**Improved Second Stage Assessments**  
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**Problem:**  
Second stage of labor is identified as a period of high risk for both mother and baby.

**Evidence:**  
An immediate change in our work environment would show rapid improvement in our safety net. We chose a simple tool from the Institute for Healthcare Improvement called PDSA or Plan-Do-Study-Act.

**Strategy:**  
Four critical assessments were focused on during the second stage of labor: moderate variability or accelerations present, adequate contractions, absence of tachysystole, and progress of descent. Documentation occurred every fifteen minutes from full dilation to birth.

**Practice Change:**  
The overall goal was to produce increased focused attention on the second stage of labor through: a) notifying all staff on the unit of the onset of second stage through a group page, and b) requiring real time documentation of the four assessments by the nurse at the bedside. Any deviations from the expected assessments would be reported to the Team Coordinator and interventions discussed and documented.

**Evaluation:**  
The Team Coordinators expressed that the strategy was helpful in oversight of the unit. Staff nurses found every fifteen minute assessments and documentation to be cumbersome. We gave staff a thirty minute “grace period”, so that documentation need not begin until thirty minutes after the commencement of second stage. This allowed for the elimination of the requirements of most of the multiparous women whose second stage was progressing rapidly and safely.

**Results:**  
There is definitely a heightened awareness of our safety net on the unit during the second stage of labor. The group pages have alerted all staff to be watching with more focused attention to the monitors where second stage is occurring. Since going live, audits have consistently improved in documentation compliance.

**Recommendations:**  
When there is a need to make a rapid practice change much teaching and monitoring is required. After monitoring, there may need to be additional changes made to the process to best care for the patient.
Lessons Learned:
In circumstances when real time charting is difficult, it is helpful when the Team Coordinator can assist with documentation in the room.

Bibliography:
