## Objectives and Background

Fundal pressure involves the birth assistant using her hands to push on the upper part of the uterus in the direction of the birth canal to help to increase intra-uterine pressure with contractions to expel the baby. How frequently fundal pressure is performed in routine practice, and the indication for its’ use, is unclear. There is some evidence that it may be applied routinely or to expedite delivery when this is considered desirable, e.g. for fetal distress or maternal exhaustion, particularly in developing countries where other methods of achieving delivery (forceps, vacuum) may not be available. However, there is very little objective evidence of the effectiveness or safety of this intervention. Vigorous methods of applying fundal pressure are potentially harmful. GAP is an innovative method of applying gentle but steady pressure to the uterine fundus in the direction of the pelvis during contractions, for a maximum of 30 seconds per contraction, with the woman in an upright posture.

The recumbent/supine posture for the second stage of labour has become routine in health services in low-resource settings. There is some evidence that upright postures may have advantages for mother and baby, but more evidence is needed.

The objective of this trial is to evaluate the use of a gentle method of applying fundal pressure in an upright posture, or upright posture alone, on reducing the mean time of delivery and the associated maternal and neonatal complications in women not having delivered following 15-30 minutes in the second stage of labour, at all levels of care.

### Geographic location

South Africa

### Main deliverables

Establish whether the use of gentle fundal pressure during second stage of labour is safe and effective

### Partners

Effective Care Research Unit (ECRU), Department of Obstetrics and Gynaecology at East London Hospital Complex (ELHC), University of the Witwatersrand, University of Fort Hare, and Eastern Cape Department of Health, South Africa; WHO

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WHO

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