



HAUTE AUTORITÉ DE SANTÉ

**CLINICAL PRACTICE GUIDELINES**

# **USE OF FUNDAL PRESSURE DURING THE SECOND STAGE OF LABOUR**

**Formal consensus**

**January 2007**

The scientific evidence for these guidelines can be downloaded from  
[www.has-sante.fr](http://www.has-sante.fr)

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This document was validated by the HAS Board in January 2007.

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# 1. Introduction

## 1.1 Guideline topic

These guidelines concern the use of fundal pressure during the second stage of labour.

The following indications and specific technical procedures were excluded:

- suprapubic pressure and McRoberts' position to alleviate shoulder dystocia
- fundal pressure applied during entrapment of the aftercoming head in the event of a breech presentation
- fundal pressure during a caesarean section
- suprapubic pressure and uterine massage during placenta expulsion.

## 1.2 Target audience

These guidelines are intended for doctors, midwives and other healthcare staff involved in delivering babies.

# 2. General overview

## 2.1 Definitions

- The **application of fundal pressure** refers to the application of pressure to the fundus of the uterus with the intention of shortening the duration of the second stage of labour.
- The **second stage of labour** is the period from complete dilatation of the cervix until natural birth. It has three successive phases: (i) engagement of the presenting part, (ii) descent and rotation, (iii) release.

## 2.2 Current use of fundal pressure

According to the expert panel, application of fundal pressure is a common practice, although how common is not known as no surveys of practice have been published in France.

There is no validated indication for the application of fundal pressure. The manoeuvre is neither taught nor coded. It has not been evaluated. It is run-of-the-mill and is very rarely recorded in the file of parturient women.

The practice of applying fundal pressure:

- does not automatically prevent recourse to instrumental delivery or a caesarean section
- may delay the decision to perform an instrumental delivery or caesarean section.

### **2.3 Complications relating to the use of fundal pressure**

The true frequency and severity of the complications relating to the use of fundal pressure are not known (case series, expert opinion, etc.).

#### **► Patients' experience**

Contrary to the commonly held view among healthcare professionals, the use of fundal pressure is a stressful (physical and mental) experience for patients and their families, both at and after delivery.

#### **► Reported complications**

The most frequently reported complications are:

- persistent abdominal pain after delivery
- abdominal bruising.

Less frequent complications are:

- rib fracture
- perineal lesions (two good-quality methodological studies have highlighted that the use of fundal pressure is a risk factor for anal sphincter tears and 3rd degree perineal tears).

Very rare complications are:

- rupture of the spleen
- rupture of the liver
- rupture of the uterus
- tear of the lombo-ovarian pedicle.

### **3. Recommendations**

There are no medically validated indications for the application of fundal pressure.

The traumatic experience of patients and their families and the occurrence of rare but serious complications are reasons for discontinuing its use.

When the second stage of labour needs to be shortened, either instrumental delivery (forceps, ventouse cap) or a caesarean section is recommended depending on the clinical context.

If fundal pressure is applied despite these recommendations, this must be noted in the patient's file by the person in charge (details of context, procedures used, and any difficulties encountered).

### **4. Monitoring guideline implementation**

A practice survey should be conducted some time after the publication of these guidelines in order to evaluate whether fundal pressure is still used during deliveries.

### **5. Looking ahead**

The following should be examined (in non-emergency cases):

- the best procedures for use during the second stage of labour, particularly the expulsion phase
- preventing dystocia through:
  - correct posture and walking
  - anaesthetic procedures (especially peridural anaesthesia)
  - calorie intake (how much, when and how)
  - provision of support to parturient women.

## Participants

### Specialty societies

French National College of Gynaecologists and Obstetricians  
National Council of Midwives  
National College of Midwives  
National Organisation of Midwife Trade Unions

### Steering committee

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### Acknowledgements of support

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## Synopsis

<b>TITLE</b>	<b>Use of fundal pressure during the second stage of labour</b>
<b>Working method</b>	Formal consensus
<b>Date published online</b>	April 2007
<b>Objective(s)</b>	To evaluate the benefits and risks of using fundal pressure and to issue guidelines on its use
<b>Professional(s) concerned</b>	- Obstetricians - Midwives - Other professionals involved in delivering babies
<b>Requested by</b>	CIANE (Coordination group for childbirth activism)
<b>Sponsor</b>	HAS
<b>Project management</b>	Coordination: Dr Michel Laurence, project manager, and Dr Najoua Mlika-Cabanne, deputy head of the Guidelines Department, HAS (head of department: Dr Patrice Dosquet) Secretary: Sladana Praizovic Research assistant: Aurélien Dancoisne, with the help of Laurence Frigère, Documentation Department, HAS (head of department: Frédérique Pagès)
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<b>Document search</b>	From January 1995 to December 2005 73 references identified, 23 of which were selected and analysed
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<b>Validation</b>	Opinion of Committee for Healthcare Strategy Assessment (December 2006) Validated by the HAS Board on 31 January 2007
<b>Other formats</b>	Quick reference guide Systematic review of supporting evidence (in French) Can be downloaded free of charge from <a href="http://www.has-sante.fr">www.has-sante.fr</a>



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