Early Pushing Urge in labour, midwifery practice & midwives and women’s experiences

Borrelli S.E. (RM, BMid, MSc, PhD Student) - Nespali A. (RM, BMid, MSc, Research Midwife)

Introduction

- Some women experience the urge to push before the full cervical dilatation; this phenomenon is clinically called early pushing urge (EPU).
- The diagnosis of EPU is made with the perception of irresistible urge to push by the woman before full cervical dilatation, confirmed by vaginal examination (Downe, 2008).
- How frequently does EPU occur? Which is the nature of the phenomenon? How do midwives manage EPU? How women experience EPU?

Background

- In the past, the dominant idea about EPU was mainly related to the pathology of the event and to the potential harm in bearing down before full cervical dilatation (Berkley, 1931; Benyon, 1957; Gaskin, 1999).
- The concept of EPU as physiological event if occurring within good maternal and foetal conditions is relatively recent (Downe, 2003). There are controversies about:
  - Women’s experiences of EPU have not been explored.
  - Prevalence of EPU
  - Nature of the phenomenon
  - Optimal response to EPU

Aims and methods

Project 1
AIM: to investigate EPU incidence, to explore how it is managed by midwives and its relation to some obstetric outcomes. Prospective observational study. Data collection sheet, 60 EPU cases.

Project 2
AIM: to explore midwives’ experiences of EPU in caring for women during labour. Qualitative phenomenology, interviews + vignettes, 20 midwives.

Project 3
AIM: to explore women’s experiences of EPU during labour. Qualitative phenomenology, interviews, 8 women.

Findings – Project 1

A. EPU INCIDENCE AND MAIN CHARACTERISTICS.
- Total EPU incidence: 7.6% (n=60/789).
- Average of incidence per midwif: 7.8%
- Single midwives’ incidences range: 2.3% (n=1/44) - 20% (n=4/20)

The number of diagnoses of EPU proportionally decreases the longer midwives wait to investigate it.

Findings – Project 2 - Midwives

- Maternal positions: hands and knees (n=35/60, 78%), lateral (n=4/60, 9%) or both (n=9/60, 13%).
- Medical interventions: episiotomy (n=9/60, 15%), reduction of anterior cervical bulb, oxytocin infusion (n=1/60, 2%).

Findings – Project 3 - Women

- EPU = physiologic variation in labour (good maternal-foetal conditions).
- Relation between waiting time and EPU diagnosis.
- Management: stop-pushing techniques - letting the woman do what she feels.
- Importance of midwife and partner’s support.
- Further investigation: association at EPU diagnosis and obstetric outcomes, comparison maternal positions, case studies.

References


