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Length of labour in 2017; does duration in the 2nd stage really matter?

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Identifying normal progression in labour is a key component of intrapartum care. Determining labour onset, measuring labour progress and evaluating the factors influencing normal labour progress are the basic guiding tenets of midwifery practice. Over the last ten years, there has been a significant challenge to accepted interpretations in the nature and length of the first stage of physiological labor, necessitating a reconsideration of normal first stage, and the consequences for the second stage of labour. Along with other related recent data, this new interpretation suggests that labour can be longer before a diagnosis of arrest is made. However, there is a paucity of published data to guide midwives and others in supporting women during longer first and second stages of labour, to optimize outcomes for mother and baby. Particularly, in terms of the second stage, questions in every day practice include when pushing should start in the absence of an active pushing urge. How long is too long in the 2nd stage, if long-term consequences for women, such as incontinence, have not yet been sufficiently researched in the context of longer first and second stages? Currently available data show that longer second stages have been associated with increased spontaneous vaginal deliveries, decreased operative vaginal deliveries and decreased cesarean section deliveries. This, in turn, tends to be associated with better maternal/infant outcomes. To reinforce this point, the recent summary document from Spong et al., (2012) highlights the potentially significant impact misdiagnoses of labour arrest disorders can have on the primary cesarean rate and the opportunity changes in practice might offer birthing women. This presentation describes the current evidence base, and offers insights into the "new" normal first and second stage duration of labour. It focuses on how midwives may use this evidence to guide clinical practice in a frontier of change to improve labour and delivery outcomes. It will pose the possibility that, beyond the scientific evidence, the greatest challenge of all may be changing our behaviour and practice.

Biography

Mindy Ebrahimoff is an Israeli qualified Nurse/Midwife with over 25 years of experience in Maternal/Infant Health Care. She was working as a Midwife in a large hospital in Tel Aviv and she provides care to a diverse group of women. She received her Master of Science in Midwifery and Women's Health from the University of Central Lancashire, UK, where she focused her research on primiparas' intentions and beliefs as a predictor of mode of delivery. Currently, she is pursuing her PhD in Midwifery at UCLan. She teaches midwifery students both in the classroom and in the clinical setting. She is conscientious in giving knowledge to students about physiological births with a strong emphasis on birth as a normal event in an increasingly medicalised setting.

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