

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. AIM

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

2. PATIENT

- Woman pushing in the second stage of labour, with perineal distension

3. STAFF

- Medical and midwifery staff

4. EQUIPMENT

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

5. CLINICAL PRACTICE

- Discuss antenatally with woman the benefits of using warm compresses
- Obtain verbal consent from the woman for use of warm compresses, and document in her medical record
- Mix 500 mL water from the utility room hot water tap with 500 mL tap water in birthing room in metal jug
- Use thermometer to measure temperature - aim for 38-44°C
- Count sterile sponges, to be used as warm compresses, as part of accountable items
- Soak sponges in warm water in metal jug
- Test temperature for the woman on her inner thigh, or her forearm if regional anaesthesia in situ
- Apply warm compress to the distending perineum during a contraction
- Vary or discontinue practice as directed by the woman
- Change compresses as needed to maintain warmth and cleanliness
- Count sterile sponges, used as warm compresses, at completion of delivery

6. DOCUMENTATION

- Medical record

7. EDUCATIONAL NOTES

- Warm compresses are recommended as part of the Women's Healthcare Australasia (WHA) Perineal Protection Bundle ¹
- The Cochrane meta-analysis of trials comparing warm compresses versus control (hands off or no warm compress) showed fewer women in the warm compress group experienced third or fourth degree tears (moderate-quality evidence). ²
- In 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.³

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8. RELATED POLICIES / PROCEDURES / CLINICAL GUIDELINES

- Second Stage of Labour - Recognition of Normal Progress and Management of Delay
- Epidural Analgesia Guideline for RHW
- Accountable Items in the Birthing Environment (outside Operating Theatre)

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 – Comprehensive care

11. REFERENCES

- 1 Women's Healthcare Australasia Collaborative, 2019. Improving outcomes for Women through reducing avoidable third and fourth degree tears, Collaborative Final Report.
- 2 Aasheim V, Nilsen ABV, Reinar LM, Lukasse M. Perineal techniques during the second stage of labour for reducing perineal trauma. Cochrane Database Syst Rev 2017;6:CD006672

REVISION & APPROVAL HISTORY

Reviewed endorsed Maternity Services LOPs group November 2019

Approved Quality & Patient Safety Committee 15/5/14

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

FOR REVIEW : DECEMBER 2024