If unanticipated

complications occur activate referral/response rather than continuing routine birth care.

6. Important Examination Questions

Long Answer Questions

1. 1. Explain second-stage assessment and nursing management, including immediate newborn care.

Short Answer Questions

1. 1. Describe signs of second stage
2. 2. discuss perineal care and shoulder dystocia precautions.

Very Short Answer Questions (with answers)

1. 1. When does second stage end? - Birth of baby.
2. 2. Is routine fundal pressure recommended? - No.

7. Quick Revision

- Support safe physiological birth.
- Monitor fetal/maternal well-being frequently.
- Skilled emergency care is required for shoulder dystocia.

8. Conclusion

Support safe physiological birth. Monitor fetal/maternal well-being frequently. Skilled emergency care is required for shoulder dystocia.

NURSE'S CONTENT / MIDWIFERY AND OBSTETRICAL NURSING 25

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which interval defines the second stage of labour?

A. Onset of contractions to full cervical dilatation
B. Birth of the baby to placental delivery
C. Full cervical dilatation to birth of the baby
D. Placental delivery to the end of postpartum observation

2. Which finding warrants obstetric review during second stage?

A. Resting between contractions with stable observations
B. Progressive descent with reassuring assessment
C. Spontaneous effective pushing with ongoing progress
D. Persistent lack of descent, fetal compromise or maternal deterioration

Nurses Content
Downloaded from nursescontent.com

3. The fetal head has delivered but the shoulders fail to deliver with usual gentle efforts. What complication is suspected?

A. Shoulder dystocia

B. Breech presentation

C. Persistent occiput posterior position

D. Cord prolapse

Nurses Content
Downloaded from nursescontent.com

Answer key and explanations

1. C - Full cervical dilatation to birth of the baby

Second stage starts at full dilatation and ends with birth.

2. D - Persistent lack of descent, fetal compromise or maternal deterioration

Lack of descent or deterioration requires review.

3. A - Shoulder dystocia

Failure of the shoulders to deliver after the head is a shoulder dystocia emergency.

Source and attribution

Online chapter: https://nursescontent.com/learn/midwifery-obstetrical-nursing/unit-14-management-of-second-stage-of-labour/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.