

WARM COMPRESS APPLICATION DURING SECOND STAGE OF LABOUR

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. OPTIMAL OUTCOMES

- Reduction of perineal discomfort during active second stage
- Reduction in severe perineal trauma

2. PATIENT

- Women actively pushing in the second stage of labour

3. STAFF

- Registered Midwives
- Student Midwives
- Medical staff
- Medical Students

4. EQUIPMENT

- Sterile abdominal sponges
- Tap water 38-44°C
- Personal protective equipment (PPE)
- Thermometer
- Metal jug

5. CLINICAL PRACTICE

- Discuss with woman the benefits of using warm compresses
- Obtain verbal consent from the woman for use of compresses and document in integrated clinical notes
- Obtain warm water from tap, testing temperature with thermometer aiming for a temperature of 38 to 44°C.
- Soak sponges in water in metal jug
- Ensure woman has perineal sensation, then apply sponge to the distended perineum during a contraction
- Vary or discontinue practice as directed by the woman
- Include sponges used as compresses as part of accountable items

6. DOCUMENTATION

- Integrated clinical notes
- Partogram

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Safety Committee
15 May 2014

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7. EDUCATIONAL NOTES

- In the Cochrane meta-analysis of trials, there was a significant effect of warm compresses on reduction of third- and fourth-degree tears (risk ratio (RR) 0.48, 95% confidence interval (CI) 0.28 to 0.84 (two studies, 1525 women)). This included 2 studies- one by Dahlen 2007 and one by Albers et al.
- In the study by Dahlen et al a sterile metal jug filled with boiled tap water (between 45° and 59°C) was used to soak a sterile perineal pad. The temperature range of the perineal pad over 15 minutes was 38° to 44°C. The pad was resoaked to maintain warmth between contractions. The water in the jug was replaced every 15 minutes until delivery (between 45.4° and 59.7°C).
- The Dahlen study also showed a reduction in second stage and postpartum pain, along with high acceptability to women and midwives.
- In the study by Albers et al, warm compresses were made warm by immersion in tap water and squeezed to release excess water. They were held continuously to the mother's perineum and external genitalia by the midwife's gloved hand during and between pushes, regardless of maternal position. Compresses were changed as needed to maintain warmth and cleanliness.
- The temperature of tap water in the birthing rooms at RHW is 37.6 Degrees. By using 500mls water from the utility room hot water tap and mixing with 500 mls cool water from the tap, a desired water temperature of 44 degrees can be achieved.

8. RELATED POLICIES / PROCEDURES / CLINICAL GUIDELINES

- Normal Vaginal Birth
- Care in 2nd stage of labour
- Epidural

10. REFERENCES

- 1 Dahlen, H.F., Homer, C.S.E., Cooke, M., Upton, A.M., Nunn, R. and Brodrick, B. 2007 Perineal outcomes and maternal comfort related to the application of perineal warm packs in the second stage of labour : a randomized controlled trial. *Birth* 34, 4, 282-290.
- 2 Albers, L.L., Sedler, K. D., Bedrick, E. J., Teaf, D. and Peralta, P. 2005 Midwifery care measures in the second stage of labour and reduction of genital tract trauma at birth: a randomized trial. *Journal of Midwifery and Women's Health* 5, 12, 365-372.
- 3 Aasheim V, Nilsen AB, Lukasse M, Reinar LM. Perineal techniques during the second stage of labour for reducing perineal trauma. Cochrane Database Syst Rev. 2011 Dec 7;(12):CD006672

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs group 6/5/14
Approved Quality & Patient Safety Committee 18/6/09 – title *Warm/Cool Compress Application during second stage of labour Guideline*
Endorsed Obstetrics Clinical Guidelines Group May 2009

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