Second stage of labour

Pushing, crowning and birth

The second stage of labour is an exciting and physically demanding time – your labour is coming to an end and you are so close to meeting your baby.
In this guide, I'll explain what happens during the second stage of labour, what pushing really feels like, the different positions you can birth in, what to expect as your baby is born, and when an assisted birth may be recommended.

What is the second stage of labour?

The second stage of labour starts when you are 10cm dilated (also known as fully dilated), and it ends with the birth of your baby (at which point, the third stage of labour starts).

The second stage of labour is the pushing stage – your baby is being pushed out of the uterus, into the birth canal, and is being born.

This stage usually lasts no longer than 2 hours, but timings vary significantly in length, particularly depending on whether this is your first baby and whether you have an epidural.

Passive vs active second stage

The second stage of labour is sometimes split between the so-called ‘passive’ second stage and the ‘active’ second stage.

Passive second stage
Refers to when women are fully dilated, but do not yet have the urge to push. This may be because baby still needs to descend a little more, or because women have an epidural which is interfering with them feeling the urge to push.

If you do not have the urge to push straight away, midwives will often offer you a so-called ‘passive hour’, in which you are not actively pushing but your contractions are bringing your baby down. This passive hour can shorten active pushing because your contractions are still working to bring your baby lower even without you pushing. After a passive hour, your midwife will encourage you to start pushing, but you may well have the urge to push by then anyway.

Active second stage
Refers to when women are fully dilated and actively pushing. For many women, their body naturally guides their pushing, so try not to be afraid to go with it, and allow your body to take over. If you have an epidural and are unable to feel your contractions, the midwives will tell you how to push effectively with your contractions.

What does active pushing feel like?

Most women feel an overwhelming urge to push that they cannot control, and the sensation is often in your back passage, like needing to do a poo. Women often describe the urge to push as almost impossible to ignore.

Some women do not get this urge to push, for example if they have an epidural, or if baby is in a less optimal position.

Your contractions continue in the second stage of labour, and they are typically strong and coming every 2 – 3 minutes. Women usually push a few times with each contraction, bringing baby down with each push.

If you can feel your contractions and have the urge to push, listen to your body and go with it. If you can't feel your contractions for whatever reason (for example you have an epidural), your midwife will feel your tummy to tell you when you have a contraction and when to push.

... midwife's insight
It is common to poo in labour – and if you do, this is *not* something to be embarrassed about. In fact, midwives see it as a positive sign that baby is on their way! If you poo in labour, your midwife will clear it away discreetly and be quietly pleased that you are making good progress. Trust me, you cannot shock your midwife by doing a poo in labour!

Crowning and birth

As you near the end of the second stage of labour, your baby's head emerges slightly with each contraction and then may recede between contractions. This can feel discouraging, but your baby is usually making a little more progress with every contraction. Crowning occurs when the widest part of the head (the crown) fully emerges and stays visible without slipping back.

As the vaginal tissues and the perineum stretch to accommodate the baby, you may experience a sharp, stinging, or burning sensation. Women often refer to this as the 'ring of fire'.

Your doctor or midwife may ask you to stop pushing or to breathe deeply and slowly as your baby's head delivers. This slow delivery of the head allows the tissues to stretch gradually, which helps minimize the risk of tearing or the need for an episiotomy.

Once the head crowns and is born, there is typically a short pause while the baby turns their shoulders between contractions. The midwife will check that the cord is not too tightly around your baby's neck. If the cord is around the neck, your midwife can try to unloop the cord, but the baby can sometimes be born through the cord if the midwife is not able to unloop it. The rest of baby's body is then delivered with the next contraction.

It is up to you of course, but baby is usually placed skin to skin with you immediately (with the umbilical cord left intact for at least 1 minute). Some women prefer that the baby is wiped down a little bit first before being placed skin to skin, and midwives are always happy to do that for you if it is your preference. If there are concerns about the baby, the midwife may ask to clamp and cut the cord and take the baby to the resuscitaire so that they can give the baby any breathing support it might need.

Delayed cord clamping for at least one minute is standard practice, but you can ask for longer if you like.

... top tip
Your midwife will usually offer you perineal support as your baby's head crowns. This may be with their hand, or with a warm compress. This helps to support your perineal muscles and reduces the risk of perineal tears. If you would prefer for your midwife to be hands off, just let them know.

What positions can I give birth in?

Women are encouraged to be as mobile as they feel is comfortable in the second stage of labour. Common positions include kneeling, on all fours, lying on your side, or semi-recumbent. Upright positions are generally good because they help by giving you gravity on your side. Your midwife will help you to adopt the position that feels best for you, and this position might change many times during the second stage of labour.

If you need any interventions in the second stage of labour, you may be assisted into lithotomy position (where you are semi-recumbent with both your legs up, and your hips and knees are bent). This is so that the doctor can help to deliver your baby quickly and safely.

Women who have an epidural may find it more difficult to be mobile during the second stage of labour, but your midwife can support you to be as comfortable as you

can be – women who have an epidural often like to lie on one side and push whilst one leg is lifted and supported.

Will I tear?

Most women who have a vaginal birth will experience some degree of tearing or grazing. These range from small skin grazes to more significant tears involving the muscles around the vagina or anus (they are classified as first, second, third or fourth degree tears in order of severity).

The most common tears are first and second degree tears. These sometimes require stitches, but your midwife can repair these in the labour room after baby is born using good local anaesthetic to make sure you are comfortable.

A more significant tear (third or fourth degree) is much less likely. If you do have a more significant tear, this will be repaired in theatre by a doctor with good anaesthetic in place.

The best way to reduce the risk of significant tears is to try to deliver your baby's head slowly and gently and in a controlled way as possible. Your midwife can also offer perineal support with a warm compress to help the tissues stretch and to support the perineal muscles as the baby's head delivers. However, it is important to remember that tears can occur even with the most controlled deliveries – it is nothing you have done wrong, and it can be repaired quickly by the team caring for you.

Will I need an episiotomy?

An episiotomy is a cut made in woman's perineum (equivalent to a second degree tear) to enlarge the vaginal opening just before the birth of the baby. *Episiotomies are not done routinely*, and are only performed if there is a clinical indication and with the woman's consent.

Indications for episiotomy include:

- An instrumental delivery (such as a forceps delivery)
- To aid manoeuvres during a shoulder dystocia
- If there is evidence that baby is in distress and needs to be born quickly
- If there is a significant risk of a 3rd of 4th degree tear, and giving an episiotomy would reduce the risk of a worse tear occurring

Having an episiotomy is always your choice, and *you should not be given an episiotomy without first giving your consent*.

If your midwife or doctor recommends an episiotomy, they will ask whether you are happy for them to do one, and they will make sure that you have good pain relief before giving you the episiotomy if you agree to one.

Once baby is born, the midwife or doctor will start giving you stitches to repair the episiotomy almost immediately.

Will intervention be needed?

The second stage of labour is a physically demanding time for you and for your baby. Whilst most second stages progress without intervention, sometimes it becomes clear that in order for your baby to be delivered safely, you may need some assistance to speed up their birth.

Your midwife or doctor may recommend helping your baby to be born sooner if:

- Your baby is showing signs that they are not coping well with labour
- Your labour is no longer progressing despite your pushing
- You are becoming exhausted and need help to deliver your baby

Your midwife and doctor will explain why they are recommending an assisted birth (usually a ventouse, forceps or more rarely an emergency caesarean section) and discuss the benefits and risks of each option wherever possible. Again, it is always your choice, and the doctor will ask for your consent before intervening.

A note from the labour ward:

One thing I have observed as a practising NHS midwife is that no two labours are the same. Some women instinctively roar, while others are almost silent, some want to move around, while others find it difficult to change position. There is no ‘right way’ to push or to give birth to your baby. What matters is going with what feels right for you.

About the author

I'm Perdy, founder of Perdy Maternity Care and a practising NHS midwife. I have supported hundreds of women and families through pregnancy, birth and the postnatal period. I created these guides to provide the evidence-based information and reassurance that I know many parents wish they had more time to receive during routine appointments.

My aim is to provide evidence-based education that helps you feel informed, confident and prepared for whatever your birth may bring.

If you found this guide helpful, and you're looking for personalised antenatal education, birth preparation or postnatal support, I'd love to help:

- One-to-one antenatal sessions
- Birth preparation packages
- Postnatal support at home
- Evidence-based advice tailored to you

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