An exploration of midwifery practice during the second stage of labour

Rachel Reed • Supervisors: Dr Margaret Barnes & Dr Jan Allan

Introduction
This research focuses on midwifery practice during an uncomplicated physiological second stage of labour. The second stage of labour is defined by Coad and Dunstall (2005, p. 312) as ‘...fetal expulsion, from full cervical dilation until the delivery of the baby’. However, it can be argued that this definition simplifies a complex and multi-dimensional experience that creates the foundation for bonding between mother and baby. The second stage of labour involves a number of physiological processes that are regulated by hormones secreted in the hypothalamus (Buckleby 2004: Stimulation of the neocortex can interfere with the release of these hormones and the progress of labour. The neocortex is stimulated by: bright lights; language; expectations of rationality; the feeling of being observed or monitored; and fear and anxiety (Doid 2004). It can be argued that midwifery practice during the second stage of labour often involves doing things that may stimulate the neocortex. Indeed, there is an expectation that the second stage of labour will involve increased action and interaction from the midwife (NCCHW 2007). A woman’s experience of birth can have far reaching implications for her sense of self-efficacy and her relationships with others (Callister 2004). It is important for women to feel in control of their birth experience (Goodman, Mackey & Tavakali 2004; Green & Baston 2003; Lundgren & Berg 2007); and the interactions, actions, and perceived support from midwives can influence this sense of control (Hallandsdottir & Karlsson 1998b; Waidenstol 1999). Some midwifery practices have been found to interfere with a woman’s sense of control and their birth experience (Anderson 2000; Bergstrom 1997; McKay, Barrows & Roberts 1990). Anderson (2002) and Crabtree (2004) argue that midwifery practices need to be deconstructed to enable a deeper understanding of physiological birth and the impact of intervention.

The research questions
The study aims to examine 3 main research questions:
1. What practices do midwives carry out during a normal second stage of labour?
2. Why do midwives carry out particular practices?
3. How do women experience midwifery practice during their birth?

The overall aim of this research is to increase midwifery understanding regarding practice during the second stage of labour in order to improve women’s experience of birth.

Methodology

Method

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<td>In-depth Interviews Midwives: stories about births they have attended. Women: personal birth stories</td>
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Abstract
This poster represents an ongoing PhD study exploring midwifery practice during the second stage of labour. The first step of the research, an extensive literature review has been completed and the findings are presented. The review identified that common midwifery practices during the second stage are not supported by research evidence. These findings underpin ongoing document analysis and narrative interviews. The overall aim of this study is to provide midwives with evidence and information regarding how their practice is experienced and understood by birthing women.

1. Literature review

An extensive literature review was undertaken to establish the evidence for common midwifery practices during the second stage of labour. Common practices were identified from literature (Anderson 2002; Cunningham et al. 2005; Downe 2003; Johnson & Taylor 2005), personal observations of clinical practice, and discussion with midwives and midwifery students.

Findings of the literature review

Directed pushing
Directed pushing does not reflect women’s spontaneous pushing behaviour and may not shorten the second stage of labour. Directed pushing increases the risk of morbidity for both mother and baby.

Increased fetal heart auscultation
Fetal heart rate abnormalities occur during most second stages and do not result in poor outcomes unless they are also associated with heart rate abnormalities in the first stage of labour.

Suggesting birth positions
Birth positions do not appear to influence the duration of the second stage. Kneeling and lateral positions may reduce pain, abnormal fetal heart rate patterns and perineal damage. Squatting and lithotomy positions increase the risk of perineal damage.

Practices aimed at protecting the perineum from tearing
(Verbal instructions and/or hands on techniques)
There is no strong evidence in support of common practices aimed at protecting the perineum. ‘Hands on’ techniques may increase the risk of episiotomy and major tearing.

2. Document analysis

A document analysis of current texts used in midwifery education programs, hospital guidelines, policies and protocols is being conducted.

3. In-depth narrative interviews

The main focus of this study will be birth stories gathered during in-depth interviews with midwives and mothers. In narrative interviewing the researcher needs to approach the interview with the intent of hearing stories (Emden 1998a). Midwives are invited to tell me the story of a recent birth they have attended and describe their practice during the birth. Mothers are invited to tell me their birth story, particularly focusing what was happening to them and how they felt during the second stage of labour.

Sampling and recruitment
A convenience sample is being used (Liangput-tong & Ezzy 2005) whereby participants respond to advertising for the study. The flyer for midwives has been circulated at midwifery workshops and meetings. The flyer for mothers is displayed at community groups and clinics attended by new mothers. This has enabled me to capture midwives working in a range of settings and women who have experienced the care of a range of midwives. The final number of participants and interviews will be determined by the data collected and the themes emerging from the ongoing analysis.

Data analysis
Data analysis is being carried out alongside data collection and will be interpretive (Ospina & Dodge 2005). NVivo is being used for data organisation and analysis. Each individual story will be unique and cannot be generalized to other people or groups. However, similarities and patterns may be recognized across stories.

Conclusion

This research study aims to explore midwifery practice during the second stage of labour. The first step of the study involved an extensive review of the literature regarding particular practices. This review identified that there is good evidence that most common midwifery practices during the second stage are at best ineffective and at worst harmful. Ongoing document analysis will help to establish the expectations of midwifery practice from education programs and the practice setting. However, the main focus of this study is birth stories gathered during in-depth narrative interviews with midwives and mothers. It is hoped that when completed the research will provide midwives with evidence and information regarding how their practice is experienced and understood by birthing women.