A Literature Review of Outcomes Related to Delayed and Spontaneous Pushing in Women During the Second Stage of Labor

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A Literature Review of Outcomes Related to Delayed and Spontaneous Pushing in Women During the Second Stage of Labor

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PATIENT CARE ISSUE

- 267 births each minute throughout the world
- Two different pushing methods:
  - Delayed & spontaneous: withhold pushing after full dilation until irresistible urge
  - Immediate: push as soon as the mother feels the urge
- Inconsistencies and gaps in research regarding the two methods of pushing in terms of maternal and fetal outcomes

SYNTHESIS OF EVIDENCE

- Literature review of eight research articles provided seven findings related to delayed and spontaneous pushing
- Lower rate of instrument-assisted delivery
- 3/8 evaluated, 10, 14
- 2/8 supported, 10
- Shortened second stage of labor
- 8/8 evaluated, 4, 5, 7, 8, 10, 14, 15
- 8/8 supported, 4, 5, 7, 8, 10, 14, 15
- More positive labor experience
- 3/8 evaluated, 5, 15
- 2/8 supported, 15
- Improved newborn outcomes
- 4/8 evaluated, 5, 8, 15
- 0/8 supported
- Decreased maternal fatigue
- 6/8 evaluated, 4, 5, 7, 8, 10, 14
- 1/8 supported
- Decreased maternal pain
- 1/8 evaluated
- 1/8 supported
- Higher Apgar score
- 3/8 evaluated, 8, 15
- 1/8 supported

EVIDENCE-BASED PRACTICE QUESTION

Is delayed and spontaneous pushing in the second stage of labor the safest and most effective method?

Population – hospitalized women in labor
Interventions – making the labor & delivery process as comfortable and problem-free as possible
Comparison – delayed & spontaneous vs. immediate pushing
Outcomes – length of labor, maternal pain and fatigue, instrument assistance, newborn outcomes, and overall experience

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- Sufficient research supports delayed and spontaneous pushing
- Decreases length of second stage of labor
- Recommendation to educate women about benefits of delayed and spontaneous pushing during the first stage of labor
- Further research recommended regarding maternal pain levels and fatigue, Apgar scores, labor experiences, newborn outcomes, and instrument-assisted deliveries as they relate to delayed and spontaneous pushing

LIMITATIONS

- Multiple countries studied with possible differences in standards of routine vaginal delivery
  - Canada, Europe, Iran, Taiwan, and United States
- Lack of outcome overlap between studies

METHODS

- Exhausted six databases: AHRQ, CINAHL, CU Library, Medline, NGC, & PubMed
- Key words searched:
  - Delayed pushing, spontaneous pushing, vaginal deliveries, pushing childbirth, vaginal birth, second stage of labor, pushing, childbirth, nursing, vaginal pushing
- Inclusion Criteria:
  - Research within past 5 years, vaginal deliveries during second stage of labor, and focused on pushing techniques
- Exclusion Criteria:
  - Non-English articles, alternative methods of birthing assistance

REGISTERED NURSE INTERVIEW

Kettering Medical Center Labor & Delivery RN interviewed but unaware of hospital policy:
- Nulliparas withhold pushing until urge is felt
- Multiparas & women with epidurals push at complete dilation

Kettering Medical Center policy:
- Upright position using delayed or non-directed pushing techniques as appropriate