

Is extending the second stage of labor in nulliparous women with an occiput posterior position appropriate? A Prospective study

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Objective

To assess whether extending the second stage of labor (SSoL) for at least one hour helping the spontaneous rotation of the fetal head from an occiput posterior (OP) position to occiput anterior (OA) position.

Methods

It is a prospective observational cohort study. Setting: France university referral hospital. Population: 1,496 nulliparous women at term who reach the SSoL with epidural analgesia. Methods: Fetal head position was determined beyond 3 hours after complete dilation by a transabdominal ultrasound and at birth. SSoL arrest was defined by the failure to give birth more than 4 hours. No women had manual rotation. Main outcomes measures: OP position and OA position at ultrasound and birth. Spontaneous rotation of fetal head position from the SSoL to birth. Mode of delivery.

Results

Among the 1,496 women who reach the SSoL, 275 (18.4%) had extending SSoL. Ultrasound examination found 21.1% (n=58) fetus in OP position, and 78.9% (N= 217) in OA position. One third of fetuses in OP position (19/58) rotated spontaneously and were delivered in OA, only one by cesarean (5.3%). Among the 39 fetuses in persistent OP position, 14 had CDs (35.9%). The rates of maternal and neonatal morbidity and operative vaginal delivery did not differ significantly between fetuses in OP position or OA position at birth.

Conclusion

Conservative approach that extends the SSoL beyond 3 hours in nulliparous women with an epidural and a fetal head in OP position is appropriate.