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*Conference Abstract and reference list Final*

Poster

Continuity Midwifery B

**If it’s not broke don’t fix it: Early pushing before full dilation.**

Vaginal examinations should only be performed when there is a clear clinical indication or at maternal request, with consent. Many women experience an urge to push in labour, and it is common practice to ask to perform a vaginal exam to confirm full dilation before encouraging the woman to push. This is because there is a widespread belief that pushing on a cervix that has not fully dilated is harmful and can cause trauma and oedema.

The most up to date evidence does not support the belief that physiological pushing in low risk, spontaneous labours before full dilation causes harm. A randomised control trial found that there was no difference in APGAR scores and no incidence of cervical or severe perineal tearing associated with EPU, and another review found no difference in the instance of cervical tearing.

There is a severe lack of evidence to support current practice. Therefore, a policy of only offering vaginal examinations to confirm full dilation during low risk, spontaneous labours when clearly clinically indicated, should be widely implemented. The aim of this policy is to reduce unnecessary, potentially harmful vaginal examinations, to educate midwives and other staff on the current evidence surrounding EPU and encourage facilitating trust in women’s bodies. This policy would be implemented at both public ACT hospitals. Staff would be educated and encouraged to complete qualitative surveys, and an audit of birth statistics would be carried out pre and post implementation to evaluate outcomes.

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