(Tuuli, Frey, Odibo, Macones, & Cahill, 2017)

**Perineal Injury Prevention**

(Order of Effectiveness)

Chart, bar chart

Description automatically generated

**Evidence**

The clear correlations between second stage of labour and perineal trauma include; premature pushing, prolonged second stage and increased intervention within the second stage, increasing risk of perineal trauma. Evidence shows the highest cause of perineal trauma to be prolonged duration of second stage. The continual immense pressure and strain of pushing for any time longer than 2 hours, drastically increases the risk of perineal trauma. Other increased risks include; fetal and maternal position, hands on approach, directed pushing and particularly interventions during the second stage (Pierce-Williams, Saccone & Barghella, 2019).

(MAYO Clinic, 2021)

**The Degrees of Tearing**

Diagram

Description automatically generated

(Aasheim, Nilsen, Reinar & Lukasse, 2017)

**Perineal Injuries (2011-2017)**

Chart, pie chart

Description automatically generated

**Background Information**

Labour begins with the first stage, dilation of the cervix 0cm – 10cm. Then the second stage of labour commences once full dilation occurs and pushing initiates. The second stage concludes when the placenta is born. Average duration of the second stage of labour is 60-120 minutes (Cheng, Caughey, 2017).

Perineal trauma is classified as any form of damage to the area between the vagina and anus during the birth of a baby. Perineal trauma is categorized and measured in degrees. The tear ranges from least to most severe including; Grazes, 1st degree, 2nd degree, 3rd Degree, 4th Degree and Episiotomies (Gimovsky, Aizman, Sparks & Levine, 2021).

**Implementation Plan**

Within the hospital setting a specific and clear flowchart is to be followed that instructs the appropriate management of delaying the second stage of labour. The Flow chart shows guidance from beginning to end with multiple options for multiple outcomes as they may present. Each step to be considered under the guidance of consultation. The policy indicates the need for pre-emptive medical assessments for each woman, ensuring they fit the criteria for the use of the policy to be considered appropriate and safe. Among all specific considerations such as funding and legal requirements it is necessary for the policy and its guidelines to have performance indicators to manage and review the policy throughout use.

**The Policy**

This policy is inspired by the substantial correlation between the duration of the second stage of labour and the risk of perineal trauma injuries. The policy’s intent is to reduce perineal trauma by delaying the initiation of the second stage of labour (pushing) by up to 30 minutes to 1 hour. An extremely beneficial change for many childbearing women that deserve every chance at achieving their desired labour and birth without any negative short term or long-term impacts. The policies strong evidence-based support shows how successful delaying the second stage can be in reducing the risk of perineal trauma.

**Delaying The Second Stage of Labour to reduce the risk of Perineal Trauma**

Alice Pocock, 2021