

The Influence of Nursing Labor Support on the Reduction of Cesarean Sections

APPENDIX 1-11

1. Intrapartum Nurse's Beliefs Relate to Birth Practice (IPNBBP) Tool, authored by Ellise D. Adams, PhD, CNM.
2. Henry Ford Hospital Internal Nurses' Research Grant Award: \$900.
3. Documentation of Informed Consent.
4. Unit flyer call for voluntary participation.
5. Labor Support and Management PowerPoint Lecture: Contextual Learning.
6. Comfort Menu PowerPoint Lecture: Contextual Learning.
7. Comfort Menu PowerPoint Lecture: Contextual Learning.
8. Hands-on Techniques: Kinesthetic Learning-Participant pictures.
9. Class Handouts.
 - AWHONN Continuous Labor Support
 - Positions for Laboring Out of Bed
 - Birth Positions
 - Respectful Maternity Care
 - Labor Support Articles
 - Labor Coping Scale
10. HFHS Biostatistical IPNBBP Survey Tool Data Analysis Report.
11. IPNBBP Survey Qualitative Participant Pre- and Post- Responses Data.

APPENDIX 1

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

Ellise D. Adams PhD, CNM

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The Intrapartum Nurse's Beliefs Related to Birth Practice (IPNBBP) was designed to be an online instrument to measure the concept: birth beliefs related to birth practice of the intrapartum (IP) nurse. The IPNBBP consists of 28 items quantitative items and 2 qualitative items. Sub-Scales identify 11 items measuring the concept: birth beliefs related to medicalized birth and 17 items measuring the concept: birth beliefs related to normal birth. Determining the beliefs of IP nurses can assist administrators, educators and researchers to identify connections between beliefs, birth practice and birth outcomes.

The IPNBBP was patterned after the Labor Support Questionnaire (Sauls, 2004). Development of the IPNBBP occurred through concept analysis (Adams, 2012), domain identification, item generation and implementation of the content validity index (Adams, 2012; Adams & Sauls, 2014a). The psychometric properties of the IPNBBP (Section 2) have been measured through the internal consistency method, assessment of convergence validity with the Labor Support Questionnaire, and through factor analysis to measure construct validity (Adams, 2012; Adams & Sauls, 2014b).

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

Section 1:

Suggested Demographics

My age is: _____

My gender is: _____ Female _____ Male

My race is: ___ White/Caucasian ___ Black/African American ___ Hispanic/Latino
___ American Indian/Alaskan Native ___ Pacific Islander ___ Two or more races ___ Other

Select all that apply, I have given birth: ___ vaginally ___ by cesarean ___ with forceps ___ with vacuum extraction ___ NA

Select all that apply, I have given birth:

___ at home ___ at a hospital ___ in a freestanding birth center ___ NA ___ other (please specify) _____

Select all that apply, I would describe my birth experiences as:

___ Positive ___ negative ___ no opinion ___ NA ___ other (please specify) _____

Nursing Education and Certification

Select all that apply. I have completed the following degrees:

___ Doctor of Philosophy in Nursing ___ Doctor of Nursing Science ___ Nurse Doctorate ___ Doctor of Nursing Practice ___ Master of Science in Nursing ___ Master in Nursing
___ Bachelor of Science in Nursing ___ Associate Degree of Nursing ___ Diploma of Nursing
___ Other (please specify) _____

Select all that apply. I have the following certifications:

___ Electronic Fetal Monitoring ___ In-patient intrapartum nursing ___ Childbirth Education
___ Nurse-Midwifery ___ Certified Nurse Specialist ___ Nurse Practitioner
___ Doula ___ NA ___ Other (please specify) _____

Intrapartum Nurse Experience

The total number of years I have worked as an intrapartum nurse is: _____

Select all that apply. In my career, I have had experience with the following:

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

- Elective inductions of labor
- augmented labors
- cesarean birth
- Elective cesarean birth (no medical indication)
- epidural anesthesia
- Unmedicated vaginal birth
- forceps delivery
- vacuum extraction
- Episiotomy
- ambulation for labor
- continuous fetal monitoring
- Intermittent fetal monitoring
- laboring down
- birth plans
- Use of closed glottis pushing
- use of open glottis pushing
- doulas
- Use of breathing and relaxation techniques
- hydrotherapy
- water birth
- Encouraging upright positioning during labor and birth
- certified nurse-midwives
- Certified midwives
- certified professional midwives
- lay midwives
- Obstetricians
- family physicians
- obstetric medical students and residents
- Freestanding birth centers
- home birth

I have attended at least one continuing education event related to intrapartum nursing in the last 2 years.
 Yes No

Current Work Environment

Select all that apply. Type of hospital where I am currently employed is:

- community
- private
- magnet
- level 1
- level 2
- level 3
- other (please specify) _____

This hospital would be considered:

- Urban
- Rural

Select all that apply. Type of birth attendants who practice at this hospital:

- obstetricians
- family practice physicians
- medical residents
- medical students
- certified nurse-midwives
- certified midwives
- other (please specify) _____

Annual number of births:

- Up to 500
- 501-1000
- 1001 to 2000
- greater than 2000

Estimated percentage of cesarean births per month:

- Below 10%
- 10-20%
- 21-30%
- 31-40%
- 41-50%
- greater than 51%

Estimated percentage of elective inductions (not medically indicated) per month:

- Below 10%
- 10-20%
- 21-30%
- 31-40%
- 41-50%
- greater than 51%

Estimated percentage of patients who use epidurals for pain relief

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- greater than 80%

Estimated percentage of patients who use continuous fetal monitoring (for at least one-half of their labor):

- 0-30%
- 31-70%
- greater than 70%

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

The patient documentation method used in our facility includes a mechanism for charting supportive, non-technical interventions used for patient comfort:

Yes No

The typical Nurse/Patient staffing ratio used in our facility is:

1 to 1 1 to 2 1 to 3 1 to 4 1 to greater than 4

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

Section 2:

Review the following statements related to IP nursing. Think about your individual practice. Choose the number associated with each item that most closely matches your current beliefs related to birth practice on the scale of 1 – 6: 1 = strongly differs from my beliefs related to birth practice to 6 = strongly aligns with my beliefs related to birth practice.

	Strongly Differs			Strongly Aligns		
	1	2	3	4	5	6
1. When I think about my beliefs related to birth practice, I believe that: To recognize uterine hyperstimulation/tachysystole the IP nurse must use an intrauterine pressure catheter.	1	2	3	4	5	6
2. When I think about my beliefs related to birth practice, I believe that: Birth environments should provide a homelike environment to optimize privacy and comfort for the laboring woman and her family.	1	2	3	4	5	6
3. When I think about my beliefs related to birth practice, I believe that: Maternal pushing during the second stage requires directions from the IP nurse including counting to 10 during each push.	1	2	3	4	5	6
4. When I think about my beliefs related to birth practice, I believe that: Certified nurse-midwives are appropriate birth practitioners for low-risk women.	1	2	3	4	5	6
5. When I think about my beliefs related to birth practice, I believe that: Continuous fetal monitoring is a standard of care that is appropriate for use with all laboring women.	1	2	3	4	5	6
6. When I think about my beliefs related to birth practice, I believe that: Intravenous fluids are necessary for the laboring woman.	1	2	3	4	5	6
7. When I think about my beliefs related to birth practice, I believe that: Most pregnancies are considered low-risk at the start of labor.	1	2	3	4	5	6
8. When I think about my beliefs related to birth practice, I believe that: Pain in labor represents a physiological process.	1	2	3	4	5	6

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

9. When I think about my beliefs related to birth practice, I believe that: Most routine interventions such as continuous fetal monitoring are unnecessary to promote the health of the laboring woman.	1	2	3	4	5	6
10. When I think about my beliefs related to birth practice, I believe that: Most routine interventions such as indwelling urinary catheters are unnecessary to promote the health of the laboring woman.	1	2	3	4	5	6
11. When I think about my beliefs related to birth practice, I believe that: Ice chips provide laboring women with necessary oral hydration.	1	2	3	4	5	6
12. When I think about my beliefs related to birth practice, I believe that: IP nurses can have a positive effect on birth outcomes.	1	2	3	4	5	6
13. When I think about my beliefs related to birth practice, I believe that: Positions for the first stage of labor that are supported by research and are therefore appropriate for use by the IP nurse include standing, wedging, sitting and hands and knees.	1	2	3	4	5	6
14. When I think about my beliefs related to birth practice, I believe that: Labor support includes physical comfort measures such as providing ice chips, sips of water, wet washcloth and oral hygiene.	1	2	3	4	5	6
15. When I think about my beliefs related to birth practice, I believe that: Breastfeeding is a personal choice and patient teaching about the benefits of breastfeeding might cause emotional distress.	1	2	3	4	5	6
16. When I think about my beliefs related to birth practice, I believe that: Visual focal point, imagery and social conversation are effective methods of distraction appropriate for use in labor.	1	2	3	4	5	6
17. When I think about my beliefs related to birth practice, I believe that: Plotting the progress of labor and comparing to Friedman's curve is necessary to prevent poor birth outcomes.	1	2	3	4	5	6
18. When I think about my beliefs related to birth practice, I believe that: The laboring woman's desires are more important than the care provider.	1	2	3	4	5	6

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

19. When I think about my beliefs related to birth practice, I believe that: Labor support includes explanations to the client as to what is occurring with the labor process.	1	2	3	4	5	6
20. When I think about my beliefs related to birth practice, I believe that: Hydrotherapy (shower or bath) in labor is a risk to patient safety.	1	2	3	4	5	6
21. When I think about my beliefs related to birth practice, I believe that: Squatting is an appropriate position for second stage of labor.	1	2	3	4	5	6
22. When I think about my beliefs related to birth practice, I believe that: Labor support includes listening and respecting the client's opinion and wishes.	1	2	3	4	5	6
23. When I think about my beliefs related to birth practice, I believe that: When the laboring woman expresses pain, a priority nursing intervention is to prepare for epidural anesthesia.	1	2	3	4	5	6
24. When I think about my beliefs related to birth practice, I believe that: Providing explanations about procedures is a necessary nursing intervention for partners attending labor and birth with the laboring patient.	1	2	3	4	5	6
25. When I think about my beliefs related to birth practice, I believe that: Labor support includes providing reassurance and praise such as telling the client she is doing well or that labor is progressing normally.	1	2	3	4	5	6
26. When I think about my beliefs related to birth practice, I believe that: Effectiveness in IP nursing is mainly related to years of experience.	1	2	3	4	5	6
27. When I think about my beliefs related to birth practice, I believe that: The preferred methods of warming a newborn is radiant heat.	1	2	3	4	5	6
28. When I think about my beliefs related to birth practice, I believe that: Labor support includes ensuring privacy and protecting modesty.	1	2	3	4	5	6

Section 3:

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

Complete the following statement. According to my beliefs related to birth practice, the birth process is:

Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:

Contact information:
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References

- Adams, E. (2012). The psychometric properties of an instrument measuring the beliefs of intrapartum nurses related to birth practice (Doctoral dissertation). Retrieved from CINAHL Plus Full Text UMI Order AAI3538778.
- Adams, E. & Sauls, D. (2014a). Development of the intrapartum nurses' beliefs related to birth practice scale. *Journal of Nursing Measurement* 22(1), 1-10.
- Adams, E. & Sauls, D. (2014b). Reliability and validity of an instrument to measure the beliefs of intrapartum nurses. *Journal of Perinatal and Neonatal Nursing* 28(2), 1-8.
- Sauls, D. (2004). The labor support questionnaire: Development and psychometric analysis. *Journal of Nursing Measurement*, 12 (2), 123-132.

Scoring

Total scores on the IPNBBP, Section 2 range from 28 to 168. Items indicating medicalized beliefs were reverse scored prior to data analysis. Lower scores more closely align with medicalized beliefs of the IP nurse and higher scores more closely align with normal birth beliefs of the IP nurse. In Section 3, two open-ended questions allow the IP nurse to express their beliefs related to birth practice in a narrative manner. Data from these open-ended questions may be subjected to theme analysis for interpretation.

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

Conceptual and Operation Definitions of the Research Variables for the IPNBBP

Variable	Sub-Scale	Conceptual Definition	Operational Definition	Items on the IPNBBP	Scoring
birth beliefs related to birth practice of the IP nurse		The construct of birth beliefs related to birth practice can be conceptually defined as core beliefs held by the IP nurse related to the process of birth and to the type of care women receive during the birth process. These birth beliefs are further conceptualized into two sub-categories: birth beliefs related to medicalized birth and birth beliefs related to normal birth.	The IPBPNP operationalizes birth beliefs related to birth practice of the IP nurse to identify an affinity for birth beliefs related to medicalized birth or birth beliefs related to normal birth. This is accomplished through a series of items ranked on a 6-point Likert scale.	1-28	For scoring, items indicating medicalized birth beliefs must be reversed. The range of possible scores is 28-168. <u>Interpretation</u> Higher scores (112-168) indicate a belief system more closely aligned with normal birth. Lower scores (28-111) indicate a belief system more closely aligned with medicalized birth.

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

	<p>birth beliefs related to medicalized birth</p>	<p>The concept of birth beliefs related to medicalized birth can be conceptually defined as beliefs which consider labor and birth to occur in a clinical environment. These beliefs consider it necessary for labor and birth to be continually monitored through technological means and that these technological means are designed to optimize the work</p>	<p>The IPBPNP operationalizes the Birth Beliefs related to medicalized birth by determining the IP nurse's birth beliefs through a series of items ranked on a 6point Likert scale.</p>	<p>A total of 11 items are associated with birth beliefs related to medicalized birth: 1, 3, 5, 6, 11, 15, 17, 20, 23, 26, 27</p>	<p>For scoring, items indicating medicalized birth beliefs must be reversed. For the sub- scale of birth beliefs related to medicalized birth, a score ranging from 1166 is possible.</p> <p><u>Interpretation</u> Reverse scores, for these 11 items, between 11-33 will indicate that the IP nurse's birth beliefs are more closely</p>
		<p>of the healthcare provider and not necessarily the work of the woman or her family. Birth is viewed as a pathological process where complications can be catastrophic and interventions must be implemented to prevent them.</p>			<p>associated with the elements of medicalized birth.</p>

THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

	<p>birth beliefs related to NORMAL BIRTH</p>	<p>The concept of birth beliefs related to NB can be defined as beliefs which consider labor and birth to be a physiological life event that is unique to each laboring woman. The process is not bound by timelines and parameters. The birth may occur at home, in a freestanding birth center or in a hospital. It occurs spontaneously after the completed 37th week of pregnancy and is not associated with any risk factors. Care may be provided by a variety of birth attendants but the</p>	<p>The IPBBNP operationalizes the birth beliefs related to normal birth by determining the IP nurse's birth beliefs through a series of items ranked on a 6point Likert scale.</p>	<p>A total of 17 items are associated with birth beliefs related to normal birth: 2, 4, 7, 8, 9, 10, 12, 13, 14, 16, 18, 19, 21, 22, 24, 25, 28</p>	<p>For the sub-scale of birth beliefs related to normal birth, a score ranging from 17-102 is possible.</p> <p><u>Interpretation</u> Scores, for these 17 items, ranging from 68-102 will indicate that the IP nurse's birth beliefs are more closely associated with the elements of normal birth.</p>
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THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

		<p>laboring woman is thought to possess the knowledge and power necessary to guide the care. The birth environment is supportive of normal birth practices. This environment includes both supportive administrators and colleagues of the IP nurse. The IP nurse who provides care during a NORMAL BIRTH is trusting of the birth process, provides patient advocacy, is respectfully assertive, and has high self-efficacy related to the interventions necessary to promote normal birth. Birth practices associated with normal birth provide physical, mental, emotional, and social support. Interventions, if necessary, are not technologically based. Liberal use of labor support techniques dictate that the IP nurse</p>			
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THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

		spends the majority of time at the patient's bedside.			
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APPENDIX 2

HFH Nurses Internal Research Grant
Funded by the Rachael Hoffman Endowment
Awardee 2018-19

September 25, 2018

Dear Cheryl,

On behalf of HFH Nursing Administration and Gwen Gnam, CNO/VP of Patient Care Services, I am pleased to announce that you are an awardee of the 2018-2019 HFH Nurses Internal Grant. Congratulations!

The total amount of your research award is \$900. It is to be used toward research expenses consistent with the budget submitted in your proposal. Reimbursement of expenses will be managed through Nursing Administration following submission of receipts up to the amount awarded. It is anticipated that your study will be completed by October 15, 2019.

We look forward to providing support for your study and to learning about your study outcomes. Please contact me if you have any questions.

Best,

Therese

Therese Miannecki, PhD, RN
Nurse Researcher
Henry Ford Hospital
Detroit MI 48202

APPENDIX 3. Informed Consent Form

[] I attest that I have attended the HFH Labor Support Class. (PLEASE CHECK BOX)

Dear Labor and Delivery Nurses:

I am completing my Doctorate of Nursing Practice studies at University of Detroit Mercy. My interests have focused on looking at nursing impact on birth, more specifically, safely reducing cesarean birth. As part of my research, I am exploring labor nurse beliefs related to birth and will be evaluating change in nursing beliefs about birth based on attendance at the HFH Labor Support Class, during which a survey was completed.

You are invited to participate in the Intrapartum Nurse's Beliefs Related to Birth Practice (IPNBBP) survey developed by Ellise Adams, PhD, CNM. The survey is part of my overall research study looking at the influence of labor nurse support in reducing cesarean birth.

- It will take about 10-15 minutes to complete the survey.
- Your responses will have no personal identifiers, and all data will be un-identifiable and aggregate, with comparison of survey information received before and after the HFH Labor Support Class.
- There is minimal risk to you in participating in this study and you may opt-out at any time.
- Once you have finished the survey, you will have the option to enter a weekly drawing for one of eight \$25 gift cards.
- **Due Date: 3/31/2020**
- Completion of the survey is considered your agreement to participate.

I hope you will participate in this important study about how nurses can influence birth. If you have any questions about this study now or in the future, you may contact Cheryl Larry-Osman, CNS at the following phone number 313-510-9762. If you have questions or concerns about your rights as a research participant, feel free to contact Henry Ford Hospital Health System Institutional Review Board at 313-874-4464.

Michelle Wheeler, Chair of the University of Detroit Mercy Institutional Review Board can also be contacted at (313) 494-6634 or at wheatemi@udmercy.edu.

Thank you,

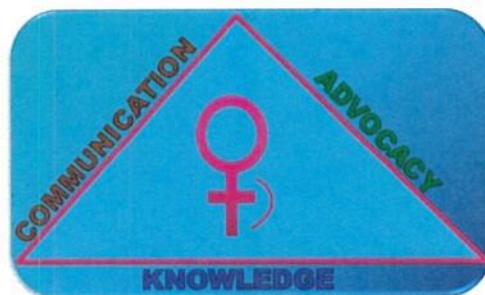
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- ✓ **Check box above to attest that you attended the HFH Labor Support Class.**
- ✓ **Complete survey & place, with cover letter, in the secure survey box in the breakroom.**
- ✓ **Place ticket for weekly gift card drawing in the attached smaller box.**

What are YOUR Beliefs about Birth?

You are invited to participate in a survey looking at labor nurse beliefs related to birth.

- **PURPOSE:** To evaluate the change in nursing beliefs about birth based on attendance at the HFH Labor Support Class.
- **ELIGIBILITY:** Attended the HFH Labor Support Class.
- **DATA:** All data will be un-identifiable and aggregate.
- **RISK:** There is minimal risk to you in participating in this study and you may opt-out at any time.
- **TIME:** It will take about 10-15 minutes to complete the survey.
- **DRAWING:** Once you have finished the survey, you will have the option to enter a drawing for one of eight \$25 gift cards.
- **CONTACT:** Cheryl Larry-Osman, MS, RN, CNM, CNS
Primary Investigator
Perinatal Clinical Nurse Specialist
Labor & Delivery, High Risk Antepartum
Henry Ford Hospital
(313) 916-3310 (Office)/(313) 805-9615 (Cell)/(313) 916-7851 (Ascom)
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APPENDIX 5

AGENDA **Henry Ford Hospital Labor Support Training** **8:00am-4:30pm**



1. Class overview
2. Staff Survey (voluntary)
 - The Intrapartum Nurse's Beliefs Related to Birth Practice
3. Labor Support and Management
 - Define labor management
 - Discuss approaches to supporting women in labor
 - Discuss alternative/complementary therapies for pregnancy & childbirth.
 - Maternal positioning, breathing techniques, use of peanut balls/birthing balls, aromatherapy, music therapy, massage, ambulation, showering or bathing, and delayed pushing in the second stage of labor
4. HFH Comfort Menu
 - Essential Oils
 - Adult Coloring Books
 - Playing Cards
 - Ear Plugs/Eye mask
 - Sound therapy (white noise)
 - Heat/Cold
 - Pillows
 - Spiritual Care
 - Relaxation/Music TV stations
 - Personal Care Items
 - Pet Therapy
5. Labor Coping Scale
6. Birth Affirmations
7. What is Your Why?

APPENDIX 5

Labor Support & Management



Content Outline

- Define labor management
- Discuss approaches to supporting women in labor
- Discuss alternative/complementary therapies for pregnancy & childbirth.

Define Labor Management

Why does labor support matter?

- Women
 - Promotion of wellbeing & improved outcomes in labor & birth for mom and baby.
 - Promotion of early attachment/breastfeeding.
 - Promotion of emotional wellbeing
 - Protection of childbirth memories
- Clinicians
 - Gives meaning to our work

Continuous Labor Support *What's the Evidence?*

- More vaginal births (spontaneous)
- Less analgesia
- Less likely to report dissatisfaction with birth experience
- Shorter labors (by an average of 1-20 minutes)
- Fewer cesarean/operative vaginal births
- Less regional anesthesia
- Fewer babies with low 5 min Apgar scores (less likely for NICU admission)

Cochrane analysis, 20 trials, 15, 368 women (Hodnett, 2011)

Nurse's Role During Labor Respect her wishes

- Assessment of the physiologic and psychologic processes of labor;
- Facilitation of normal physiologic processes, e.g., allow movement in labor;
- Provision of physical comfort measures, emotional support, information, and advocacy;
- Evaluation of maternal and fetal status, including uterine activity and fetal oxygenation;
- Instruction regarding the labor process and comfort and coping measures;
- Role modeling to facilitate the participation of the family and companions during labor and birth; and
- Direct collaboration with other members of the health care team to coordinate patient care.

AACN's Practice Statement 2016
California Labor Support for Early Release

Support in Labor & Cesarean

- "increasing women's access to nonmedical interventions during labor, such as continuous labor & delivery support, also has been shown to reduce cesarean birth rates"

Safe Prevention of the Primary Cesarean Delivery
ACOG & SMFM, 2014

Effects of Maternal Anxiety

Hormones

- Epinephrine-norepinephrine spikes when women are anxious or do not feel they have privacy, safety, or an undisturbed environment.
 - Labor may slow or stall
 - Fetal blood supply can be reduced
- Stress may reduce endogenous oxytocin and slow labor.

Buckley, 2016

Continuous Labor Support for Every Woman

- "The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) asserts that continuous labor support from a registered nurse (RN) is critical to achieve improved birth outcomes."
- In **partnership** with the woman, the RN conducts an assessment then implements and evaluates an individualized plan of care based on the woman's physical, psychological, and sociocultural needs.

AWHONN Practice Statement, 2015
Continuum of Labor Support for Every Woman

Respectful Maternity Care

- "Respectful maternity care (RMC) is a universal human right that is due to every childbearing woman in every health system. Women's experiences with maternity caregivers can empower and comfort them, or inflict lasting damage and emotional trauma"

White Ribbon Alliance



The Childbirth Experience (4-important factors)

- Personal expectations
- Amount of support she receives
- Quality of the caregiver-patient relationship
- Her involvement in decision making

LISTEN TO WOMEN

Support During Labor & Delivery

- Individual support has both psychological & medical benefits
- Reduced likelihood of:
 - Medication for pain relief
 - Operative vaginal delivery
 - Cesarean delivery
 - Reporting dissatisfaction with the birth experience

Support During Labor & Delivery

- Continuous support is also associated with:
 - Slight reduction in the length of labor
 - Improved maternal satisfaction:
 - Coping during labor
 - Level of personal control during childbirth

Stages of Labor

- Stage I:**
 - Onset of regular contraction to complete dilatation
 - Three Phases within Stage I
 - Latent Phase: 0-3 cm
 - Active Phase: 3-8 cm
 - Transition: 8-10 cm
 - Behavioral changes occur

Stages of Labor

- Stage II**
 - Complete dilatation to delivery of the newborn
- Stage III**
 - Delivery of the newborn to delivery of the placenta
- Stage IV**
 - Delivery of the placenta to 2 hours postpartum
- Stage V**
 - Postpartum

Phases of the 2nd Stage of Labor

- Latent or passive fetal descent phase**
 - Characterized by a period of rest & relative calm
 - The fetus can passively descend in the pelvis without maternal expulsive/pushing efforts

Phases of the 2nd Stage of Labor

- Active Pushing Phase**
 - Characterized by increasing intensity of uterine contractions & strong urges to bear down with activation of Ferguson's Reflex.
 - Bearing down efforts are most effective for promoting birth.

Physiologic Processes of the 2nd Stage of Labor

- The normal bodily function as the fetus traverses the pelvic outlet & is expelled from the uterus through the force of:
 - Strong uterine **contractions**.
 - Voluntary & involuntary **bearing down**
 - Stretching** of the soft tissues of the female reproductive tract.

Physiologic Processes of the 2nd Stage of Labor

- The process involves numerous dynamic changes that may affect:
 - Reproductive System
 - Cardiac System
 - Respiratory System
 - Gastrointestinal System
 - Renal System

Physiologic Processes of the 2nd Stage of Labor

- Changes in maternal physiology during the 2nd stage of labor may also be influenced by:
 - Maternal pushing
 - Energy level
 - Pain
 - Hydration

Upright Position

- **Sitting** with the head of bed at a 45-degree angle or greater
- **Squatting**
- **Kneeling**
- **Standing**
- A woman may use birthing aids to maintain position:
 - Birthing balls
 - Birthing bars

Pushing Techniques

- **Closed Glottis (involuntary)**
 - Spontaneous pushing against a closed glottis (**Valsalva**) in response to the descent of the fetal presenting part on the perineum.



Pushing Techniques

- **Closed Glottis (voluntary)**
 - Valsalva Technique
 - **Voluntary or directed strenuous bearing-down effort against a closed glottis for at least 10 seconds.**
 - The woman is instructed to take a deep breath & hold it for as long as she can (during each count of 10) using the entire contraction.
 - Usually involves **2-3 pushes of 10 seconds** each with each contraction.

Pushing Techniques

- **Directed Pushing**
 - Instructions from **caregivers** concerning how to push & often includes directions to "**hold your breath**" to a count of **10 or more seconds**.
 - Instructions may also be given concerning position during pushing
 - **Supine** or **semi-fowler's** position is often instructed rather than encouraging the woman to chose her own position of comfort.

Pushing Techniques

- **Nondirected Pushing**
 - Encouraging the **woman to choose** whatever method she feels is effective to push her baby out, including
 - Deciding whether to hold her breath during pushing efforts
 - **Open or closed glottis (Mom's choice)**
 - Determining the duration of each pushing effort

Pushing Techniques

- **Open Glottis**
 - Spontaneous, involuntary bearing down accompanying the forces of the uterine contraction
 - Usually characterized by **expiratory grunting or vocalizations.**
 - Each contraction usually involves:
 - **3-4 pushes**
 - **6-8 seconds**



Preparation for Childbirth

Preparation for Childbirth Assessment

- Assess knowledge deficit related to understanding, sensations & expectations of the 2nd stage of labor
- Assess available support system

Preparation for Childbirth Interventions

- Present **realistic** guidelines prenatally and at the onset of labor.
 - **2nd stage may exceed expectation's**
 - **2nd stage contains 2 phases**
 - Latent
 - Active
 - **Sensations of the 2nd phase**
 - Burning
 - Stretching
 - Involuntary pushing
 - Increased effort
 - Diminished or absent urge to push

Preparation for Childbirth Interventions

- Present **realistic** guidelines prenatally and at the onset of labor.
 - **Pushing techniques may vary**
 - Directed or nondirected
 - Open glottis vs closed glottis
 - **Supine position should be avoided**
 - **A variety of upright positions may be used**
 - Kneeling
 - Squatting
 - Sitting
 - Standing

Preparation for Childbirth Interventions

- Encourage pregnant to have support people present for their labor & birth
 - Educate about the benefits of support
 - Alternative support:
 - Doula
 - Labor Coach
- Encourage labor support while respecting individual desires & cultural influences

Doula

- A Greek word meaning "woman caregiver of another woman"
- Used to describe a labor companion who is prepared to provide a woman & her partner with **emotional & physical comfort** throughout labor & birth



Supportive Care Tenets

Physical, Emotional, Instructional, & Advocacy

Supportive Care Assessment

- **Assessment** of physical, emotional, psychosocial, instructional, & supportive care **continues** through the prenatal period & during admission for labor & birth.
- **Evaluate** father's, partner's or labor coach's **knowledge** of support needed during labor
- **Augment support** as needed to meet the needs of the mom.

Physical Support

- Environmental control
- Positioning
- Touch
- Heat & Cold
- Hygiene
- Nourishment
- Urinary elimination
- Hydrotherapy
- Partner Care-support

Provide Physical Comfort

- Ambulation and/or position changes
- Cool/warm compresses
- Validate/explain physical sensations of 2nd stage
- Explain need for vag exam & the pain/pressure sensations anticipated
- Nutrition
- Oral & pericare



Emotional Support

- Provide reassurance, empathy, & encouragement to the woman by:
 - Acknowledge stress & work of labor
 - Praise & encouragement to express fears/concerns
 - Acknowledge painful sensations
 - Engage conversation/questions
- Accept woman's behavior, vocalizations, or spontaneous grunts as helpful/productive
- Assist FOB/support partner by encouraging supportive behaviors

Supportive Care Intervention

- Instructional support techniques to reduce stress
 - Explain events/procedures
 - Use coaching
 - Empower mom/SO to ask questions

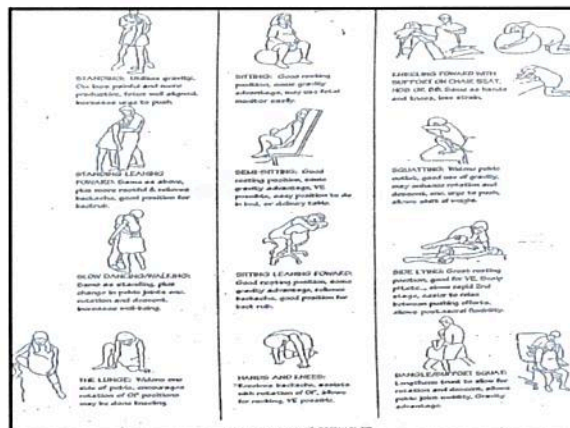
Supportive Care Intervention

- Advocacy
 - Collaborate with caregivers on behalf of the woman to support care decisions/preferences
 - Limit people present at birth to those requested/designated by the mom, except as clinically necessary

Supportive Care Intervention

- Expected Outcomes
 - Expression of satisfaction with the labor experience
 - Support person provides appropriate assistance during labor

Positioning





Positioning Assessment

- Assess woman's knowledge r/t positioning
- Assess woman's ability to maintain effective alternative upright positions during the 2nd stage: **Epidural or Fatigue**
- Assess fetal presentation, position, station & descent
 - **Maternal position can have an effect on the relationship between the fetus & the maternal pelvis**



Positioning Intervention

- Provide information to mom & support person r/t positioning throughout labor
- Avoid supine positioning during 2nd stage and assist mom into upright or right/left lateral position
- Encourage **multiple** position changes
 - **May help facilitate fetal descent**
- Use upright positioning aids
 - Birthing balls/stools
 - Reposition bed

Positioning Expected Outcomes

- Maintaining an **upright position** during labor by have the following effects:
 - **Increase the pelvic diameter**
 - **Decrease the duration of the 1st & 2nd stage**
 - **Minimize the intensity of pain**
 - **Decrease the incidence of perineal trauma**
 - Episiotomies & lacerations
 - **Increase satisfaction with the birth experience**

Upright Position

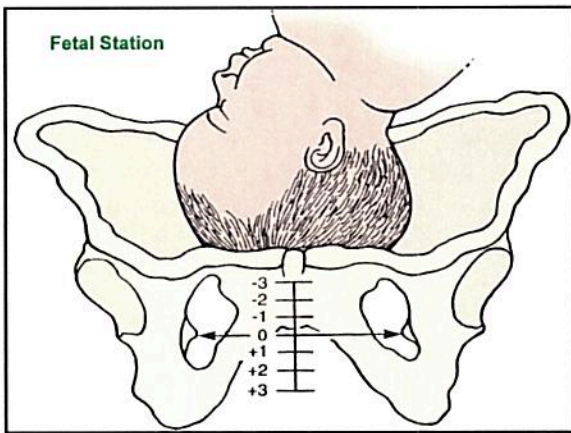



<ul style="list-style-type: none"> • Upright: births: <ul style="list-style-type: none"> • Shorter 1st & 2nd stages in women who labor 30 degrees upright compared to flat recumbent. 	<ul style="list-style-type: none"> • Squatting births <ul style="list-style-type: none"> • Shorter 2nd stage <ul style="list-style-type: none"> • Primiparas: 23mins • Multiparas: 13mins • Less oxytocin • Fewer operative deliveries • Less episiotomies & lacerations
--	---



Pushing Techniques Assessment

- Assess knowledge of pushing techniques & expectations around the 2nd stage
- Assess fetal presentation, position, station prior to pushing
 - Fetal malpresentation is associated with higher risk of prolonged 2nd stage of labor
- Assess initiation of **Ferguson's Reflex** & the woman's readiness to begin pushing



Ferguson's Reflex

- A physiologic response activated when the presenting part of the fetus is at least **+1 station**.
- Abdominal muscle contraction stage of labor initiated by stretching of pelvic soft tissues.
- Usually accompanied by **spontaneous bearing down efforts**.

Pelvic floor muscles

An anatomical illustration of the pelvic floor muscles, showing the internal and external oblique muscles and the levator ani muscle group.

Pushing Techniques Interventions

- Discuss/reinforce expectations & information**
 - Sensations
 - Review pushing techniques
 - Anticipated events
- Involve mom in decision to start pushing**
 - Enhances maternal satisfaction

Sensations of the 2nd phase

- Burning**
- Stretching**
- Involuntary pushing**
- Increased effort**
- Diminished or absent urge to push**

Pushing Techniques Interventions

- Support & facilitate **delayed pushing** until **active phase** of the 2nd stage of labor
 - Delay until urge to push
 - Decreases risk of difficult operative vaginal birth
 - Delayed pushing with an epidural is associated with a decreased risk of rotational or mid-pelvic instrumental delivery
 - Maternal fatigue is less significant

Pushing Techniques Interventions

- Encourage women to push spontaneously as they feel the urge
 - Women may be **less likely** to have **episiotomies** or **2nd - 3rd degree laceration** than those who are directed to push at 10 cm dilatation
 - Valsalva pushing **increased risk** of genital tract **trauma** in women with 1st vaginal birth
 - Routine directed pushing during 2nd stage may be **harmful** to the **pelvic floor**

Pushing Techniques Interventions

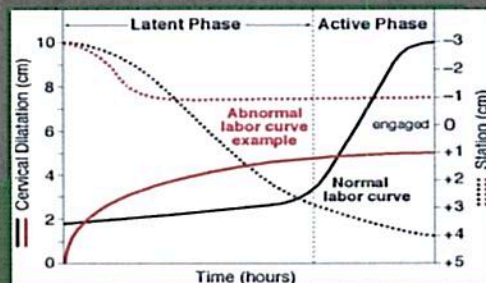
- Encourage women to push for 6-8 seconds with a slight exhale for approximately 3-4 pushes per contraction or as tolerated by the woman & fetus.
 - Discourage breath holding for 10 seconds**
 - "Do what comes naturally"**
 - Instinctively women typically make **short, sharp** pushes using a combination of **open-glottis & closed-glottis** pushing

Pushing Techniques Expected Outcomes

- Support of women in a physiological approach to childbirth and the 2nd stage of labor in which pushing may be delayed until the urge to push is felt.
- During 2nd stage of labor, women will be:
 - Encouraged to use **exhalatory open-glottis** pushing versus forced pushing or valsava maneuver
 - Discouraged from using prolonged closed-glottis pushing

Friedman's Curve

A graphic representation of the hours of labor plotted against **cervical dilatation in centimeters**.



Fundal Pressure

- Mechanical force applied externally to the abdomen parallel to the axis of the maternal spine at the level of the fundus to expedite birth.
- Use of fundal pressure to expedite birth for routine, uncomplicated, vaginal births should be avoided
 - Greater incidence of 3rd-4th degree lacerations
 - Increased risk of sphincter tears at birth

Perineal Massage

- Application of gentle, controlled, methodical pressure with gloved fingers to the interior or exterior perineal tissue, with or without oils or lubricants.

Alternative & Complementary Therapies for Pregnancy & Childbirth

Homeopathy

- A pharmacological system of medicine using set principles & laws for administering specifically prepared medicinal substances to correct individuals' disease.

Use:

- To promote a normal labor with minimal pain & discomfort



Osteopathy

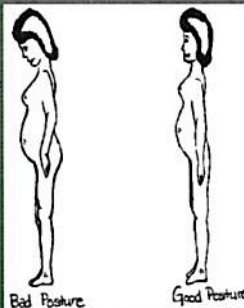
- Concerned with restoring & maintaining balance in the neuro-musculoskeletal systems of the body.



Chiropractic Approach

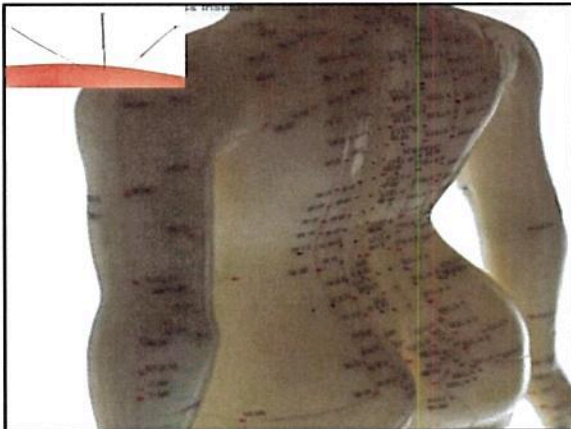
Concerned with the relationship of the nervous system to the mechanical framework of the body

- Skeletal system
- Joints
- Muscles & Ligaments
- Special emphasis on joints of the spine




Acupuncture

- Technique of inserting & manipulating fine filiform needles into specific points on the body to relieve pain/therapeutic purposes
- Needles depends on:
 - Degree & location of pain
 - Stages of labor
 - Level of maternal fatigue
 - Tension/anxiety
- After insertion, needles are manipulate by rotation according to the condition being treated

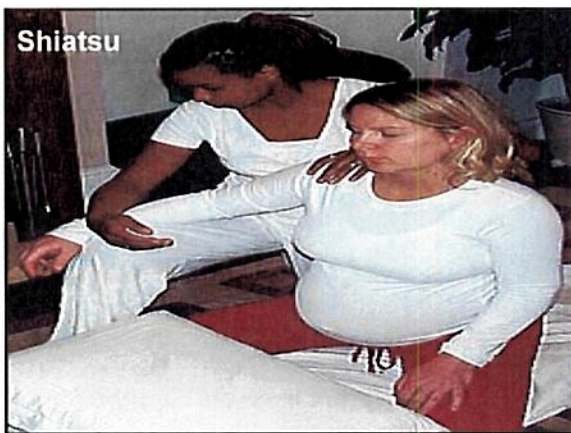


Shiatsu (Acupressure)

- A Japanese word meaning 'finger pressure'
- Simple **pressure** and **holding techniques** in combination with gentle stretching
- Manual healing with fingers or beads at acupuncture points



www.shiatsu-japan.com



Music Therapy

- Use of auditory stimulations, such as:
 - Music
 - White noise
 - Environmental sounds to decrease pain perception
- Music is related to reduced pain intensity levels & opioid requirements
- Headphones provide a more compelling distraction & the mom can be in constant control of the volume.

Herbal Medicine

- Healing with the use of **herbs** is the earliest form of medicine practiced
- Herbal medicine is health rather than disease oriented.

Aim:
Enhancing **strengths** rather than concentrating on the disruptive effects of illness



Pregnancy Herbal Reference Guide

Morning Sickness	*Do Not Take During*	Basic Program
Red Raspberry Leaf Ginger Tea Magnesium B-6 Basil Peppermint	Golden Seal Juniper Wormwood Barberry Oregon Grape Cascara Sagrada-cautiously Senna-cautiously	Red Raspberry Leaf Pre-Natal Vitamins Red Beets, Yellow Dock Dandelion, Kelp, Alfalfa Vitamin E, W/Selenium Calc Tea- Herbal Calcium Folic Acid
Gas Papaya Mint AG-X	Bleeding Gums Vitamin C Vitamin C Ascorbates	Hemorrhoids White Oak Bark Psyllium Hulls
Varicose Veins Butcher's Broom Uva Ursi	Stretch Marks Aloe Vera Gel Vitamin A Vitamin E	Leg Cramps Herbal Calcium Potassium
Headaches Ginger Tea Peppermint	Constipation Fennel Figs Prunes	Insomnia Chamomile Magnolia B Vitamins

Herbal Medicine

Red Raspberry Tea

High in Iron and calcium and helps with nausea, and tones the uterine muscles to allow it to contract more effectively. It can be consumed throughout the pregnancy.

Peppermint Leaf

Helpful in relieving nausea/morning sickness and flatulence

Ginger root

Helps relieve nausea and vomiting

Slippery Elm Bark

(when the inner bark is used orally in amounts used in foods) Used to help relieve nausea, heartburn, and vaginal irritations

Oats & Oat Straw

Rich in calcium and magnesium; helps relieve anxiety, restlessness, and irritated skin

Herbal Medicine



Primrose Oil

High in prostaglandins and contains gamma-linolenic acid, a type of omega-6 fatty acid. Prostaglandins **soften the cervix** so that it is ripe to begin dilation and effacement as labor progresses, but will not cause pt go into preterm labor

Dosage form:

Two 500mg capsules inserted into vagina which dissolve & release the oil.
Started as soon as 36 weeks' gestation.
Oil may also be used for perineal massage to ideally reduce the likelihood of an episiotomy.

Aromatherapy

- Aromatherapy is the art & science of using highly concentrated **essential oils** or **essences** distilled from **plants** in order to utilize their therapeutic properties.
- Toxicity of essential oils must be assessed prior to use



Massage

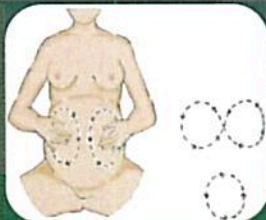
- The practice of soft tissue manipulation with physical, functional, & in some cases psychological purposes & goals.
- Can be used with the administration of essential oils



Effleurage

(light abdominal stroking)

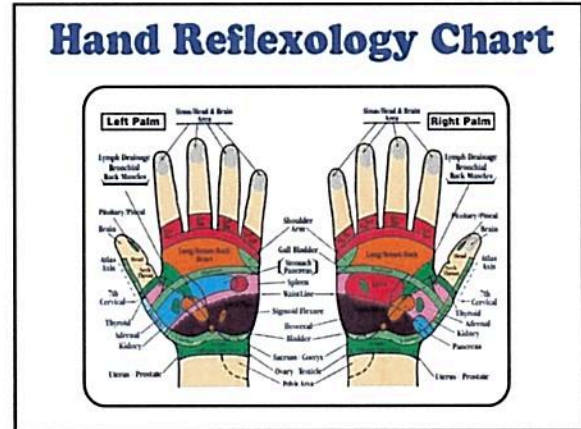
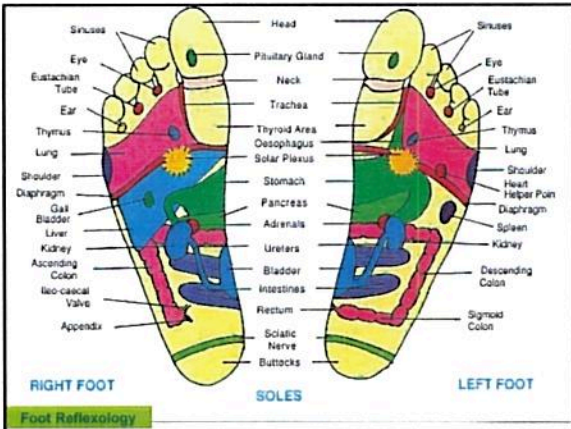
- A form of massage involving a **circular stroking** movement made with the palm of the hand



Reflexology

- A sophisticated form of **hand/foot massage** or **manipulation** in which the feet represent a map of the whole body





Hypnosis

- A mental state or set of attitudes usually induced by a procedure known as a hypnotic induction, which is commonly composed of a series of preliminary instructions and suggestions.

Hypnosis

- Antenatal and Labor Stress
 - Guided imagery
 - Self-hypnosis
 - Induced hypnosis
- Gentle, safe and effective therapy
- Training required

Hypnobirthing


- Becoming more popular as a non-pharmacologic method to reduce pain and discomfort by calming the body and mind to a state of **self-hypnosis** during birth.
- Techniques describe:
 - How the uterus functions naturally during normal childbirth
 - The ill-effects of the fear-tension-pain cycle on the birthing process.
- Strategies:
 - Relaxation, meditation, and visualization

Hydrotherapy

- The use of water for soothing pains and treating diseases

Hydrotherapy: Shower

- Warm spray of water from the shower aimed at the **lower uterine segment** to relieve the stretching sensations of the ligaments and areas associated with posterior presentations.




Hydrotherapy: Labor Tub

- Laboring in a **labor tub** can increase a laboring woman's pain tolerance
- The hydrostatic pressure of the water relieves some of the discomforts of the contractions.
- Benefits of water immersion:**
 - Faster cervical dilation resulting in shorter labors
 - Increased relaxation
 - Decreased pain




Transcutaneous electrical nerve stimulation (TENS)

- TENS is a small, hand held device that can be used to emit **mild bursts of electricity through the skin.**
- This helps stimulate the nerve fibers and can work to help **block pain signals** in labor.
- TENS is applied by placing **four electrodes on your back.**
 - Two go above your bottom and two just before your ribs on either side of your spine.
 - These are attached to a small unit about the size of a large pack of gum by wires.
 - The controls will be on the actual unit.



Birthing Ball

- The birth ball for labor is just another method of easing the discomfort of labor.
- It helps keep the **pelvis** moving while offering support to relieve spasms and the intensity of labor.



PEANUT BALLS FOR LABOR SUPPORT



PEANUT BALLS

- Reduces the length of labor in patients with epidurals.
- Can also be used for patients that become tired during natural labor
- Used with patients that may not want to ambulate or move around within the room.
- When having the patient to sit on the ball: non slip socks
- Place either fitted sheets or blankets

Peanut Ball Care & Safety

- Clean with the PEDI wipes (purple top)
- Do not use Bleach
- Incorrect sizes can cause guarding or can be ineffective
- Burst resistance and latex free
- Every three months the balls should be checked for height and re-inflation

Heat & Cold


<p>LOCATION</p> <ul style="list-style-type: none"> Back Lower abdomen Groin &/or perineum <p>SOURCES</p> <ul style="list-style-type: none"> Heated rice-filled sock Warm compress Warm blanket Electric heating pad Warm water bottle 	<p>LOCATION</p> <ul style="list-style-type: none"> Back Chest Face <p>FORMS</p> <ul style="list-style-type: none"> Instant cold packs Bag filled with ice Glove filled with ice Frozen gel pack Hollow plastic rolling pin w/ice Soda can chilled in ice Frozen bag of vegetables
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Sterile Water Injection (water blocks)


- Cutaneous sterile water injections are primarily used to **decrease back pain during labor**
 - Also called "intradermal water blocks"
- Causes of back pain:
 - Fetal occiput posterior position
 - Persistent asynclitism or other malpresentation
 - Woman's lumbopelvic characteristics
 - Referred pain from the uterus

Sterile Water Injection (water blocks)

- Consists of **4** subcutaneous or intracutaneous **injections** of 0.05-0.1 mL sterile water to form 4-small blebs or papules.
- **Location:**
 - Over the two posterior superior iliac spines & 3cm below & 1cm medial to these two sites.
- **Pain relief**
 - Usually painful for 1-2 minutes
 - Relief: **45 mins – 120 mins**



Pain During Labor



Sources of pain during labor

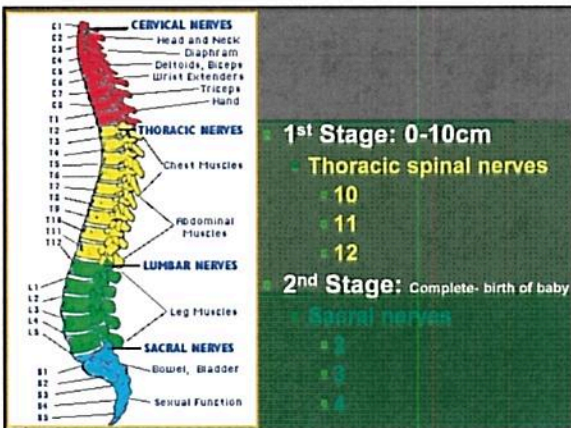
- Dilatation and stretching of the cervix
 - **Pain mainly felt in the back**
- Hypoxia of the uterine muscle cells during a contraction
- Lower uterine segment stretching
- Pressure by the presenting part on adjacent structures
 - **Urethra, bladder, rectum**
- Distention of the vagina and perineum
- Emotional tension

Pain during each Stage of Labor

- **First Stage (0 - 10 cm):**
 - Uterine contractions
 - Thinning of the lower segment of the uterus
 - Dilatation of the cervix
 - Neurologic origin:
 - Thoracic spinal nerves 10, 11, & 12

Pain during the stages of labor

- **2nd Stage: Complete dilatation - birth of the baby:**
 - Pain results from two sources.
 1. Stretching of the vagina, vulva, & perineum
 2. Contracting myometrium.
 - Neurologic origin:
 - Sacral nerves 2, 3, & 4



Pain during the stages of labor

- **3rd Stage: Birth of baby - delivery of placenta**
 - Passage of the placenta through the cervix
 - Uterine contractions

Ultimate Goals for labor support

- Women labor & give birth in a manner in which they are:
 - Confident in their own ability to give birth
 - Empowered
 - Resilient
 - Able to find comfort as labor progresses
 - Supported by family, friend, & healthcare professionals



Thank You


Birth Affirmations
The power of words

You can do this!
Just keep breathing.
You've got this!

Each wave brings you closer to your baby.
The more you relax the more your body softens and expands.
Believe in your body and its ability to give birth to your baby.
You are doing a fantastic job!
This day will bring you great joy.

For 9-months your body has nourished the baby & kept him/her safe & secure.
The changes of pregnancy show me that you are capable.
You are perfectly designed to birth your baby.
You are a woman!
You are powerful!
You are capable of birth!

What is your WHY?



How might we..... enhance the childbirth experience of our moms & families?

Circle, Square, Triangle

What's still circling around for you? What are you still processing from today?

What is "squared away" with you? What are you clear about?


What are 3-key Takeaways from today for you?

Thank You
for all you do to
enhance the birth
experience of moms,
babies, & families.

APPENDIX 6


Comfort Management Utilizing our New Comfort Menu


Education 2019

- ## Comfort Management Team
- 
- History of our group
 - Multidisciplinary group that had done an extensive lit search and research on alternative options and the current issues with opiate abuse.
 - A small taste of our work was discussed at annual education a few years ago that covered pain assessment, treatment options and opiate abuse.
 - We hit some road blocks but are enthusiastic about getting our comfort menu out that has a variety of interventions to promote comfort.

National Goals to Decrease Opiate Use

Hospitals are being charged with reducing their opiate use by **40%** with the current opiate epidemic.



- ## Comfort Management Goals
- 
- Provide comprehensive education on interventions that can promote comfort (physically, spiritually and/or emotionally).
 - Highlight the importance of scripting so that patients understand our intentions when providing interventions.
 - Decrease staffs own bias that can interfere with patients ability to make informed choices.

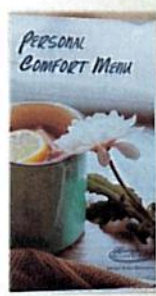
So what are alternative or complementary options to provide comfort to our patients besides Medications?



"You need strong medicine to relieve your stress. I'm prescribing a puppy."


Comfort Menu

This is the personal comfort menu that the patients will receive that highlights several non-pharmacologic options.




Comfort Menu

- NEW items available:
 - Essential Oils
 - Adult Coloring Books
 - Playing Cards
 - Ear Plugs/Eye mask
 - Sound therapy (white noise)
- These comfort items continue to be available:
 - Heat/Cold
 - Pillows
 - Spiritual Care
 - Relaxation/Music TV stations
 - Personal Care Items
 - Pet Therapy



Comfort Menu

- Share the comfort menu with all patients **but do not give everything to everyone**
- Offer those particular items that would benefit the patient the most.



Current product used to promote comfort.....

- Heat/Cold
- Pillows
- Toiletries
- Lotion
- Specific Labor techniques & tools (ex Squat bar, Labor/peanut ball, Warm shower)

The comfort menu has much more than what we will go over in the next few slides but we wanted to highlight some in particular...

Heat

- Decreases sensitivity to pain, releases muscle tension, and provides a competing sensory experience.
- Useful for muscle tension or spasm, neck and back pain, arthritis, postoperative pain.
- Contraindications:
 - Bleeding
 - Topical menthol or medicated ointments
 - Burned or radiated skin





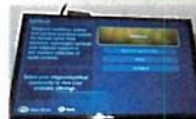
Cold

- Decreases sensitivity to pain, reduces muscle spasms, and provides a competing sensory experience.
- Useful for muscle spasms, back pain, arthritis, headache, trauma, and surgical incision pain.
- Contraindications:
 - Poor circulation
 - Peripheral vascular disease
 - Raynaud's phenomenon
 - Radiated skin



Spiritual Care

- Post Flyers on the unit of who is currently available as well as phone numbers
- Utilize the spiritual Channel
- We were asked by the spiritual care department to fill out a RL for the times when you needed Spiritual care as they would like to track it.
- Please contact Angela Wick, Supervisor Spiritual Support Service, for further questions or concerns at 916-6949 ext. 16949

Pet Therapy

- Available the 1st and 3rd Wednesday of the month thru the volunteer department.
- If you have a patient who has a special request for pet therapy contact Ryan Schultz, Coordinator for volunteer services at [916-7495](tel:916-7495).



Movement reduces pain



- There are several theories why movement decreases pain**
 - Movement increases circulation and oxygen flow in the body that reduces pain.
 - Exercise helps to alleviate pain related to nerve damage (neuropathic pain) by reducing levels of certain inflammation-promoting factors.
 - Exercise can help to reduce muscle tension and boost endorphins, the body's natural pain relievers. Exercise can interrupt pain pathways to the brain.

What's New in Comfort Care?



Essential Oils

Essential Oils – What are they?



- Pure essential oils are highly concentrated compounds that have been obtained from a particular plant.
- Called "essential" because they carry the distinctive fragrance or essence of the plant (or plant part they are made from).
- At HFH we will use essential oils for aromatherapy.

Essential Oils – Benefits

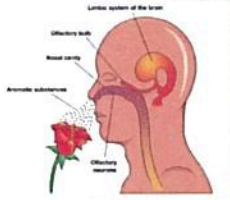


- Promote relaxation and minimize stress
- Promote comfort/pain relief
- Relieve Nausea
- Promote balance and harmony

All essential oils are adaptogens – a natural substance that promotes a hormone balancing reaction in the body, improving ability to overcome stress and fatigue that contribute to disease.

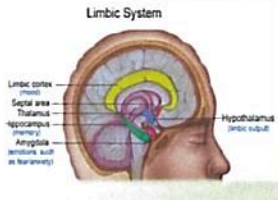
Essential Oils - Aromatherapy

- The olfactory system is one of the most essential senses.
- When someone smells something there is a chemical reaction with receptors in the brain.



Essential Oils - Aromatherapy

- Aromatherapy has a powerful affect on the psyche and spirit by working with the *limbic system* but also aids in physical healing.
- The limbic system controls the basic emotions (fear, pleasure and anger).
- The limbic system is directly connected to the areas of the brain that can affect:
 - Blood pressure
 - Heart rate
 - Respirations
 - Memory
 - Stress levels
 - Hormone balance



Essential Oils – Use with Caution

Essential oils are not for everyone.
It is best practice to talk to your patient prior to using oils with them.

When using essential oils remember that they:

- Should not be ingested
- Kept away from eyes
- Can irritate the skin if directly applied as well as other irritations
- Use with caution if patient has Asthma
- Best used in a patient with a private room

Use gloves if you are preparing oils for someone and do not like the scent, this can help so that the scent is not on your hands.





Essential oils

We have selected four particular oils that are beneficial to making our patients more comfortable. The essential oils selected are:

- Lavender
- Peppermint
- Orange
- Lemongrass (**Do not use in Pregnant/Postpartum Patients**)

Use the oils supplied by Henry Ford Hospital
Remember that the specific oil information is used as a guide, keep in mind the scent choice is always the patients decision.



Essential Oils - Lavender

Benefits:


- Calms the nervous system
- Decreases anxiety
- Relieves headache muscle and joint pain.
- Helps induce sleep



Essential Oils - Orange

Benefits:

- Uplifting properties to soothe the mind and relieve stress



Essential Oil – Lemongrass

Benefits:

- Pain relief
- Uplifting properties to soothe the mind and relieve stress




Essential Oil - Peppermint

Benefits:

- Relieves nausea & headaches
- Pain relief
- Stimulates mental activity; clears the mind and helps increase focus
- Increases blood circulation

Use with Caution with patient with epilepsy




Essential Oils & Scents Considered Safe for Pregnancy (after 20 weeks) & Postpartum

- **Lavender**- Reduces anxiety, sedative effect (Shahidi et al. 2017 & 2018; Kaur et al. 2015)
- In postpartum- improved sleep, decreased fatigue, increased bonding, decrease anxiety stress and depression (Fisher. 2013; Kaur et al. 2015; Kaur et al. 2016)
- **Citrus Oils: Lemon, Bergamol, Grapefruit, Orange**
 - anti infective, antianxiety, antidepressant (Kaur et al. 2015 & 2016)
- **Chamomile**- reduces pain perception (Kaur et al. 2016)
- **Clary Sage**- reduces pain perception (Kaur et al. 2016)
- **Ylang Ylang**- decreases blood pressure, calming affect (Singh et al. 2016 & 2017)
- **Geranium**- Reduce anxiety during childbirth (Kaur et al. 2016)
- **Ginger**- Nausea & Vomiting (Singh et al. 2017; Lee & Lee 2018; Kaur et al. 2018)
- **Peppermint**- improves concentration and alertness, reduces headache
- **Peligrain**- reduces stress (Singh. 2016)





Essential Oils – Guide to use

1. Moisten gauze (1-2 gauze) with selected oil. The amount of oil used will depend upon how strong the patient wants the aromatherapy to be and where the gauze is placed.
2. Place the selected oil on a 2.2 gauze (Do not over saturate the gauze but enough drops to moisten the 2x2 gauze – approximately 12 to 15 drops)
3. Place in a small organza bag




Essential Oils – Guide to Use

4. Place in patient room in a place preferred by patient
 - hang on IV pole
 - tape on bed rail
 - patient can hold it
5. Scent may need to be refreshed based on patient preferences.

Essential Oils - Storage

- Keep them somewhere dark and cool
 - Heat and light destroy them over time.
 - Each unit to select best storage options for their unit.
- Write the date on the bottle that you opened it.
 - It is good for 18 months after opening.




Essential Oil – Storage

- Keep each oil in separate bag
- Close vial tightly and seal each bag
- Keep upright



Essential Oils - Ordering

- A tip sheet will be provided to staff that are responsible for ordering.




Ear Plugs/Eye Mask

- Getting sleep is important! It can help patients feel better and help with pain.
- Scripting
 - Ear Plugs** "While we try to keep the environment quiet as possible we know it can not be quiet as your home."
 - Eye Mask** "We have lights on especially during the night for your..."




Diversional Interventions

HFH - Coloring Books



Origin of Adult Coloring

- Benefits of adult coloring books go way back to the 1960s with psychologist, Carl Jung.
- Jung used it thinking it would help his patient's access their subconscious and new self-knowledge.
- Today many psychologists suggest this to patients as an alternative to *meditation*, as a means of *relaxation*, and as a calming tool.



Benefits of Adult Coloring Books

- Adult coloring is an alternative to meditation, as a means of relaxation, and as a calming tool.
- Enhances focus and concentration.
- Coloring utilizes both hemispheres of the brain, right and left



Playing Cards



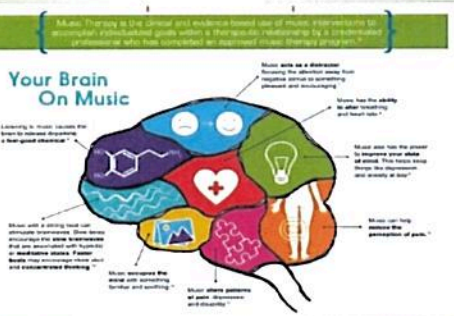
They can play on the TV or with actual cards. They can play alone or with family and friends that visit.



Music/Sound Therapy

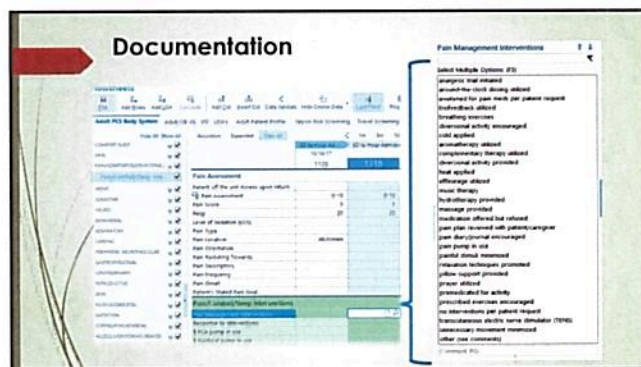
Music Therapy

- Music therapy was practiced by Florence Nightingale's days in the Crimean War
- Florence used music to provide therapy to soldiers that she was caring for.
- She noted the positive outcomes soldiers experienced after music therapy.



Music Channels on our TV station





Outcome Measurement

- Press Ganey Questions related to Comfort Measures
 - How often did staff talk to you about pain
 - Did staff talk about pain treatments.
- Other measures –
 - Narcotic usage?
 - Narcan usage?

How can I assist?

- **NA**
 - Collaborate with RN before offering essential oils, hot/cold packs
 - All other comfort tools can be given per patient request
- **Unit Secretary**
 - Comfort menu brochure
 - Playing cards
 - Apron
 - Coloring books
 - Ear plugs/eye shields
 - Help with TV


References

- <https://naha.org/explore-aromatherapy/safety#general>
- International Anesthesia Research Society (IARS). "How Does Exercise Affect Nerve Pain?." ScienceDaily. ScienceDaily, 1 June 2012. <www.sciencedaily.com/releases/2012/06/12061120513.htm>.
- <https://www.sharecare.com/health/living-with-chronic-pain>
- <http://www.medicaily.com/therapeutic-science-adult-coloring-books-how-childhood-pastime-helps-adults-relieve-356280>
- <http://blogs.psychcentral.com/emotionally-sensitive/2012/04/self-soothing-calming-the-amygdala/>
- <https://www.psychologytoday.com/blog/arts-and-health/201003/cool-art-therapy-intervention-6-mandala-drawing>

Thank You!

Pre-Test Time

- RN Pre-Test Web Link
<https://www.surveymonkey.com/r/M7ELZTB>
- Assistive Personnel Pre-Test Web Link
<https://www.surveymonkey.com/r/M9R1R9W>



THE END
ANY QUESTIONS???

RN Immediate Post Test
<https://www.surveymonkey.com/r/MX57RBS>

Assistive Personnel Immediate Post Test
<https://www.surveymonkey.com/r/MF8BKS5>



Posttest

Pain Beyond 10: A New Concept for Assessing and Coping with Labor Pain “on the edge”

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Nurse Administrative Manager– Henry Ford Hospital
2013

Modified, HFH Labor Support Training, 9/2016



Pain: Definition

- “An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”

(International Association for the Study of Pain, 1979)



Pain: Definition

- “Whatever the experiencing person says it is, existing whenever she says it does.” (McCaffery, 1999)
- “The single most reliable indicator of the existence and intensity of pain—and any resultant distress—is the patient’s self report.” (AHCP, 1992)



Labor Pain

- “Pain in childbirth is not easily defined nor simple to assess.” (Lowe, 2002)
- Highly individualized and has both **SENSORY** and **AFFECTIVE** components. (Lowe, 2002)
- Affected by personal and cultural beliefs/expectations



“I can't play too long. I think my mom is having labor day pains.”



Labor Pain

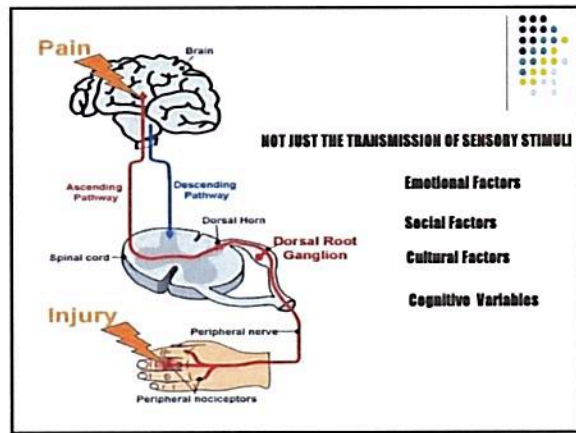
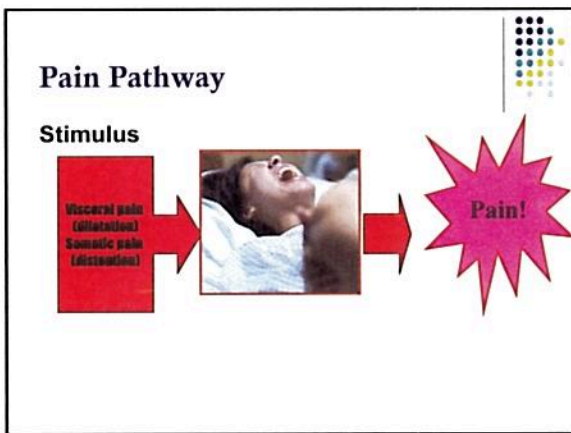
- “Unlike other acute and chronic pain experiences, labor pain is not associated with pathology but with the most basic and fundamental of life’s experiences—the bringing forth of new life.” (Lowe, 2002)
- Pharmacologic vs. Non-pharmacologic





Does Pain Have a Purpose?

- Acts as a warning system
- Teaches us to avoid dangerous situations
- Helps us prevent further injury
- In labor - pain gives mom warning to get to place of safety to birth baby
- Labor pain is r/t trust, affirmation, security/support; empowering for some



Sensory Pain - Reaction

- **Physiological**
 - Increased HR and RR
 - Diaphoresis
 - Elevated BP
 - Increased muscle tension

Sensory Pain: Reaction

- **Behavioral:**
 - Moans/cries
 - Clenches teeth
 - Holding painful area
 - Restlessness

Research on Sensory Pain: Physiologic



- Mean intensity of labor pain has been shown to increase with greater cervical dilatation
- Link between dysmenorrhea and increased pain during labor
- Nulliparas experience > sensory pain than multips in early labor
- Second stage-multips have increased pain intensity

Research on Sensory Pain: Physiologic



- Decreased pain in vertical position
- Pain intensity with large fetus?
- Back pain with posterior position?

Affective Pain: Psychosocial Reaction/Influences



- Cultural effects
- Effects of fear/anxiety
- Effects of confidence
- Environment
- **COPING**

Labor Pain: Psychosocial Reaction



- Perceptions of pain decreased with psychosocial interventions
- Importance of coping



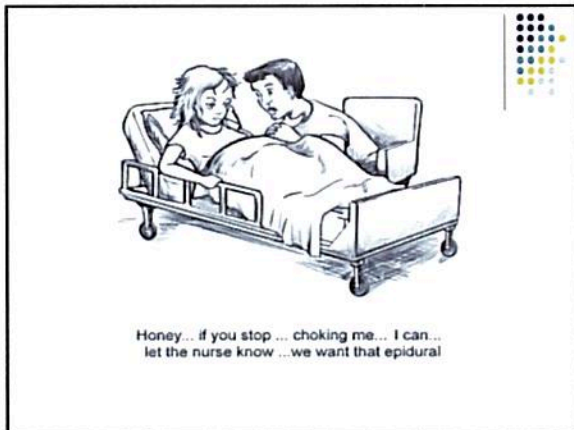
Why is it Important to Assess/Control ~~Pain~~/Coping?



Why Consider Coping Assessment?



- Allows for active participation in care
- Increased nurse and patient satisfaction
- Coping well in labor:
 - Lower levels of pain
 - Positive birth outcomes
 - Increased satisfaction with birth experience
 - Increased self-confidence



No, Seriously

- Unrelieved pain:
 - Causes unnecessary suffering
 - Stimulates sympathetic response
 - Decreases immune function
 - Diminishes hope
 - Affects satisfaction with birth experience
 - THE JOINT COMMISSION approved!



Pain/Coping Assessment: When?

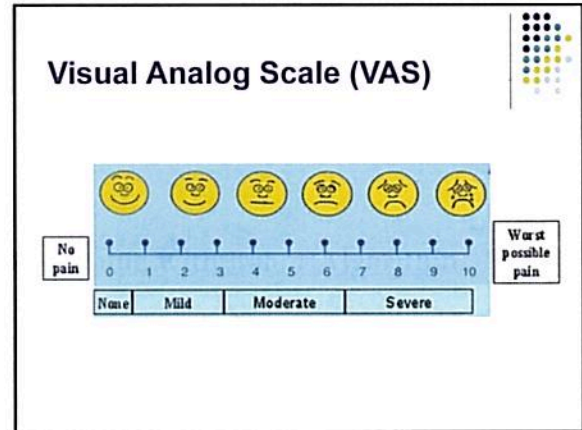
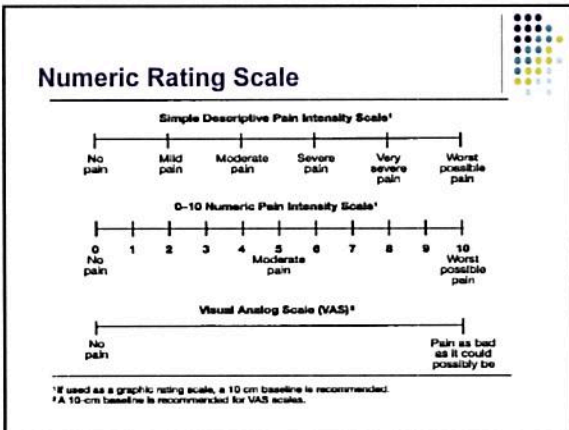
- JOINT Commission requirements for pain assessment:
- Patient's current pain (location/quality) assessed
 - On admission
 - Initiation or dose increase
 - After analgesic
 - Minimally, every 4 hours

Pain/Coping Assessment: What?

- **QUESTIONS:**
 - Onset and duration
 - Location
 - Severity
 - Precipitating/Aggravating Factors
 - Relief Measures

Pain/Coping Assessment: How?

- Patient's subjective report
 - It is not the patient's responsibility to prove they are in pain-it's the nurse's responsibility to accept patient's report of pain and address it(help them cope with it).
- Scales
 - 0-10
 - Simple descriptor
 - Faces

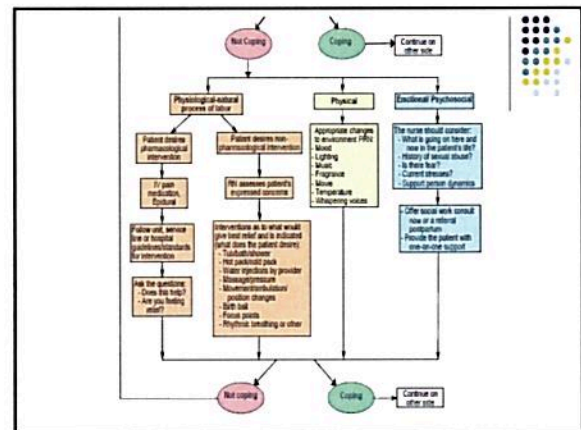
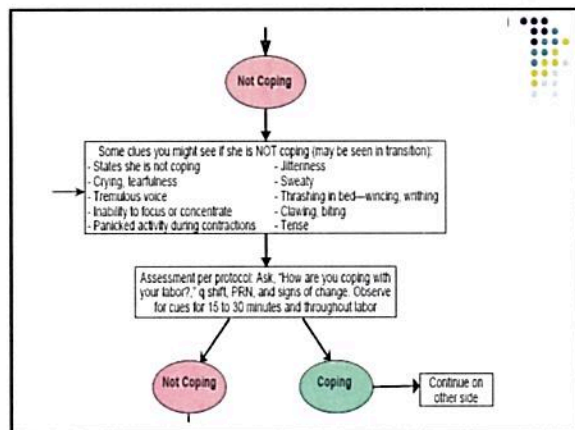
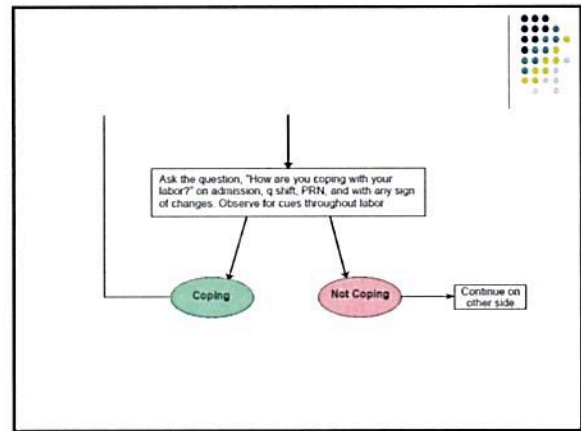
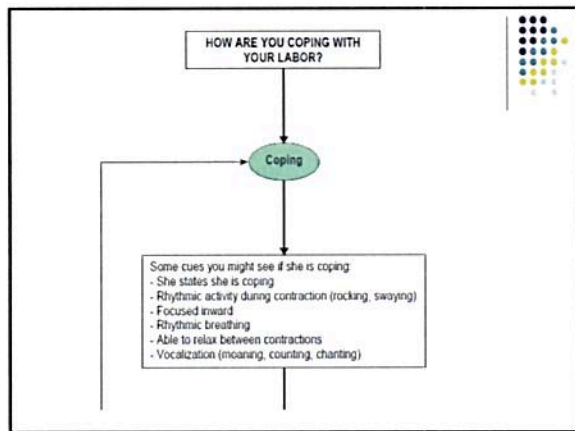
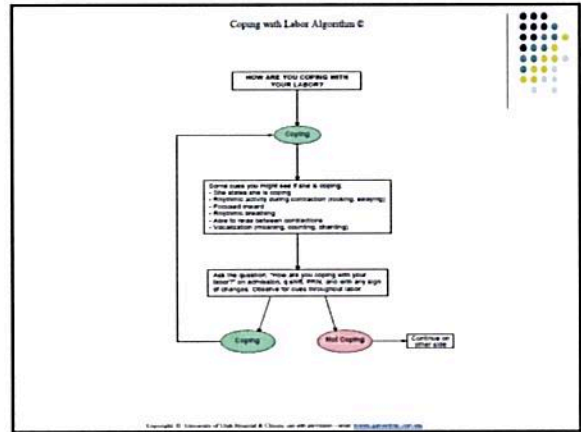
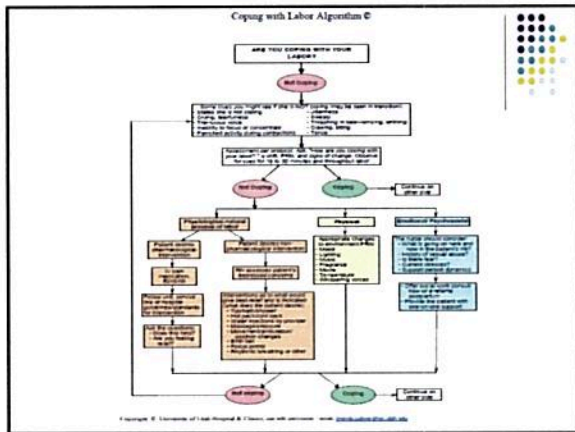


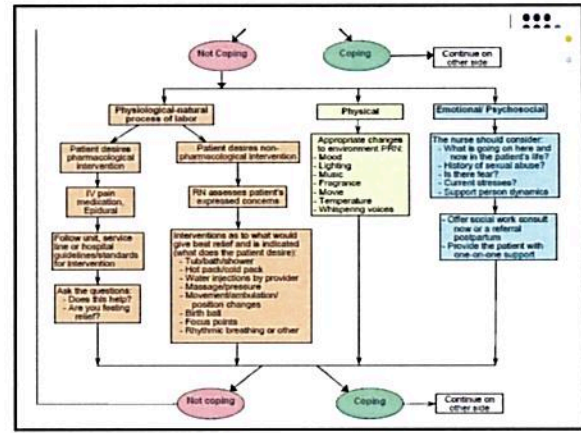
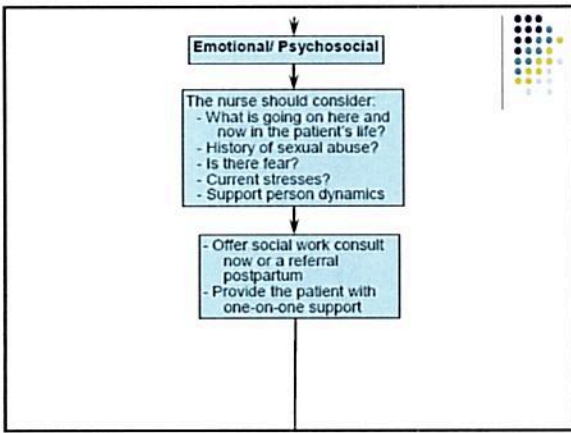
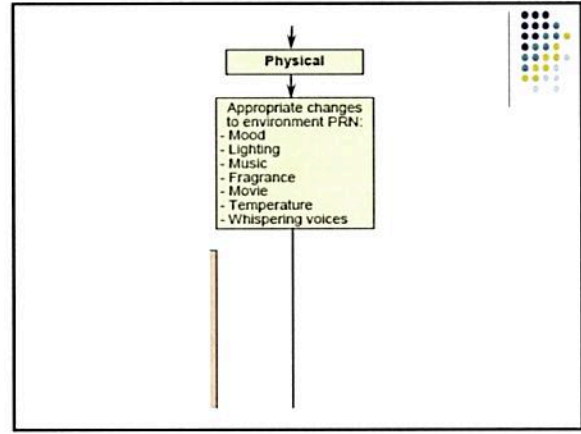
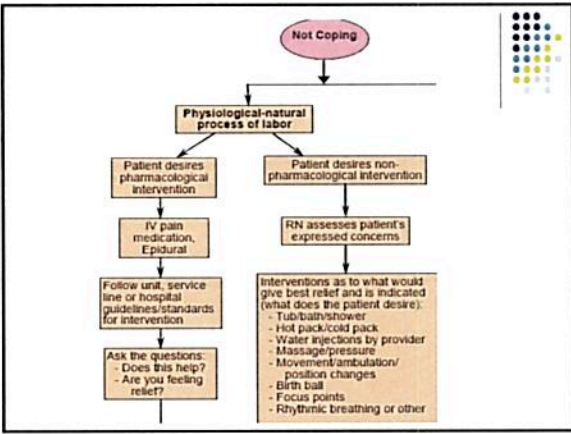
- ### No more numbers!
- Labor pain is a 10+
 - Gulliver, Fisher, & Roberts (2008) report that **patients** were dissatisfied with the number rating scale and other "pain" scales for several reasons
 - Unclear how to respond when they were asked to "rate" their pain
 - Distracting and annoying
 - Confusing

- ### No more numbers!
- Patient's are not the only ones dissatisfied with the Numeric Rating Scale according to Gulliver et al (2008).
 - Nurse's felt that they could not effectively assist their pt's with the many options for managing labor pain.

- ### Coping Scale for Pain Assessment: A New Paradigm
- **History:**
 - University of Utah
 - Quality Improvement Project
 - Meet JCAHO requirements for pain assessment?
 - "Assessment approaches, including tools, must be appropriate for the patient population." (JCAHO, 2010)
 - Study Method: Plan, Do, Check, Act

- ### Coping with Labor Algorithm
- The Algorithm was developed to have meaning for both the laboring woman and the nurse(s) caring for her
 - *Using the Coping with Labor Algorithm, the patient will periodically be asked "How are you coping with labor?"*
 - The Coping Algorithm offers a wide variety of interventions to support coping and pain relief.





EPIC Documentation

Flowcharts

OS Steps/Labor

Admission Granted from 6/24/2019 in HH# 1346

Coping with Labor Pain

Not Coping with Labor

Selection Form

- Active
- Dull
- Cramping
- Sharp
- Stinging
- Burning

EPIC Documentation

Flowcharts

OS Steps/Labor

Admission Granted from 6/24/2019 in HH# 1346

Coping with Labor Pain

Not Coping with Labor

Selection Form

- Normal
- Fast
- Slow
- Irregular
- Weak
- Strong

EPIC Documentation

Flowsheets

OB TruCare Labor OB PCS Body System OB Patient Profile Recovery ADM/CB VS VD LDA% Travel Screening Zika Screen OB TruCare Labor

Admission Expanded < 1m 3m 10m 15m 30m 1h 2h 4h 8h 24h 30d 90d 1y

Admission (Current) from 6/24/2019 to 6/24/2019 in 6/24/2019 in 6/24/2019

1:36 1:40 Last Filed

Coping with Labor Pain

Location

Labor Pain Quality

Labor Pain

Coping with Labor

Coping with Labor Pain

Comfort Measures

Sedative Scale

Fetal Assessment

Fetal Movement

Fetal HR Assessment Method

Fetal HR (beats/min)

Fetal HR Baseline Rate

Fetal HR Variability

Fetal HR Accelerations

Fetal HR Decelerations

Selection Form

Light PM in HR status
Sleep
Crying
Coping/Anxiety
Ability to focus/concentrate
Anxiety
Frustrated activity during contractions
Tweety

EPIC Documentation

Flowsheets

OB TruCare Labor OB PCS Body System OB Patient Profile Recovery ADM/CB VS VD LDA% Travel Screening Zika Screen OB TruCare Labor

Admission Expanded < 1m 3m 10m 15m 30m 1h 2h 4h 8h 24h 30d 90d 1y

Admission (Current) from 6/24/2019 to 6/24/2019 in 6/24/2019 in 6/24/2019

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Coping with Labor Pain

Location

Labor Pain Quality

Labor Pain

Coping with Labor

Coping with Labor Pain

Sedative Scale

Fetal Assessment

Fetal Movement

Fetal HR Assessment Method

Fetal HR (beats/min)

Fetal HR Baseline Rate

Fetal HR Variability

Fetal HR Accelerations

Fetal HR Decelerations

Fetal HR Tracing Category

Selection Form

Distraction Techniques
Cold
Heat
Hydrotherapy Tub
Massage
Medication
Relaxation Techniques
Repositioning

EPIC Documentation

Flowsheets

OB TruCare Labor OB PCS Body System OB Patient Profile Recovery ADM/CB VS VD LDA% Travel Screening Zika Screen OB TruCare Labor

Admission Expanded < 1m 3m 10m 15m 30m 1h 2h 4h 8h 24h 30d 90d 1y

Admission (Current) from 6/24/2019 to 6/24/2019 in 6/24/2019 in 6/24/2019

1:36 1:40

Coping with Labor Pain

Location

Labor Pain Quality

Labor Pain

Coping with Labor

Coping with Labor Pain

Comfort Measures

Fetal Assessment

Fetal Movement

Fetal HR Assessment Method

Fetal HR (beats/min)

Fetal HR Baseline Rate

Fetal HR Variability

Fetal HR Accelerations

Fetal HR Decelerations

Fetal HR Tracing Category

Schwartz Pattern Present

Selection Form

Anxiety Aired
Occasionally Drowsy
Frequently Drowsy
Sleeping, Easily Aroused
Somnolent, Difficult to Arouse

Evaluation of Use of Coping Assessment Tool

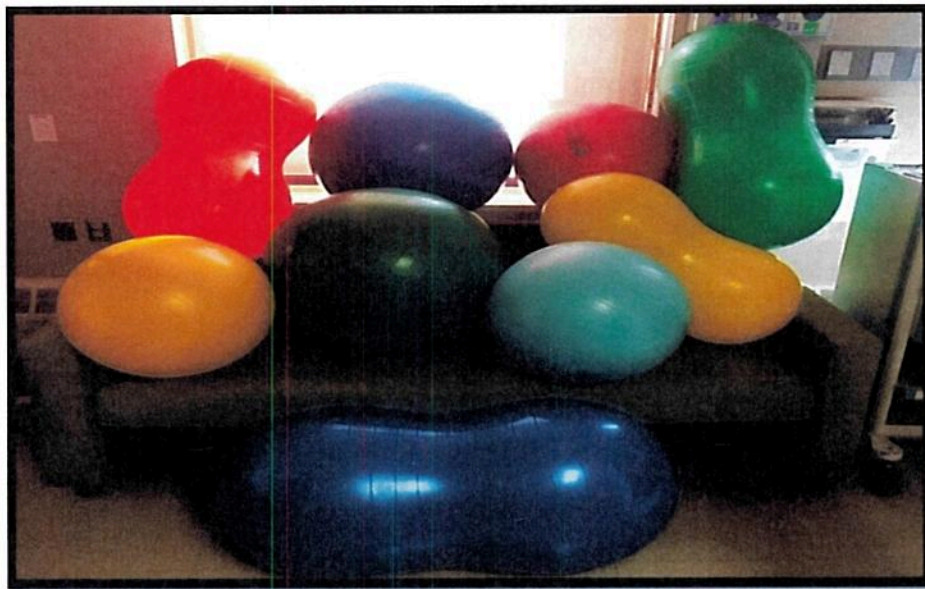
- Nurse compliance with pain assessment
- Press Ganey scores
- Current recommendation
 - Pain score + Coping scale options
- Future plan
 - Use of coping scale only during labor is planned

Summary

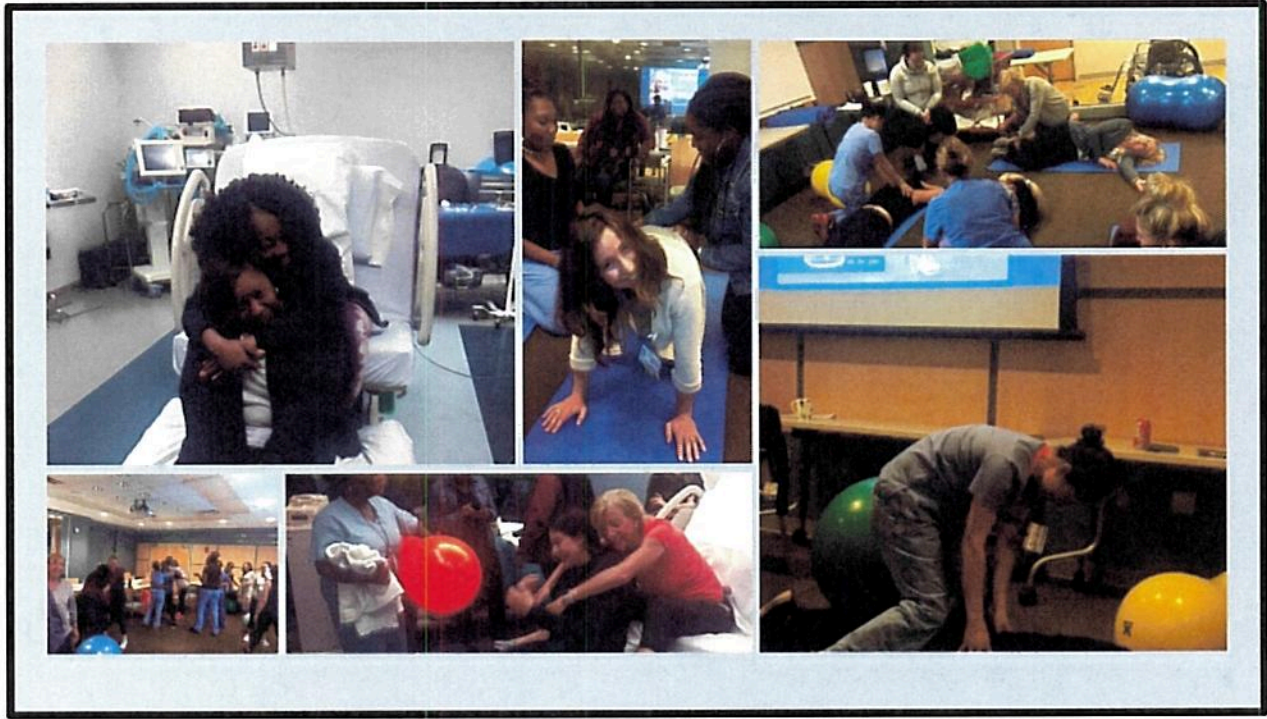
- Labor pain vs. other pain
- Numeric and other scales may not be appropriate for assessing labor pain
- Assessment of coping with pain as a new paradigm

Thank You!

APPENDIX 8. Labor Support Class Pictures







APPENDIX 9. Labor Support Class Handouts

- AWHONN Continuous Labor Support
- Positions for Laboring Out of Bed
- Birth Positions
- Respectful Maternity Care
- Labor Support Articles
- Labor Coping Scale

Continuous Labor Support for Every Woman

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses

Approved and retitled by the AWHONN Board of Directors November 4, 2017. Originally approved April 2000. Revised, retitled "Nursing Support of Laboring Women," and re-approved June 2011. The previous version was published in the *Journal of Obstetric, Gynecologic, & Neonatal Nursing* (AWHONN, 2010b).

AWHONN 1800 M Street, NW, Suite 740 South, Washington, DC 20036, (800) 673-8499

Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) asserts that continuous labor support from a registered nurse (RN) is critical to achieve improved birth outcomes. In partnership with the woman, the RN conducts an assessment then implements and evaluates an individualized plan of care based on the woman's physical, psychological, and socio-cultural needs. This plan incorporates the woman's desires for and expectations of the process of labor. The RN coordinates the woman's support team, which may include a partner, family, friends, and/or a doula, to assist the woman to achieve her childbirth goals. Care and support during labor are powerful nursing functions, and it is incumbent on health care facilities to provide a level of staffing that facilitates the unique patient-RN relationship during childbirth. AWHONN recognizes that childbirth education and doula services contribute to the woman's preparation for and support during childbirth and supports consideration of these services as a covered benefit in public and private health insurance plans.

Background

The childbirth experience is an intensely dynamic, physical, and emotional event with lifelong implications. Women who receive continuous support during labor from hospital staff, nonhospital professionals such as doulas (Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O'Brien, 2013), and family or friends may have improved outcomes compared with women who do not have such support. Improved maternal and newborn outcomes include the following:

- Increased spontaneous vaginal birth,
- Shorter duration of labor,
- Decreased cesarean birth,
- Decreased instrumental vaginal birth,
- Decreased use of any analgesia,
- Decreased use of regional analgesia,
- Improved five-minute Apgar score, and

- Fewer negative feelings about childbirth experiences (Bohren, Hofmeyr, Sakala, Fukuzawa, & Cuthbert, 2017).

In addition, the *American College of Obstetricians and Gynecologists* (2017) recommended continuous support as one strategy to limit intervention during labor and birth.

Despite the many benefits of continuous support in labor, RNs are challenged by competing priorities for their time and attention. Increasingly, RNs care for women with higher acuity levels, and the care of these women often demands increased attention to technology and documentation. Adequate staffing is essential for the RN to support the woman in labor and her family and to provide safe care that meets the accepted standards for maternal and fetal assessment. However, perinatal nurses indicated that inadequate staffing was a barrier to the provision of all aspects of labor support: physical and emotional support, information, and advocacy (Simpson & Lyndon, 2017). The *Guidelines for Professional Registered Nurse Staffing for Perinatal Units* indicate that a one-to-one RN to patient ratio is needed to ensure the safety of women in labor who have medical or obstetric complications, receive oxytocin, choose minimal intervention in labor, or are in second stage labor (AWHONN, 2010a).

Role of the Nurse

The RN integrates nursing theory with knowledge and clinical expertise to provide individualized, patient-centered care for each woman in labor and coordinates the woman's support team in accordance with institutional policies to ensure a safe birth. The support provided by the RN should include the following (Adams, Stark, & Low, 2016):

- Assessment of the physiologic and psychologic processes of labor;
- Facilitation of normal physiologic processes, e.g., allow movement in labor;

AWHONN POSITION STATEMENT

- Provision of physical comfort measures, emotional support, information, and advocacy;
- Evaluation of maternal and fetal status, including uterine activity and fetal oxygenation;
- Instruction regarding the labor process and comfort and coping measures;
- Role modeling to facilitate the participation of the family and companions during labor and birth; and
- Direct collaboration with other members of the health care team to coordinate patient care.

Additionally, the RN should help the woman to cope with labor (Roberts, Gulliver, Fisher, & Cloyes, 2010). Support during early labor builds the woman's confidence and helps her establish realistic expectations. When regional anesthesia is used, the nurse should encourage frequent position changes, use labor progress tools to help the fetus rotate and descend, allow labor to progress naturally and wait for passive descent until the woman has the urge to push, and monitor for fever associated with the use of epidural anesthesia.

Policy Considerations

Nurse leaders, including unit managers, nurse educators, and clinical nurse specialists, can be instrumental in advocating for staffing levels that ensure the provision of continuous labor support based on national guidelines. They can help to create cultures of care in which continuous labor support is prioritized. They can also ensure that women are educated about reasons to delay admission until active labor, strategies to deal with early labor at home, and how they will be supported in active labor by the nursing staff.

Nurse leaders can review and revise policies to facilitate the ability of the nurse to directly provide labor support and coordinate the labor support team. These policies may include the following:

- Comprehensive and ongoing education on labor support techniques and tools for nursing staff;
- Policies and education on intermittent fetal monitoring and auscultation, including the identification of appropriate patients and procedures;
- Early labor support and therapeutic rest policies;
- Nurse staffing policies, including policies about contingency and on-call staffing,

which plan for appropriate numbers of nurses to provide direct labor support consistent with national guidelines as well as RN coordination of the support team (AWHONN, 2010a); and

- Liberal visitor policies permitting a woman to have the support persons she desires to provide her effective support, in accordance with maintaining a safe physical environment.

Providing coverage and reimbursement for childbirth education and doula services that improve birth outcomes and save health care dollars should be a priority. As covered benefits for all pregnant women, these services could enhance goals to reduce racial and ethnic disparities in birth outcomes. AWHONN supports continued research about the effect of nursing support on maternal–newborn outcomes and the potential financial benefits of such support for health care systems.



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- Simpson, K. R., & Lyndon, A. (2017). Consequences of delayed, unfinished, or missed nursing care during labor and birth. *Journal of Perinatal & Neonatal Nursing*, 31(1), 32–40.

On The Floor

First Class

1. Give me an Upright position for labor:

- 👣 Standing
- 👣 Walking
- 👣 Leaning
- 👣 Lunging
- 👣 Hip sway
- 👣 Hip Spiral
- 👣 Labor dance

Now give a massage technique:

1. Effleurage
2. Counter pressure
3. Hip squeeze
4. Touch relaxation
5. Stroking
6. Progressive massage

2. Give me a Sitting position for labor:

- 👣 Sitting
- 👣 Sitting forward leaning
- 👣 Labor ball
 - Spiral
 - Bounce
 - Sway

Now give a massage technique:

1. Effleurage
2. Counter pressure
3. Hip squeeze
4. Touch relaxation
5. Stroking
6. Progressive massage
7. Knee press

3. Give me a Laying position for labor:

- 👣 C position
- 👣 Side lying
- 👣 All 4's

1. Change to pushing position
2. Now give a massage technique:

1. Criss Cross
2. Effleurage
3. Counter pressure
4. Hip squeeze
5. Touch relaxation
6. Stroking
7. Progressive massage

Second Class

👣 Add: I can do you one better

👣 Add: Labor stations

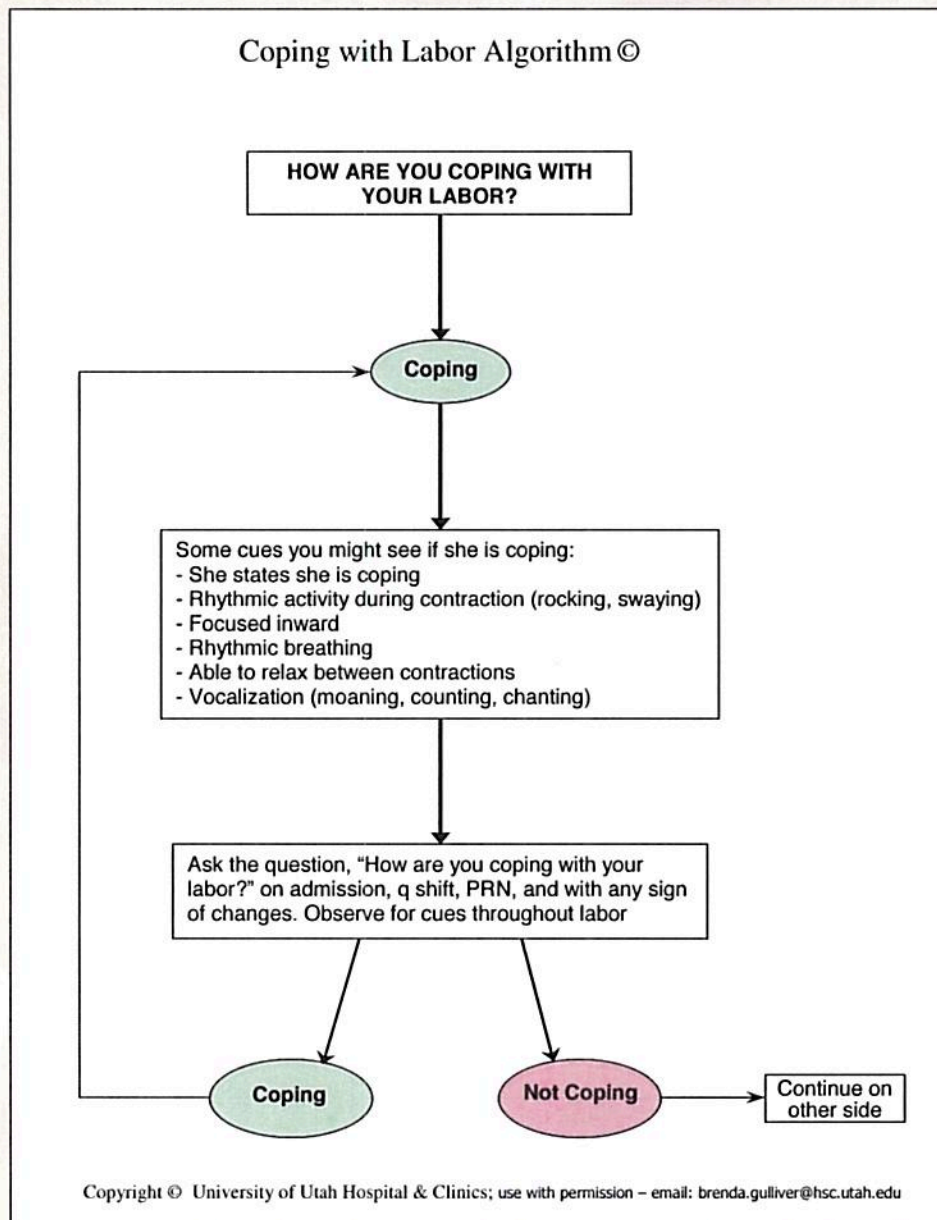
Erratum

Algorithm for Coping with Labor Pain

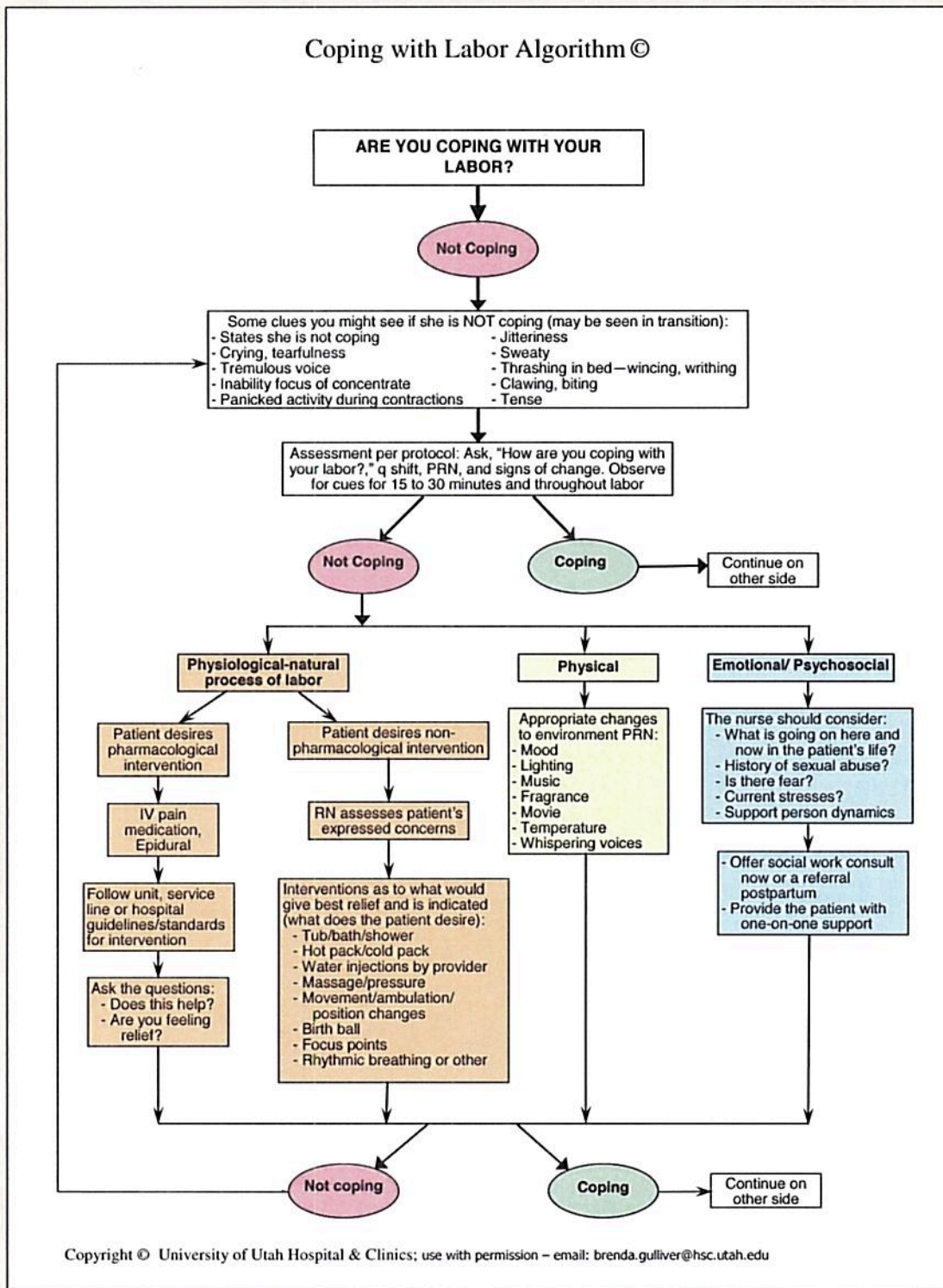
An article in the October/November 2008 issue (Gulliver, Fisher & Roberts, 2008) discussed the development of an algorithm to assess how laboring women are coping with pain. The algorithm was accidentally omitted from the article and is published here with the authors' permission.

Reference

Gulliver, B. G., Fisher, J., & Roberts, L. (2008). A new way to assess pain in laboring women: Replacing the rating scale with a "coping" algorithm. *Nursing for Women's Health, 12*(5), 404–408.



Coping with Labor Algorithm ©



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In seeking and receiving
maternity care before,
during and after childbirth:

1 EVERY WOMAN HAS THE RIGHT TO
**BE FREE FROM
HARM AND ILL
TREATMENT**

**NO ONE CAN PHYSICALLY
ABUSE YOU**

2 EVERY WOMAN HAS THE RIGHT TO
INFORMATION, INFORMED
CONSENT AND REFUSAL,
AND **RESPECT** FOR HER

CHOICES AND
PREFERENCES, INCLUDING
COMPANIONSHIP
DURING MATERNITY CARE

**NO ONE CAN FORCE YOU OR DO
THINGS TO YOU WITHOUT YOUR
KNOWLEDGE AND CONSENT**

3 EVERY WOMAN HAS THE RIGHT TO
PRIVACY AND
CONFIDENTIALITY

**NO ONE CAN EXPOSE YOU OR
YOUR PERSONAL INFORMATION**

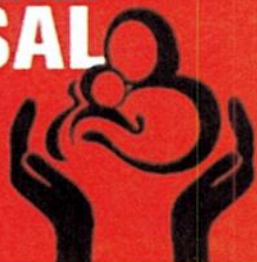
4 EVERY WOMAN HAS THE RIGHT TO
BE TREATED WITH
DIGNITY AND
RESPECT

**NO ONE CAN HUMILIATE
OR VERBALLY ABUSE YOU**

All rights are grounded in established international human rights instruments, including the Universal Declaration of Human Rights; the Universal Declaration on Bioethics and Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Declaration of the Elimination of Violence Against Women; the Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights; and the United Nations Fourth World Conference on Women, Beijing. National Instruments are also referenced if they make specific mention of childbearing women.

Safe Motherhood is more than the prevention of death and disability. It is respect for every woman's humanity, feelings, choices, and preferences.

**RESPECTFUL
MATERNITY CARE:
THE UNIVERSAL
RIGHTS** OF
CHILDBEARING
WOMEN



5 EVERY WOMAN HAS THE RIGHT TO
EQUALITY,
FREEDOM
FROM DISCRIMINATION,
AND **EQUITABLE CARE**

**NO ONE CAN DISCRIMINATE
BECAUSE OF SOMETHING THEY
DO NOT LIKE ABOUT YOU**

6 EVERY WOMAN HAS THE RIGHT TO
HEALTHCARE
AND TO THE HIGHEST
ATTAINABLE LEVEL
OF **HEALTH**

**NO ONE CAN PREVENT
YOU FROM GETTING THE
MATERNITY CARE YOU NEED**

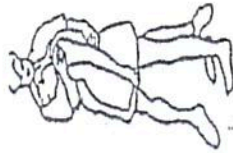
7 EVERY WOMAN HAS THE RIGHT TO
LIBERTY, AUTONOMY,
SELF-DETERMINATION,
AND **FREEDOM**
FROM COERCION

**NO ONE CAN DETAIN YOU OR YOUR
BABY WITHOUT LEGAL AUTHORITY**

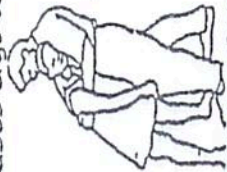
Disrespect and abuse during
maternity care are a violation of
women's basic human rights.



For more information visit:
www.whiteribbonalliance.org/respectfulcare



STANDING: Utilizes gravity. Ctx less painful and more productive, fetus well aligned. Increases urge to push.



STANDING LEANING FORWARD: Same as above, plus more restful & relieves backache. good position for backrub.



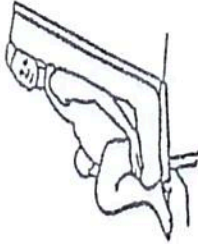
SLOW DANCING/WALKING: Same as standing, plus change in pelvic joints enc. rotation and descent. Increases well-being.



THE LUNGE: Widens one side of pelvis, encourages rotation of OP. positions may be done kneeling.



SITTING: Good resting position, some gravity advantage, may use fetal monitor easily.



SEMI-SITTING: Good resting position, some gravity advantage, VE possible, easy position to do in bed, or delivery table.



SITTING LEANING FORWARD: Good resting position, some gravity advantage, relieves backache, good position for back rub.



HANDS AND KNEES: Relieves backache, assists with rotation of OP, allows for rocking, VE possible.



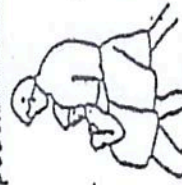
KNEELING FORWARD WITH SUPPORT ON CHAIR SEAT, HOB OR BB: Same as hands and knees, less strain.



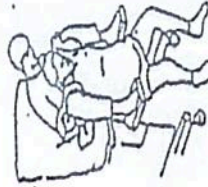
SQUATTING: Widens pelvic outlet, good use of gravity, may enhance rotation and descent, enc. urge to push, allows shift of weight.

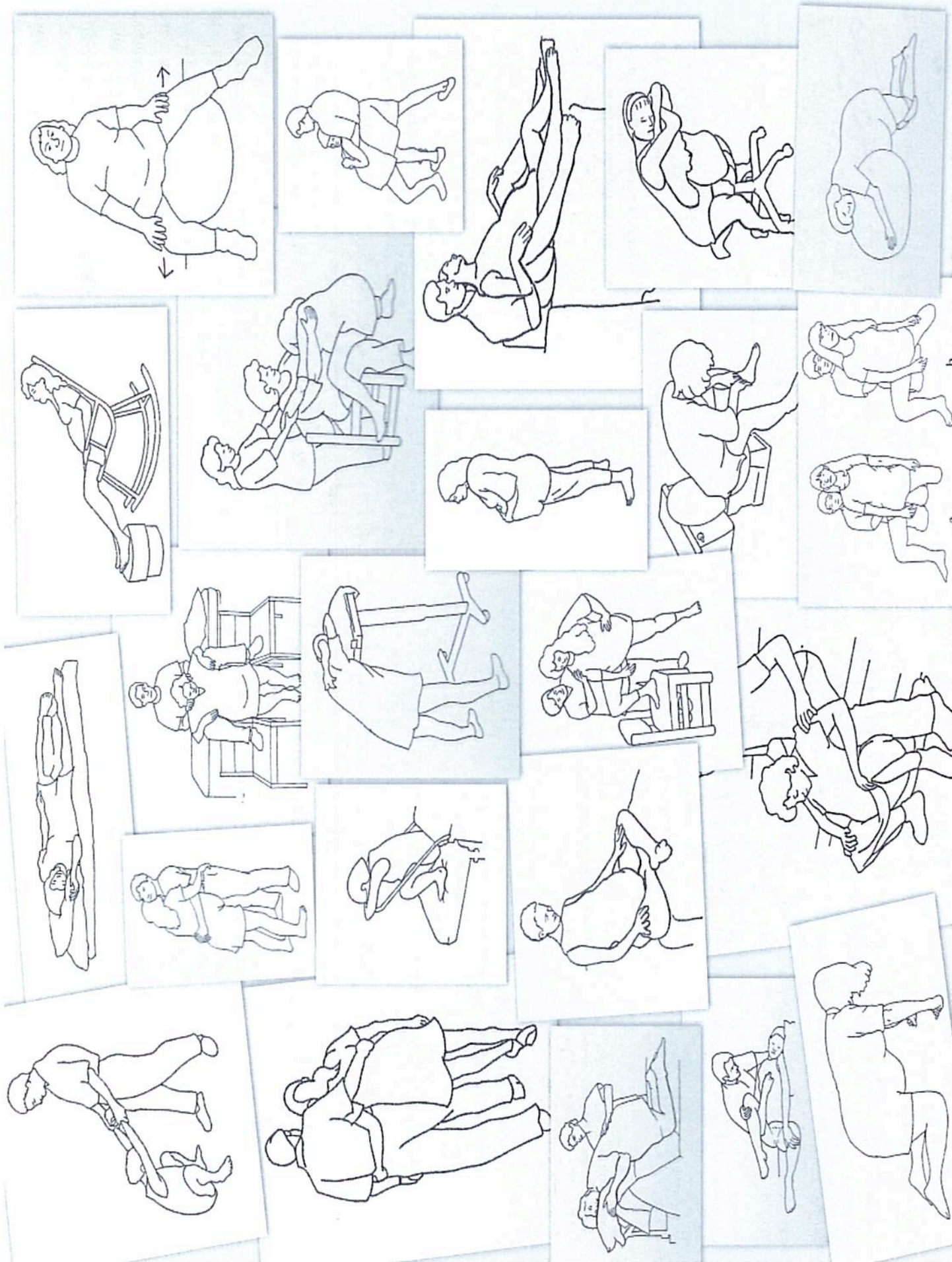


SIDE LYING: Great resting position, good for VE. Scalp pt. etc. slows rapid 2nd stage, easier to relax between pushing efforts, allows post-sacral flexibility.

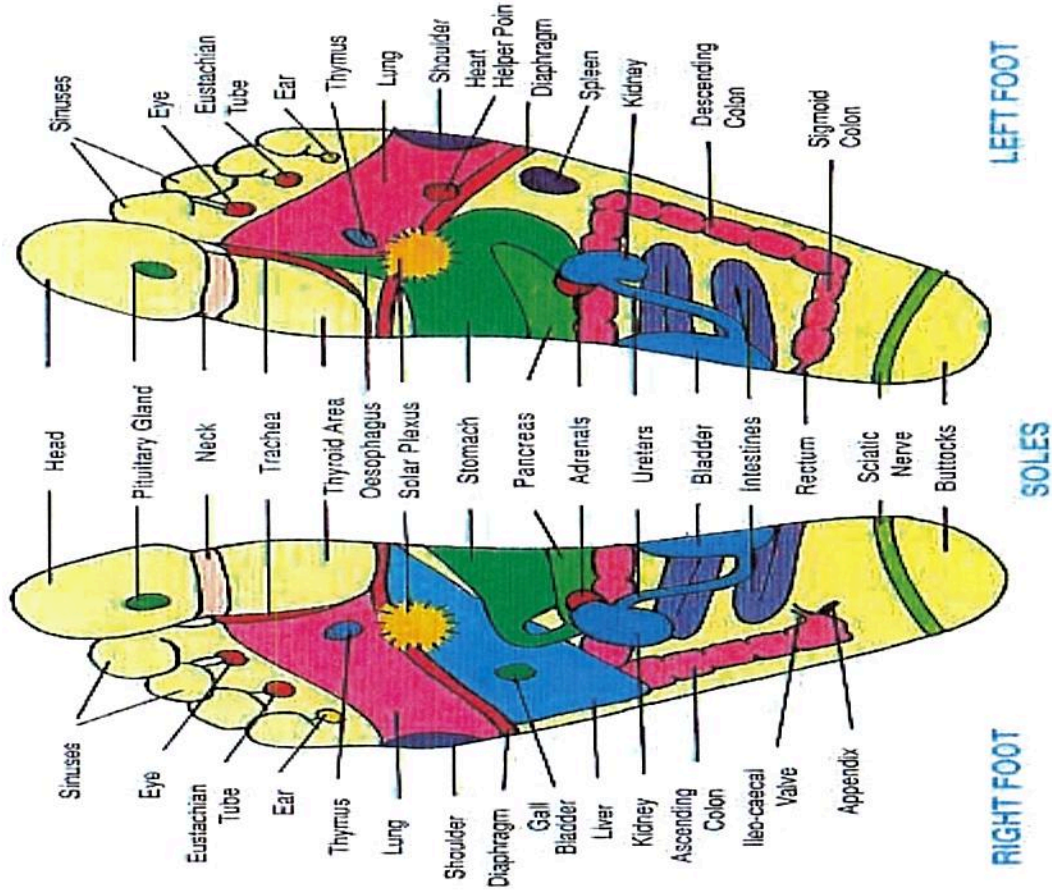


DANGLE/SUPPORT SQUAT: Lengthens trunk to allow for rotation and descent, allows pelvic joint mobility. Gravity advantage.

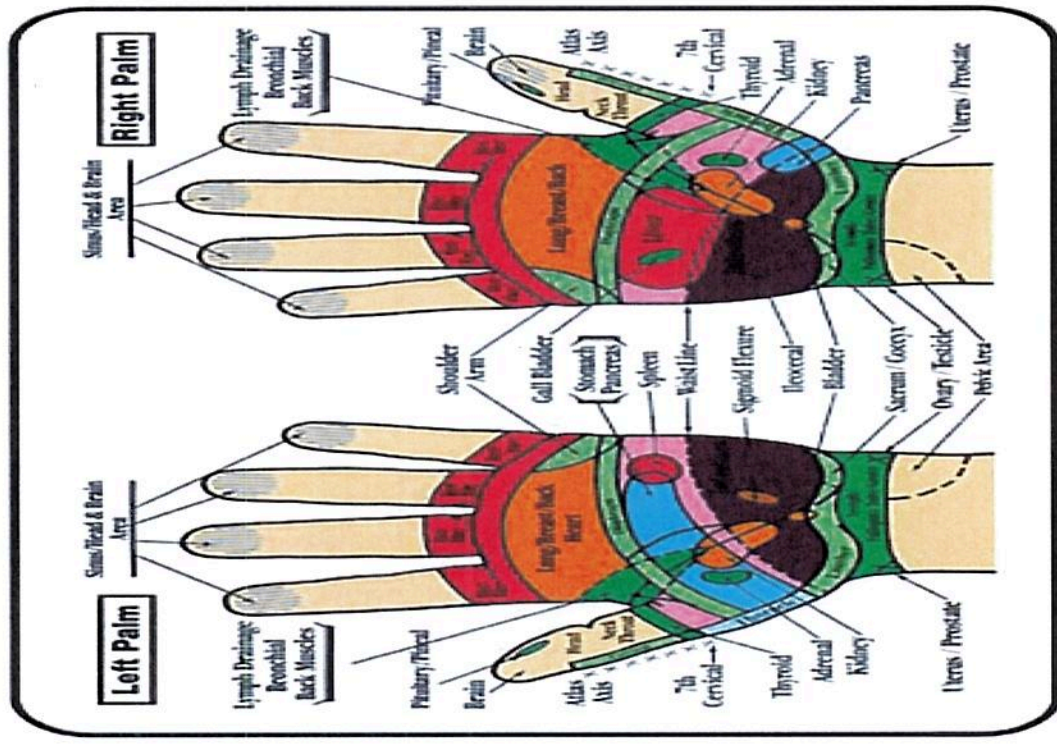




Foot Reflexology Chart



Hand Reflexology Chart



Elaine Zwelling, PhD, RN, LCCE, FACCE,
Kitti Johnson, BSN, RN, and Jonell Allen, MSN, CNS, RNC



HOW TO IMPLEMENT COMPLEMENTARY THERAPIES FOR LABORING WOMEN

ABSTRACT

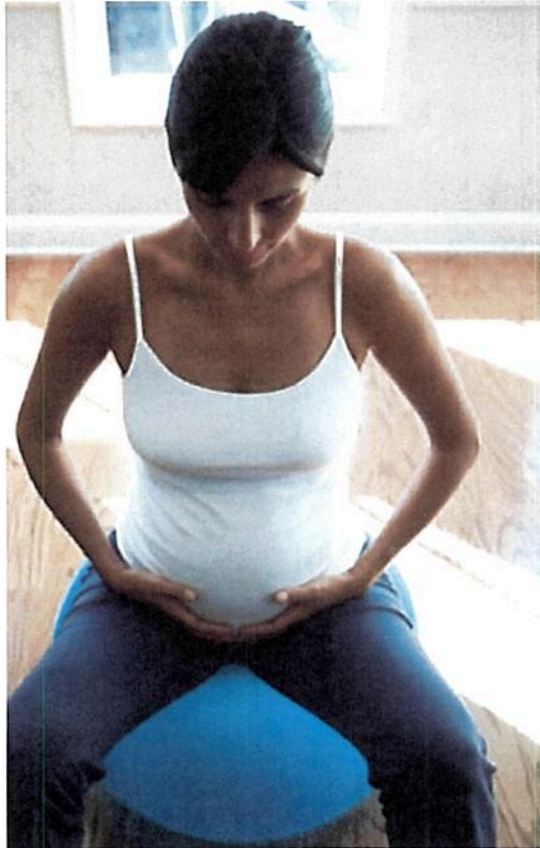
Complementary therapies have been a part of nursing practice for centuries and are supported today as a part of nursing practice by many state boards of nursing. Some of these modalities can be used by nurses as a part of their comprehensive plan of labor support for women during the childbirth experience. This article describes five complementary therapies (aromatherapy, massage, use of birth balls, music therapy, and hydrotherapy), and how one large Midwestern hospital system implemented an educational program for nurses that helped them integrate complementary therapies into their nursing care for laboring women.

Key Words: Complementary therapies; Labor pain; Obstetric nursing.

This article gives a brief review of pain theory as a basis for the use of nonpharmacologic complementary therapies, provides an overview of some of the comfort measures and how they can relieve pain during labor, and illustrates how one hospital system implemented these practices into the nursing care for women during labor.

Although the care in many contemporary hospitals offered to women in labor is focused on high-tech interventions, there is a place for complementary therapies such as music, hydrotherapy, and massage as a part of nursing care during labor and birth. Therapies such as these are not foreign to the general public; in fact, about 36% of the population uses complementary therapies in their daily lives (Barnes, Powell-Griner, McFann, & Nahin, 2004). Additionally, the use of complementary therapies by nurses is supported by 47% of the state boards of nursing. Studies on the effects of these therapies have shown positive results, with minimal or no adverse reactions (Benfield, 2002; Brown, Douglas, & Flood, 2001; Buckle, 2001; Chang, Wang, & Chen, 2002; Cluett, Pickering, Getliffe, & Saunders, 2004; Eckert, Tumbull, & MacLennan, 2001; Field, Hernandez-Reif, Taylor, Quintino, & Burman 1997).

Implementing complementary therapies for laboring women requires planning, commitment, and a staff of nurses who are willing to provide hands-on labor support as a part of their practice. In recent years, position statements from professional organizations have encouraged active labor support: the Association of Women's Health, Obstetric & Neonatal Nurses' (AWHONN) (2000) Position Statement states that "continuous available labor support by a professional registered nurse is a critical component to achieve improved birth outcomes" and that "it is incumbent on healthcare facilities to provide an environment that encourages the unique patient-nurse relationship during birth" (p. 1); American College of Obstetricians & Gynecologists (ACOG) (2003) issued a statement on evaluation of cesarean delivery that says "continuous labor support was associated with a reduction in cesarean deliveries" and "continuous presence of a support person reduced the likelihood of medication for pain relief, op-



erative vaginal delivery, cesarean delivery, and 5-minute Apgar scores less than 7” (p. 5). Hodnett, Gates, Hofmeyn, & Sakala (2003), writing for the Cochrane Library, concluded that women who received continuous labor support were less likely to request analgesia or anesthesia (28% decrease), had fewer cesarean births (26% decrease), fewer instrumental deliveries (41%), and had less dissatisfaction with their birth experience (33% decrease) (Hodnett et al.).

As labor and delivery nurses know, the reality of labor care in many institutions in 2006 is lack of staff, increasing cesarean rates, rising induction rates, growing risk of litigation, fewer vaginal birth after cesarean trials, concerns about pelvic floor damage from pushing, unprecedented elective cesareans, and under-empowered labor nurses. How can nurses affect change in this culture? What can nurse leaders do to empower staff to make a difference by providing choices for women during labor? How can nurses advocate for the addition of nonpharmacological complementary therapies to women’s labor experiences? This article answers these questions through the use of a case description.

How Do Complementary Therapies Alter Pain?

The pain women experience during labor and birth is subjective, individualized, and caused by a number of interrelating factors. Physical, affective, psychosocial, and environmental components all shape the pain experience. The physical sensation of pain in first-stage labor comes from the mechanical distention of the lower uterine segment, stretching of cervical tissue during dilatation, and pressure on adjacent structures and nerves. The pain from uterine contractions is referred to the abdominal wall, lumbosacral region, iliac crests, gluteal area, thighs, and lower back. In second-stage labor, pain is the result of the distention of the vaginal passage, traction of pelvic structures surrounding the vagina, and distention of the pelvic floor and perineum. Other physical factors include fetal position, rapidity of fetal descent, maternal position, interval and duration of contractions, and fatigue (Lowe, 2002).

Affective or emotional influences on the pain experience relate to fear and anxiety about the childbearing process or

the ability to cope with it. Although some anxiety is considered normal for women during labor, excessive anxiety produces increased catecholamine secretion that may actually increase pain perception in the brain and decrease uterine contractions by blocking the release of oxytocin from the posterior pituitary. Fear and stress can affect the physiologic aspects of labor (Brucker & Zwelling, 1997; Caton et al., 2002; Hodnett, 2002; Lowe, 2002). Psychosocial factors include the woman's culture and ethnicity, her general educational background, her preparation for and expectation of the labor experience, her previous pain experiences, and her self-efficacy (defined as her confidence in her ability to cope).

The environment can influence pain perception in several ways. The appearance of the birthing facility, the amount of noise and light, the temperature of the room, and the amount of space and equipment in the room contribute to the degree of strangeness of the environment. Another important aspect of the environment is the philosophy of care and practice policies of the providers; a positive approach can help to decrease pain perception (Brucker & Zwelling, 1997; Hodnett, 2002). The involvement of the woman in decision making and the quality of the caregiver-patient relationship, including the amount of support the woman perceives from those around her, can override any negative psychosocial and environmental factors that have been mentioned (Hodnett; Lowe, 2002).

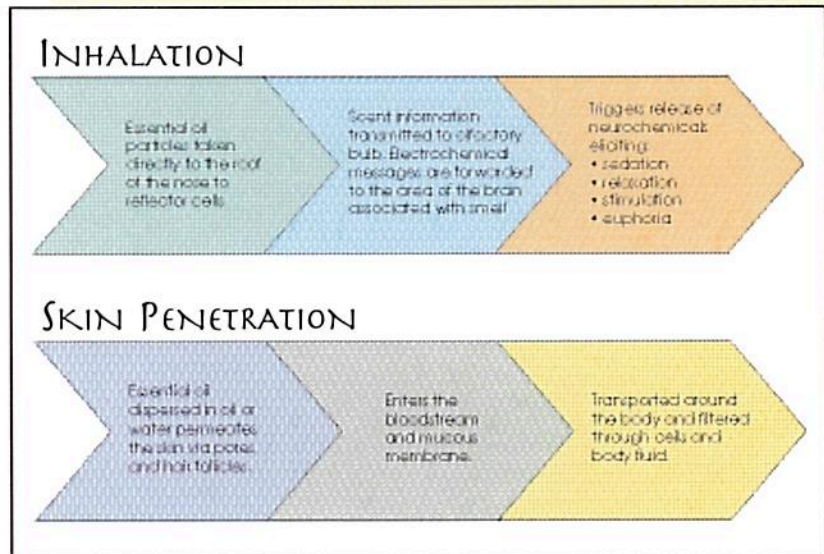
Complementary Therapies for Labor and Birth

Today, there are a wide range of interventions available to help the laboring woman manage pain during labor. Complementary, nonpharmacologic methods of pain relief are a part of nursing practice that can be safely introduced in early labor and can precede pharmacologic interventions that the woman may choose as labor progresses. A number of related pain theories, including the gate control, neuro-matrix, sensory discriminative system (mechanoreceptors, chemoreceptors, and thermoreceptors), and the influence of endorphins can explain how these strategies help to decrease pain in labor (Brucker & Zwelling, 1997; Trout, 2004). This article describes the following five complementary therapies: aromatherapy, massage, use of birth balls, music therapy, and hydrotherapy.

Aromatherapy

Aromatherapy is the therapeutic use of plant-derived essential oils to promote physical and psychological well being. Essential oils are lipid-soluble and are rapidly absorbed when applied externally or are inhaled (see Figure 1). They

FIGURE 1. Route of administration of aromatherapy.



are excreted through the kidneys or expired through the lungs (Maddocks-Jennings & Wilkinson, 2004). The use of essential oils in low doses for massage or as an environmental fragrance is increasing in healthcare settings. For labor, therapeutic-grade oils such as lavender or jasmine, mixed with a carrier oil or lotion, can promote relaxation and perception of pain. Peppermint oil may be effective in decreasing nausea and vomiting.

To use aromatherapy effectively, nurses should have a basic understanding of the chemical structure and physical properties of essential oils, as well as knowledge of the safe application of a few commonly available oils (Schnaubelt, 1999). Establishing guidelines for the safe use of oils on the perinatal unit is an important first step to introduce this therapy to patients. The policy should include essential oils deemed safe in the third trimester of pregnancy, the approved routes of administration, and the concentration of oils to be used (Campbell, Pollard, & Roeton, 2001). Methods of administration that are appropriate in labor are the addition of a few drops of an essential oil to hydrotherapy baths, massage using a carrier oil or lotion mixed with an essential oil, compresses, and inhalation by the use of electric vaporizers. Because the use of aromatherapy as a therapeutic modality is relatively new in our healthcare system, clinical research regarding the use of aromatherapy in labor is limited; most of the studies have been done with oncology patients. Maddox-Jennings & Wilkinson (2004) have reported that women who used a range of essential oils in labor often coped better and required less analgesia. Although there are as yet no professional nursing standards regarding the use of aromatherapy, it has recently become recognized by U.S. State Boards of Nursing as a legitimate part of holistic nursing (Buckle, 2001).

Massage

Another complementary therapy that nurses can incorporate throughout labor is the promotion of relaxation through the

use of massage. Relaxation and massage have been shown to be factors in promoting labor progress, decreasing pain perception, and increasing the woman's ability to cope with labor (Brown et al., 2001; Chang et al., 2002; Field et al., 1997). Relaxation can be facilitated by using a calm, soothing voice and by helping the woman use visual imagery to picture in her mind a favorite place where she can relax.

Using massage with aromatherapy oil or lotion enhances relaxation both during and between contractions. Massage can be done on hands, arms, legs, feet, or back, and can be easily taught to family members (Kimber, 1998; Tiran & Mack, 2000). Doing a hand massage shortly after admission is a good way to establish rapport, decrease apprehensions, and learn what the woman's desires are for managing her labor. A back massage is always comforting, particularly if the woman is experiencing back pain. Massage can decrease pain by stimulating the release of endorphins, stimulating large-diameter nerve fibers to close a gate on pain, stimulating mechanoreceptors, stimulating circulation with resultant increased oxygenation to tissues, and facilitating the excretion of toxins through the lymphatic system (Brucker & Zwelling, 1997; Tiran & Mack; Trout, 2004).

The use of massage not only contributes to pain relief but also communicates caring and concern for the woman. It does not need to take a lot of the nurse's time and can be done while observing/timing contractions, gathering information from the woman and her family, or assessing the woman's coping (Eckert et al., 2001; Field et al., 1997; Keenan, 2000; Ohlsson et al., 2001; Simkin & Bolding, 2004).

Birth Ball

The Swiss Ball has been used in physical therapy and exercise programs for decades. Research on the use of the ball demonstrates a significant improvement in core muscle stability, including: the muscles of the chest, abdomen, and pelvis (Stanton, Reaburn, & Humphries, 2004). These muscles are instrumental in the labor process for deep breathing, pushing, and general movement.

Rocking and movement can be accomplished on a birthing ball during labor. Not only does the ball facilitate the physiologic benefits of movement to help the baby find his best fit through the pelvis (Fenwick & Simkin, 1987), but it also promotes comfort and can decrease pain by stimulating mechanoreceptors and joint receptors (Brucker & Zwelling, 1997). The ball should be used with the following precautions:

1. The woman should never use the ball unless her support person is with her.
2. The woman should always have a firm support in front of her to hold on to for security. (This can be accomplished by placing the ball at the side of the bed and raising the side rail for her to hold for stability, or the ball can be placed at the foot of the bed where she can hold on to the handles of the foot support or the squat bar).

It is important to purchase enough balls so they are readily available when desired (a minimum of one 65-cm ball for every three labor rooms). A policy should be written outlining their use, cleaning, and storage (Perez, 2000).

Hydrotherapy

The use of hydrotherapy during labor, whether in a shower or a tub, is a proven means of relaxation and pain relief. The warm water stimulates the release of endorphins, relaxes muscles to decrease tension, stimulates large-diameter nerve fibers to close the gate on pain, and promotes better circulation and oxygenation (Brucker & Zwelling, 1997; Trout, 2004). Women have labored in water for years in out-of-hospital birth settings, and in the past decade, many hospitals in North America have installed tubs or showers for use in labor. Many benefits have been observed in addition to pain relief when women labor in water. Hydrotherapy can promote increased diuresis, decreased edema, decreased blood pressure, enhanced fetal rotation due to increased buoyancy, faster labor, less use of intramuscular and intravenous medication, less use of epidural anesthesia, fewer instrumental births (vacuum extractor or forceps), less perineal trauma, fewer episiotomies, and increased satisfaction with birth experience (Benfield, 2002; Cluett et al., 2004; Eckert et al., 2001; Nichols, 1996; Rush et al., 1996). Prior to implementing hydrotherapy for women in labor, criteria for eligibility, policies, and procedures should be developed (Teschendorf & Evans, 2000).

A common question asked by providers is whether hydrotherapy can or should be used when membranes are ruptured. Several studies have looked at the risks of using hydrotherapy after rupture of membranes. Findings have shown no increases in chorioamnionitis, postpartum endometritis, neonatal infections, or antibiotic use. Precautions needed to reduce infection, however, should include limiting the number of digital vaginal exams, using whirlpool baths that can easily be thoroughly cleaned, and developing a policy for cleaning the tubs (Benfield, 2002; Rush et al., 1996; Simkin & O'Hara, 2002).

Music Therapy

The use of music to relieve pain and decrease anxiety has been known to be helpful for the relief of postoperative pain for some time. Research regarding the use of music to reduce labor pain has also demonstrated some success: music may be used to promote relaxation during the early stages of labor and as a stimulant to promote movement during later stages, when physical exertion is required (Gentz, 2001). In a study by Phumdoung and Good (2003), music consistently provided significant relief from severe pain across 3 hours of labor and delayed the increase of affective pain for 1 hour. Soft music decreased both sensation and distress of active labor pain in the first 3 hours; it also delayed increases in distress of pain for an hour, and for some, relief was fairly substantial.

In another study done decades ago, results indicated that mothers recorded fewer pain responses in the music versus no music group, and that music aided concentration, relaxation, cued breathing, and diverted attention from pain. Coaches and hospital staff also responded well to the music, indicating that music made a positive contribution to the childbearing experience for all who are involved (Hanser, Larson, & O'Connell, 1983).

FIGURE 2. Learning about complementary therapies in labor.



FIGURE 3. Nurses learning the birth ball and massage.



Women should be advised during prenatal childbirth classes of the efficacy of music for analgesia and relaxation. Music selections should be prepared in advance so that if labor begins before the due date, it is available. The woman should be prepared to bring her own iPod or CD player to the hospital if the hospital does not have CD players in the birthing rooms (Gentz, 2001).

How You Can Implement Complementary Therapies for Support of Women During Labor and Birth at Your Institution

Beginning the Process of Change

The change in nursing practice at the Community Health Network in Indianapolis, Indiana started, as many changes

do, with a visionary champion for the change. One of the authors (J.A.), the perinatal certified nurse specialist (CNS) for her institution, attended a labor-support program at a nearby university, and was inspired by all that she learned about the use of complementary therapies for laboring women. This was the spark which lit the fire of change. She decided to make it her mission to introduce those evidence-based therapies into the nursing care for laboring women at the institutions she served, and to thereby give women choices for their labor and birth experience. She knew that this type of change would actually require that the culture of the hospital network change, but decided that she was ready for the challenge.

Steps for Change

In order to implement a change in practice such as this, the CNS needed to have a clear vision of what needed to be changed. She developed a plan for change as her first step. These steps for change included advocating for change, building a base of support with administration, establishing a team to plan change, educating key people to share the vision, sending champions to conferences, meeting to plan how change would be implemented, using all available resources, leveraging the energy of the group, giving each team member ownership in the process, and seeking input from the staff and committee for continuous process improvement.

Beginning this process, the CNS initiated conversations with the directors of the three obstetrical units within the hospital network, discussing the merits of beginning a comprehensive educational program of evidence-based labor support for all nursing staff. The support of the directors was key to making this change, and was obtained. They agreed to send eight more nurses to other national labor-support conferences, including the one offered by Hill-Rom and taught by two of the other authors (E.Z. and K.J.). These first nurses who attended the conferences became the core group of staff nurses who worked to influence other nurses to implement the changes.

Anesthesia Buy-in

The participation of the anesthesia department was vital to the implementation of these changes. The proposed change was presented to them, along with the evidence for the therapies as pain relief, and many of the anesthesiologists and nurse anesthetists agreed to work as a team for the best outcomes of the patients who desired labor-support therapies. They agreed to give "light" epidurals that would allow the women the needed mobility during their labors.

Evidence-based Therapies Committee

The CNS then formed a committee composed of one director, one obstetrical educator, the director of the doula program, the director of anesthesia, an aromatherapist, three bedside nurses who strongly supported the change, and the CNS. Clearly, including anesthesia in the discussions of the evidence which supported these nonpharmacologic pain relief

methods was critical in gaining the support of that department. This committee met every 2-4 weeks for 6 months and spent much of their time planning how to begin the first institutional labor-support conference. The committee began to see the goal originally set by the CNS as their common goal, thus influencing others to support the program as well. Each committee member championed an area of the labor support and developed part of the didactic content and/or one of the labor-support stations that were used to educate the staff.

The Major Educational Effort:

The Labor-Support Conference for Staff

Plans were made to present the didactic part of the education for staff nurses at series of full-day conferences. This conference was ultimately offered six times during the first year of the planned change in order to educate all the nurses, and was mandated. The committee members presented the didactic content of the conference in power-point lecture format during the morning, and included a history of labor, a review of physiology, the evidence base for labor-support techniques, anesthesia options, relaxation, massage, and aromatherapy. During the afternoon, "labor stations" provided interactive experiences for staff to practice the labor-support techniques they had learned. These stations included position changes in labor, using the birthing bed and bar, aromatherapy, massage therapy, relaxation and visual imagery, birthing balls, hydrotherapy, and performing Leopold maneuvers (Figures 2 and 3). The beginning and end of the day included a skit of "How we have always done it" and "How we could do it" to reinforce and model all that had been learned. Each attendee received a reference syllabus and a pocket-sized ring of position choices to reference when supporting their labor patients. Over a 3-month period, close to 200 nurses received the education.

Obstetrician Buy-in

Although some obstetricians embraced this new philosophy quickly, some were not sure that this change in care would be appropriate for their patients. The committee's philosophy was, and is, to work with the obstetricians who agree that their patients should have the opportunity to choose this type of labor support, and to watch as additional obstetricians observe the success of the program and then agree to become a part of it. Those obstetricians who preferred not to participate simply did not do so. With time, many of the skeptical nurses, doctors, and anesthesia team members began to see the merit of giving the patients evidence-based labor-support choices.

Evaluating Response

Staff evaluations of the program reflected very good to excellent satisfaction with the conference, with many staff reporting a renewed passion for their careers as labor nurses. Staff were encouraged to tell the stories on the unit of how they used the newly learned support methods, and to discuss how the patients reacted. The leadership in nursing has actively tracked which labor-support techniques are

FIGURE 4. How You Can Implement Change to Include Complementary Therapies for Women in Labor.

A champion for change is the key original player!!

The champion needs to :

- advocate for change
- build a base of support with administration
- establish a team to plan change
- educate key people to share the vision
- identify additional champions and send them to conferences
- work with the team to plan how change will be implemented
- use all available resources
- leverage the energy of the group to inspire others to join
- give each team member ownership in the process
- seek input from the staff and committee for continuous process improvement
- not become discouraged by those who choose not to participate

used by the staff, and continually monitors vaginal and cesarean birth rates as well as patient satisfaction rates.

Patient satisfaction instruments have consistently shown high satisfaction levels. One by one, the patients have been given labor-support choices, and the birth experiences they desire.

Challenges continue to emerge in keeping enthusiasm high and implementing the changes in all the system hospitals. One of the hospitals has a higher risk population and more physician resistance to change, but the process of changing the culture there is ongoing.

Future Plans

Future plans include presenting a condensed version of the educational conference to the obstetricians with an emphasis on the ACOG position on labor support, the Cochrane Database results supporting labor-support techniques using complementary therapies, increased patient satisfaction, decreased risk of litigation from complications of cesareans, and increased bed availability because of the decreased length of stay for a vaginal versus a cesarean delivery.

Conclusion

Complementary therapies for women in labor are evidence-based and an ideal addition to the nursing care for the laboring woman. This article described five common therapies and the evidence for their use, as well as the experience of one hospital system in implementing these therapies. The change in practice took approximately 2 years from when it was first imagined. Although these nurses confronted all of the usual resistance to change, they persisted in making the change happen for their patients and believed that their experience can assist other nurses to do the same (Figure 4). Their journey to change the culture has been ongoing

and dynamic; they dared to dream and gave nurses the tools necessary to be successful in offering evidence-based, nonpharmacologic labor-support choices to patients. Their hope is that each woman, each nurse, and each physician will become empowered to use the nonpharmacologic complementary therapies to improve birth experiences. ❖

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Two of the authors of this article (Zwelling and Johnson) are employed by Hill-Rom, whose educational program is discussed herein.

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ONLINE



AromaWeb.
www.aromaweb.com

American Holistic Nurses Association.
www.ahna.org

Cutting Edge Press.
www.cuttingedgepress.net

Hill-Rom Family-Centered Maternal/Newborn Care and Labor Support Conferences.
http://hill-rom.com/usa/offering/services/services_professional.html

Institute of Integrative Aromatherapy.
www.aroma-rn.com

Jane Buckle, Clinical Aromatherapy for Healthcare Professionals.
www.rjbuckle.com

National Association of Holistic Aromatherapists.
www.naha.org

National Center for Complementary and Alternative Medicine.
www.nccam.nih.gov

APPENDIX 10.

To: Cheryl Larry-Osman
From: Kylie Springer, MS
Public Health Sciences, Division of Biostatistics
Date: 09/14/2020
Re: Labor Support Updated

Data Analysis

All continuous data are reported using mean, standard deviation, median, and range; while categorical data are reported as counts and column percentages (N (%)). Testing the differences between pre and post intervention are performed using the Flinger-Policello test. Statistical significance is set at $p < 0.05$. Significant findings will be bolded. All analyses are performed using SAS 9.4 (SAS Institute Inc., Cary, NC, USA).

Results

Table 1 displays the Flinger Policello test statistics and p-values for the differences between the pre and post scores for the Total Scores (tot_score), the medicalized birth belief scores (mech_score), and the normal birth belief scores (normal_score). No significant differences are observed between any of the pre-post scores. Table 2 displays pre and post demographic variables and education variables. Table 3 displays pre and post intrapartum experience. Table 4 displays pre and post current work environment.

Table 1: Differences between pre-post interventions

Variable	P-value
Total Score	0.3209
Medicalized Birth Scores	0.0510
Normal Birth Scores	0.5439

Note: I took the test statistic column out to avoid confusion and you don't need to report this value. Question answer is at end of document with a Table of mean, range, etc.

Table 2: Pre and Post Demographics and Education

	Pre	Post
Variable	N=69	N = 34
Age		
Mean	37.93	37.15
Median	36.00	33.50
Minimum	20.00	22.00
Lower Quartile	29.50	26.00
Upper Quartile	45.50	46.00
Maximum	69.00	69.00
Std Dev	10.82	12.99
Missing	1.00	0.00
Race		
White	44 (63.77%)	23 (67.65%)
Black	15 (21.74%)	7 (20.59%)
Hispanic	0 (0.00%)	0 (0.00%)
American Indian	1 (1.45%)	0 (0.00%)
Pacific	1 (1.45%)	0 (0.00%)
Two or More	3 (4.35%)	2 (5.88%)
Other	4 (5.80%)	2 (5.88%)
Method		
Vaginal	34 (49.28%)	17 (50.00%)
C-section	9 (13.04%)	6 (17.65%)
Forceps	2 (2.90%)	1 (2.94%)
Vacuum	2 (2.90%)	0 (0.00%)

NA	27 (39.13%)	14 (41.18%)
Location		
Home	2 (2.90%)	0 (0.00%)
Hospital	39 (56.52%)	20 (58.82%)
Birth Center	2 (2.90%)	0 (0.00%)
NA	26 (37.68%)	14 (41.18%)
Other	0 (0.00%)	0 (0.00%)
Opinion		
Positive	35 (50.72%)	15 (44.12%)
Negative	13 (18.84%)	6 (17.65%)
No Opinion	1 (1.45%)	0 (0.00%)
NA	26 (37.68%)	15 (44.12%)
Other	1 (1.45%)	0 (0.00%)
Education		
PhD	0 (0.00%)	0 (0.00%)
DNS	0 (0.00%)	0 (0.00%)
Doc	0 (0.00%)	0 (0.00%)
Doc Prac	0 (0.00%)	0 (0.00%)
MSN	3 (4.35%)	3 (8.82%)
Masters	1 (1.45%)	1 (2.94%)
BSN	45 (65.22%)	26 (76.47%)
Associates	22 (31.88%)	8 (23.53%)

Diploma Nursing	4 (5.80%)	0 (0.00%)
Other	2 (2.90%)	0 (0.00%)
EFM	32 (46.38%)	20 (58.82%)
Intrapartum	15 (21.74%)	6 (17.65%)
Birth Education	8 (11.60%)	1 (2.94%)
Midwifery	1 (1.45%)	1 (2.94%)
CNS	0 (0.00%)	0 (0.00%)
CNP	0 (0.00%)	0 (0.00%)
Doula	1 (1.45%)	0 (0.00%)
Certification NA	14 (20.29%)	0 (0.00%)
Certification Other	2 (2.90%)	0 (0.00%)

Table 3: Pre and Post Intrapartum Experience

	Pre	Post
Variable	N=69	N = 34
Total number of years worked as an intrapartum nurse		
Mean	7.53	8.52
Median	4.00	4.25
Minimum	0.10	0.50
Lower Quartile	2.00	2.00
Upper Quartile	10.00	10.00
Maximum	45.00	46.00
Std Dev	8.42	10.70
Missing	4.00	0.00

Elective inductions of labor	68 (98.55%)	34 (100%)
Augmented labors	68 (98.55%)	34 (100%)
Cesarean birth	67 (97.10%)	34 (100%)
Elective cesarean birth	57 (82.61%)	30 (88.24%)
Epidural anesthesia	69 (100%)	34 (100%)
Unmedicated vaginal birth	67 (97.10%)	34 (100%)
Forceps delivery	58 (84.06%)	28 (82.35%)
Vacuum extraction	68 (98.55%)	34 (100%)
Episiotomy	63 (91.30%)	32 (94.12%)
Ambulation for labor	65 (94.20%)	33 (97.06%)
Continuous fetal monitoring	69 (100%)	34 (100%)
Intermittent fetal monitoring	66 (95.65%)	34 (100%)
Laboring down	69 (100%)	34 (100%)
Birth plans	67 (97.10%)	33 (97.06%)
Use of closed glottis pushing	51 (73.91%)	30 (88.24%)
Use of open glottis pushing	49 (71.01%)	28 (82.35%)
Doulas	56 (81.16%)	27 (79.41%)
Use of breathing & relaxation techniques	65 (94.20%)	34 (100%)
Hydrotherapy	26 (37.68%)	14 (41.18%)
Water birth	10 (14.49%)	4 (11.76%)
Encouraging upright positioning during labor & birth	59 (85.51%)	30 (88.24%)
Certified nurse midwives	64 (92.75%)	32 (94.12%)
Certified midwives	30 (43.48%)	18 (52.94%)
Certified professional midwives	23 (33.33%)	5 (14.71%)
Lay midwives	10 (14.49%)	5 (14.71%)
Obstetricians	65 (94.20%)	34 (100%)
Family physicians	34 (49.28%)	15 (44.12%)
OB medical students & residents	57 (82.61%)	32 (94.12%)
Freestanding birth centers	4 (5.80%)	0 (0.00%)
Home birth	5 (7.25%)	3 (8.82%)
I have attended at least one continuing education event related to intrapartum nursing in the last 2 years		
Yes	64 (92.75%)	34 (100%)
No	2 (2.90%)	0 (0.00%)

Table 4: Pre and Post Current Work Environment

	Pre	Post
Variable	N=69	N=34
Type of hospital where I am currently employed is (select all that apply)		
Community	11 (15.94%)	3 (8.82%)
Private	0 (0.00%)	0 (0.00%)
Magnet	1 (1.45%)	9 (26.47%)
Level 1	24 (34.78%)	9 (26.47%)
Level 2	4 (5.80%)	3 (8.82%)
Level 3	34 (49.28%)	15 (44.12%)
Other (please specify)	0 (0.00%)	0 (0.00%)
Vacuum extraction	0 (0.00%)	0 (0.00%)
Type of birth attendants who practice at this hospital (select all that apply)		
Urban	66 (95.65%)	33 (97.06%)
Rural	2 (2.90%)	1 (2.94%)
Obstetricians	69 (100%)	34 (100%)
Family practice physicians	16 (23.19%)	10 (29.41%)
Medical residents	63 (91.30%)	33 (97.06%)
Medical students	58 (84.06%)	28 (82.35%)
Certified nurse midwives	67 (97.10%)	31 (91.18%)
Certified midwives	15 (21.74%)	7 (20.59%)
Other (please specify)	0 (0.00%)	1 (2.94%)
Annual number of births		
Up to 500	0 (0.00%)	0 (0.00%)
501 - 1000	3 (4.35%)	0 (0.00%)
1001 - 2000	4 (5.80%)	4 (11.76%)
Greater than 2000	60 (86.96%)	28 (82.35%)
Estimated percentage of cesarean births per month		
Below 10%	0 (0.00%)	1 (2.94%)
10 - 20%	9 (13.04%)	6 (%)
21 - 30%	29 (42.03%)	17 (%)
31 - 40%	19 (27.54%)	7 (%)
41 - 50%	7 (10.14%)	1 (2.94%)

greater than 51%	2 (2.90%)	0 (%)
Estimated percentage of elective inductions per month		
Below 10%	29 (42.03%)	14 (41.18%)
10 - 20%	16 (23.19%)	9 (26.47%)
21 - 30%	11 (15.94%)	4 (11.76%)
31 - 40%	4 (5.80%)	4 (11.76%)
41 - 50%	3 (4.35%)	1 (2.94%)
greater than 51%	3 (4.35%)	0 (0.00%)
Estimated percentage of patients who use epidurals for pain relief		
0 - 20%	1 (1.45%)	0 (0.00%)
21 - 40%	3 (4.35%)	2 (5.88%)
41 - 60%	22 (31.88%)	8 (23.53%)
61 - 80%	23 (33.33%)	19 (55.88%)
greater than 80%	17 (24.64%)	3 (8.82%)
Estimated percentage of patients who use continuous fetal monitoring (for at least one-half of their labor)		
0 - 30%	0 (0.00%)	1 (2.94%)
31 - 70%	1 (1.45%)	1 (2.94%)
greater than 70%	65 (94.20%)	30 (88.24%)
The patient documentation method used in our facility includes a mechanism for charting supportive, non-technical interventions used for patient comfort		
Yes	60 (86.96%)	33 (97.06%)
No	9 (13.04%)	0 (0.00%)
The typical Nurse/Patient staffing ratio used in our facility is		
1 to 1	31 (44.93%)	24 (70.59%)
1 to 2	38 (55.07%)	18 (52.94%)

1 to 3	4 (5.80%)	1 (2.94%)
1 to 4	1 (1.45%)	0 (0.00%)
1 to greater than 4	1 (1.45%)	0 (0.00%)

Table 5: Score distribution

	N							
	Obs	Variable	N	Mean	Std Dev	Median	Minimum	Maximum
Pre	69	Total	69	134.72	14.77	137.00	63.00	164.00
		Medicalized	69	50.59	7.24	51.00	33.00	66.00
		Normal	69	84.13	10.48	86.00	29.00	102.00
Post	34	Total	34	133.68	11.64	132.00	115.00	156.00
		Medicalized	34	47.62	8.05	47.50	30.00	65.00
		Normal	34	86.06	6.44	87.00	73.00	100.00

In Table 5 above, we can see that the pre intervention average score for medicalized birth beliefs is 50.59, with a range of 33-66. Based on the labor support tool, this range does not indicate that the IP nurse's beliefs are more closely associated with the elements of medicalized birth. Post intervention, the average score goes down slightly for medicalized birth beliefs, with a range of 30-65. The difference between the pre and post intervention is marginally significant as was seen in Table 1. For normal beliefs, the average score goes slightly up from pre to post, and we can see a big change in the range from pre to post.

APPENDIX 11. Open ended question responses.

**SECTION 3
THE INTRAPARTUM NURSE’S BELIEFS RELATED TO BIRTH PRACTICE
Pre- and Post- Participant Responses**

Question 1. According to my birth beliefs related to birth practice, the birth process is:

Question 2. According to my birth beliefs related to birth practice, my role as an intrapartum nurse in the birth process is:

IPNBBP Pre-Intervention Survey: LS Class Number 1 DATE: 6/25/19		
RN	Q1. Complete the following statement. According to my beliefs related to birth practice, the birth process is:	Q2. Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:
1	A natural part of life. Sometimes I feel healthcare providers intervene too much.	To support the laboring woman. I choose to respect the wishes of the patient while also educating. Sometimes what the patient wants and what the provider wants may not align and I am there to bridge that gap.
2	A natural occurring experience	Support, inform & coach both the mom & family to have a safe delivery.
3	An individual experience that’s unique for everyone	To support my patients’ decisions, belief & experience
4	A very individualized process and is different for every person and birth. The birth process can be either a positive or negative experience that sometimes as health care providers sometimes forget about it.	I believe I play a big role. I believe that the IP RN should listen to the patient and fully explain things. I don’t feel things should come as a surprise if they don’t have to. I feel that the RN can talk and relate with patients and at times may have to be stern if needed
5	The delivery of healthy infant in the safest way possible for mom & baby	Provide support for a laboring mom, be a patient advocate between pt and providers, educating mom on risks & benefits of breastfeeding and procedures
6	A time that can be memorable, physically & emotionally overwhelming, positive or negative based on patient/providers beliefs/practices/knowledge	To advocate for the patient regarding her wishes as well as implement effective technique to assist with labor/delivery process that will provide optimal outcomes. To use provider plans of care & carry them

		out safely & within policy/protocol requirements
7	Making sure the pt is educated and to give labor support	Pt support and educating the pt as much as possible
8	Something that is most if not all instances a natural one. We tend to compare one woman's labour to the next & determine what's "normal" based on comparison. We should be more patient, while being mindful of safety & recognize that each woman experience is her own	To support the laboring woman's wishes for her labor while ensuring both mom & baby's safety. Education communication and support
9	I believe that women should have the right to make their own choices as long as it safe for the patient and baby. Patients need to understand the fullest extend of the decisions they make	Make the birthing process a supportive, safe, experience for the patient. To follow what the patient wants as long as the patient is safe and baby

IPNBBP Pre-Intervention Survey: LS Class Number 2

DATE: 7/2/2019

RN	Q1. Complete the following statement. According to my beliefs related to birth practice, the birth process is:	Q2. Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:
10	To have a safe and happy delivery experience	Support the patient, listening to her opinions and beliefs, include her in the decision and be her advocate. Giving her options on pain management.
11	A focus on a pregnant woman's comfort and the well-being of the fetus (as it relates to the fetal heart rate). As long as the fetus is showing no distress, I believe it is a priority to do what needs to be done to allow the patient to be comfortable, whether that is ambulation, hydrotherapy or use of an epidural, it is the mothers choice to decide what makes her comfortable	To be a patient advocate. It is my job to advocate for my patients when she voices how she wants her birth experience to be on both spectrums or choosing natural delivery to choosing an epidural. It is also my job however, to be an advocate for the fetus who does not have a voice but is able to communicate his/her well-being through his/her heart tones. It is my job to voice to the patient when her desires may not align with the fetus in a situation where a c-section is necessary.
12	At its core a natural process. Childbirth is a very unique and individual process and everyone should have a say in how they wish to labor/deliver, one way does not fit all! I believe medical advancements are	To assist and support my patient in her choices to provide alternative options if her choices are not possible/her situation changes. To explain the process in ways she and her support system understand, answer

	making this possible for many, however, not every patient needs interventions for the sake of doing interventions	questions and provide reassurance. To build a relationship of trust and to advocate for the patient. Additionally, to monitor mom and baby to ensure a smooth and safe labor and delivery process.
13	No answer	To support the patient
14	No answer	No answer
15	Is natural	Provide comfort, safety, direction, management support, caring, intervention when appropriate, education, advocate.
16	A natural experience every patient will encounter	To the best of my ability, promote a safe environment for my patient and baby using my clinical knowledge and my compassion as a human. I want their experience to be better because I was their RN
17	A natural physiologic process	To support, care, educate, counsel, help, do anything I can to make this (labor, birth, recovery) process as easy, understandable, educated involved and supported (including family) (etc) as possible. - overall maintaining the highest levels of SAFETY(!) for mother and fetus (newborn) in the most efficient (and comforting) way(s) as possible. Also, through maintaining privacy and modesty.
18	What the mother desires it to be. Every woman's body and every labor is different. Listening to a woman through each stage of labor is what the "process" is all about. There is no set rules, stages, process.	Facilitate a safe, healthy birth by assisting the mother in her birthing experience. Safety of mother and baby come first while also considering mothers wishes for her experience. Advocating for patient in her cultural preference, pain management and birth experience is my sole responsibility.
19	Normal (especially for a low risk woman). A separate, individual experience 4 every woman, that can mean different things too every woman.	Trying to help the woman achieve her desired birth experience. Weather that means non-pharmacological vs. epidural, my arm is to support them through/educate/monitor safety throughout the entire process. Of note- In hospital it is much more difficult. I feel to support woman (barriers include nurse to patient ratio, culture of out unit)
20	A natural process that the body can do "physiological"	To support my patient and be her advocate. To help reassure her she is doing well, to use my knowledge as a IP nurse to keep her relaxed and comfortable and help to position her in ways to progress labor. I am her support and am there to work with her to help

	deliver her baby vaginally with ease and in ways that she wishes.
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IPNBBP Pre-Intervention Survey: LS Class Number 3

DATE: 7/9/2019

RN	Q1. Complete the following statement. According to my beliefs related to birth practice, the birth process is:	Q2. Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:
21	No answer	No answer
22	Natural painful but worth the pain, different for everyone, Scary but exhilarating	Make the experience as personal and comfortable as possible. Eliminate fear of the unknown. Include family to create lasting memories and bonds
23	Unique & should be individualized	Support & encourage the mother to do what she feels is correct as long as it does not compromise her health or the baby's
24	What keeps me employed	Monitoring mom and baby to ensure safety of both. Support to mom during labor to cope. Support & advocating for my patient to respect her swishes (as long as it's safe).
25	A natural way of having a baby that is individual to each person and their beliefs	To help the patient to have a safe uneventful birthing experience and listen to what the patient wants and explain and support the pt in their beliefs and wants
26	No answer	Educate, advocate, encourage, & support. I find patients find comfort when nurses educate & explain the process (clear up misinformation). Advocating for a patient is crucial many women don't know how to communicate their desires or fears to the providers. Encourage when it get's difficult, supporting them emotionally.
27	A natural process	No answer
28	Different for everyone but follows some general known physiological processes & progression. It is a natural and age-old process.	To support the patient to the best of my ability. Provide comfort measures, support the family & also by providing information & education. To advocate for the patient and their desires, and act as an ambassador between the patient and the providers.
29	A natural phenomenon that does not always require manipulation. It should heavily	To advocate for the patient. It is my job to make sure the patient receives the desires of her experience, as long s it is safe and

	involve the desires of the patient and allow her support system to assist as necessary.	effective. It is my job to support the patient and make sure she fully understands her experience
30	One that should facilitate the most natural and comfortable way a mother can deliver her child according to her wishes.	To assist & support the mother during the labor & delivery process while ensuring a safe passage for infant & mother.
31	Natural. Birth will happen MOST of the time, regardless of what providers are doing. Our role is to facilitate the birth by comforting the mother, and providing position changes in or to position the baby for proper alignment that will help the labor to continue on safely and more efficiently, in order to increase the chances of a vaginal delivery.	See above
32	No answer	No answer
33	A natural process that should be supported but not all mother's have realistic or educated knowledge to the process	To provide emotional & physical support & guidance . To review pt.'s plan to be realistic with pt. To provide input & guidance as necessary. To be advocate for pt whether between medical team or with family who are promoting their views.

IPNBBP Pre-Intervention Survey: LS Class Number 4

DATE: 7/23/19

RN	Q1. Complete the following statement. According to my beliefs related to birth practice, the birth process is:	Q2. Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:
34	Educating patients/families on labor /birth and postpartum care. Making sure patients are educated on the process so they can make educated decisions on their care. Assuming all policies are followed for safe and positive outcomes.	<ul style="list-style-type: none"> • Supporting patients in their decisions. • Educating patients on options. • Respecting different cultures and their beliefs during labor/delivery. • Answering questions and concerns patients/family members have. • Being an advocate for patients. • Following policies/practices, safe practices during labor/delivery. • Promoting safe deliveries and positive outcomes and experiences to mothers/babies/ and families.

35	<ul style="list-style-type: none"> • Natural • Different for every woman and every pregnancy. • Viewed differently by different cultures. • Exciting and frightening. 	<ul style="list-style-type: none"> • To teach/guide a patient through the birth process. • Ensure the health of mom/baby (vitals, EFM) • Provide comfort measures for mom during labor including medication, fluids, positioning, encouraging ambulation, family involvement when welcome for distraction/comfort.
36	A patience ____, where the patient and family have to be educated, informed of the process and be involved in the process.	<ul style="list-style-type: none"> • Is for the patient to have the best of experiences and the family as a guide.
37	A natural and exciting time in a person's life, in which they should feel empowered and supported by loved ones and knowledgeable staff to get through the birth process or comfortably as positive.	<ul style="list-style-type: none"> • To support and empower the patient and loved ones to find the strength to endure the process while also educating them regarding, labor, interventions & postpartum.
38	A natural process that does not always need "medicated" intervention.	To provide comfort to the patient as well as facilitate and easier and possibly quicker birth and a safe birth.
39	An individual process, each patient has to be access correctly and their needs addressed accordingly.	To help ensure a safe work environment and need to mom and baby
40		<ul style="list-style-type: none"> • To assist and care for the laboring patient and ensure the safest delivery possible.
41	<ul style="list-style-type: none"> • Different for each patient and their family and a memory they will hold forever, whether its their 1st or 15th. • Some have cultural or religious practices/beliefs others have personal preference. 	<ul style="list-style-type: none"> • To support the mother and family during the laboring and birthing process, educated on interventions and POC. • Communicate with the mom, family, and medical team.
42		
43	An integral part of mom and baby well-being.	To be an advocate and ensure patient safety.
44	Providing support, education, interventions for patients during their hospital stay.	Assist patient and family with a safe delivery allowing them to be included in process and educate them during this.
45		
46	<ul style="list-style-type: none"> • A magical and unique experience. • Each mother experiences birth differently. • Each mother has different expectations and ideas about how birth should go. 	<ul style="list-style-type: none"> • To support the patient as she desires and to keep her and her baby safe. • Some women prefer more hands on from me as the nurse, some prefer hands on from their family, which involves

	<ul style="list-style-type: none"> We should do our best to honor this within reason to keep both mom and baby safe. 	<p>teaching on my end and some prefer minimal interaction.</p> <ul style="list-style-type: none"> Discussing this with the patient ahead of time and creating a plan of action is great.
47	<ul style="list-style-type: none"> Unique to the individual and their families. I believe that cultural and religious beliefs should be respected as long as it does not harm the infant and mother. 	<ul style="list-style-type: none"> Maintain a safe environment and educated patient and family during the birth process, as well as provide support.

IPNBBP Pre-Intervention Survey: LS Class Number 5

DATE: 8/20/19

RN	Q1. Complete the following statement. According to my beliefs related to birth practice, the birth process is:	Q2. Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:
48	<ul style="list-style-type: none"> A natural process that sometimes has too much/unneeded medical interventions. I think sometimes the process is rushed instead of letting things happen on their owns. 	<ul style="list-style-type: none"> Important to help the patient/patient family have the birth of experience they want, while guiding them along the way and promoting a safe and healthy delivery for mom and baby.
49	Unique to each individual patient.	<ul style="list-style-type: none"> To help guide mom through the labor process, delivery of baby and immediate recovery phase. To provide comfort to mom and family members. To teach mom and family about what is happening and why. To make each birth a memorable, safe experience for mom and family.
50	Defined by the patient.	<ul style="list-style-type: none"> To care for, comfort, encourage, and teach the patient about the labor process. To provide interventions to ensure a safe birth.
51	A normal physiological process, that with proper education and preparation can be managed well by the laboring woman and her support person (s)	<ul style="list-style-type: none"> To constantly advocate for my patient as well as to make sure that labor is going as the patient would like as long as it is safe for the baby and mother.

		<ul style="list-style-type: none"> • I am support person as well as someone that the patient should trust to help them cope with labor.
52	Different for every patient.	To provide supportive, safe care and education to the patient and family.
53	A physiological, mental, and emotional process that requires support, focus, and determination.	<ul style="list-style-type: none"> • To develop trust with the patient and support them in any way possible to incorporate their wishes into their plan of care and assist them to successfully delivering in a safe way. • They should be treated with the same kindness and compassion that a loved one would be treated with and creativity must be used to facilitate interventions that will aid the birthing process.
54	Early labor through recovery.	To provide safe, competent care, while supporting the wishes of the patient.
55	<ul style="list-style-type: none"> • A very natural and intimate experience that should be protected. • Women should support each other through the process. • It is ultimately the mother and infant's safety which is the number one goal. 	To help every mother achieve her ideal birth experience while ensuring their safety and that of the baby.
56		<ul style="list-style-type: none"> • To give continuous support, guidance and encouragement to the client. • Keeping her desires and wishes at the forefront. • Explaining and educating all procedures to her and her family/support. • Staying true to her birth plan. • Allowing her to remain in control of her experience.
57	<ul style="list-style-type: none"> • A natural event • Supporting the mother is critical to outcomes. 	<ul style="list-style-type: none"> • Encourage the patient • Take care of her needs • Assess and make sure fetus is tolerating labor
58	Natural, uncomfortable and exciting.	<ul style="list-style-type: none"> • To support the woman and her family to have the best possible experience while protecting the health and welfare of her and her future child.
59	<ul style="list-style-type: none"> • Whatever the person wants it to be. • It's a mother journey/experience. • It's a privilege to be a part of it. 	<ul style="list-style-type: none"> • To support and advocate for the patient. • Discuss their plan, support in making it happen, provide explanation/education • Offer choices when able

	<ul style="list-style-type: none"> The process is individual, its about meeting with the patient and mapping out her journey and letting her know (providing education) about what her choices are if its not going according to her plan and letting her know that you are her guide and will help her along the way. 	<ul style="list-style-type: none"> To be their voice.
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IPNBBP Pre-Intervention Survey: LS Class Number 6
DATE: 12/10/2019

RN	Q1. Complete the following statement. According to my beliefs related to birth practice, the birth process is:	Q2. Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:
60	<ul style="list-style-type: none"> A natural process and requires natural movement. It should not be restricted for monitoring unless highly needed. Movement should be encouraged and supported by all staff members. 	<ul style="list-style-type: none"> The most vital role in the labor process. It's up to the nurse to educate and encourage the patient to move around and to provide all the equipment to ensure other positions the patient can move around in to help support her labor.
61	<ul style="list-style-type: none"> Whatever the mother wants is to be. As long as she understands things can/will change based on medical conditions. 	To support the patient, speak up/advocate and protect mom/baby the best way that I can.
2	<ul style="list-style-type: none"> Different for everyone. Each pregnancy is different and should be treated that way. It is always changing, and we need to adapt to not only the process but our very different patients. Ach shift is different as well as each patient and family. 	<ul style="list-style-type: none"> To be a voice for a patient. Explain to them the process and what to expect. Hear what they have to say and their concerns.
63	Best when the patient wishes are listened to during the whole process.	To make sure the patient is heard during labor, making the patient as comfortable as possible, advocating for my patient for a healthy mom and baby and having an uncomplicated delivery.
64	<ul style="list-style-type: none"> A natural process done all day, every day, around the world. 	<ul style="list-style-type: none"> To support the mother during labor and birth to ensure safety of mother and baby in labor and birth.

	<ul style="list-style-type: none"> • Has many more interventions than needed, partially due to sicker patients 	
65	<ul style="list-style-type: none"> • Meant to be a memorable experience for the patient, not one that traumatizes her. 	<ul style="list-style-type: none"> • To support my patient while in labor and to make sure all her wishes of what she wants her labor to be are realized.
66	<ul style="list-style-type: none"> • Progressive cervical dilatation which may or may not change fetal station, with the end result of birth either vaginal or c/s. 	<ul style="list-style-type: none"> • Supporting the women and providing direct care. • Monitoring the fetus and the labor process.
67	<ul style="list-style-type: none"> • A NATURAL and extremely SUBJECTIVE personal endeavor. • We may have personal experiences and beliefs but ultimately, we should CONSTANTLY assess moms needs. • I stress constantly because those needs might change with increased pain, stages, or per the situation. • Nurses ought to be FLUID and unbiased.....a true support. 	<ul style="list-style-type: none"> • Ensure a safe environment for mom and baby while trying to fulfill all of moms emotional and physical needs.
68	<ul style="list-style-type: none"> • A natural process that includes pain and discomfort and the birthing mothers needs support both mentally and physically in order to relax enough for this process to take place. 	<ul style="list-style-type: none"> • To provide support mentally – to keep the environment calm and provide information continually about this patient’s birth journey. • To provide support physically with all modalities, pillows, bed, balls, heat, cold, showers, and • To provide more information and emotional support as her labor progresses. • To explain the process of change taking place during her birth process and when it changes.
69	<ul style="list-style-type: none"> • Personal, patient driven, involves family • In high risk environment- making a high-risk delivery as “normal” as possible – creating a positive birth experience. 	<ul style="list-style-type: none"> • To provide a safe, supportive environment for patient and family to have a positive birthing experience and a healthy baby.

IPNBBP Post-Intervention Survey: MARCH 1, 2020 – MARCH 31, 2020
Number I-34

RN	Q1. Complete the following statement. According to my beliefs related to birth practice, the birth process is:	Q2. Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:
1	A natural and beautiful process. It also can be very dangerous, as long as a patient doesn't have any risk factors. She should be allowed to direct how she wants her labor to be.	<ul style="list-style-type: none"> • To provide as much direction, education and support as possible. • Keeping the patient informed and confident that she can do this.
2	<ul style="list-style-type: none"> • A significant life experience. • A family experience. • A natural experience. 	<ul style="list-style-type: none"> • To educate mom and support person on labor, treatment options, skin to skin, baby care. • To promote comfort and progression of labor through position changes, ambulation, massage, counter pressure, hot/cold application, medication. • To monitor mom and baby in the immediate post-birth recovery period.
3	<ul style="list-style-type: none"> • Normal, empowering time in life. • Can be high risk for certain populations. 	<ul style="list-style-type: none"> • Enabling physiological birth. • Helping mother/family with coping and guiding them for what they want through the process. • Education. • Enabling breastfeeding/skin to skin.
4	Completely normal human experience that can be a beautiful empowering process for women and families if supported in a way that helps achieve the patient's goals.	To help the patient achieve their goals through their birth experience while maintaining the health of the maternal-fetal dyad.
5	Natural, often low risk, empowering experience for women. Many women are high risk and require specialized care prenatally, intrapartum, postpartum, into the first year. All women should have access to quality care.	<ul style="list-style-type: none"> • Providing a supportive environment for mother and babies guided by evidence based practices. • Advocate and education for patients and their families as they move through the continuum of care.
6	<ul style="list-style-type: none"> • Amazing • Life changing • Memorable • Need to focus on patient needs first. 	<ul style="list-style-type: none"> • Provide support • Inquire patients birth plan-working towards that goal • Making this birth process a positive a positive one as it's a memory you will never forget.

		<ul style="list-style-type: none"> • Being patients advocate with providers and family
7	A natural cycle in the lifespan of women.	Supporting the woman
8	<ul style="list-style-type: none"> • A magical moment that I feel incredibly lucky to be part of. It is a time for vulnerability for some, fear, which ends with joy and love. • It is a time for learning and teaching. • A time to show support to out strong mothers. 	<ul style="list-style-type: none"> • To teach, support, provide comfort, reassurance. • Sometimes we are a shoulder to cry on, whether it tears of sadness or tears of joy. We are our patients' advocates who stand by them and help guide them.
9	<ul style="list-style-type: none"> • Individualized, but usually always intimate and personal. Everyone has different expectations, pain tolerances, and goals for their birthing experience. • Therefore, the POC for each patient should be different to respect the patient's individual needs. • A common denominator, however, even for most patients having a baby is a very intimate moment for a mother and father. • Therefore, their emotions, thoughts, and wants should always be a priority. 	<ul style="list-style-type: none"> • To respect the patients desires and wants, while also being in alignment with the safety of the mother and unborn child. • Sometimes what the patient wants is not always the same as the providers recommendation, which is where the nurse comes into play, whether that means educating to the patient about a particular health risk or acting as a patient advocate when it is possible to accommodate to their needs without putting their health or the baby's health in harms way.
10	<ul style="list-style-type: none"> • 4-stages of labor, the shortening and opening of the cervix, descent, birth and the delivery of the placenta. • Recovery after delivery of placenta. 	<ul style="list-style-type: none"> • To promote care to the laboring patient, who delivers via vaginal or C/S birth & scheduled or unscheduled. • Care of the baby and mother after delivery.
11	Beautiful life experience.	<ul style="list-style-type: none"> • To help the patient with the birth process, including pain, discomfort, positioning, explanations of what going on, guidance during birth process.
12	A natural and beautiful thing. It is fluid and needs and care must change accordingly.	<ul style="list-style-type: none"> • To provide comfort, aid in diminishing pain according to the patient's plans or desires, provide education and support/encouragement, offer ideas and suggestions, mediate between the patient/family and providers.
13	A natural process of human life that should be encouraged to fulfill in the way that respects the mothers wishes as well as facilitates a safe healthy delivery for both mother and baby.	<ul style="list-style-type: none"> • To help a mother and baby through labor and birth with knowledge, compassion and support. • The end goal is always to have a healthy mom and baby.

		<ul style="list-style-type: none"> • As long as it is safe, a nurse should always encourage mom to labor as she wishes. • Its our job to make it as safe as possible.
14	<ul style="list-style-type: none"> • Natural. • Sometimes doesn't go the way we expect. 	<ul style="list-style-type: none"> • To ensure mom and baby are safe. • To do my <u>BEST</u> to ensure their needs and wishes are met. • To provide the upmost respect and privacy they desire. • I always try to make sure that my patient has the birth they envision.
15	<ul style="list-style-type: none"> • Always changing and dependent on the patient and family. • Not all labors or births are the same. • Also, not all patients have the same desires or understanding of the labor process. • Nurses are there to provide support and teaching but also make sure the patient and baby are safe. 	<ul style="list-style-type: none"> • Very important! • I feel as though we are first line. We should know the patients wishes are try to help obtain those to the best of our ability we also keep the patient informed and help with the entire labor & delivery process.
16	<ul style="list-style-type: none"> • A beautiful experience. • An amazing ability that women were gifted. • I also believe the nurse can greatly impact the delivery experience. 	<ul style="list-style-type: none"> • Support, educate and comfort. • I also believe the nurse role is to advocate for the laboring patient. • To assure patient wishes are met if possible.
17	<ul style="list-style-type: none"> • To help nurture the patient to listen to her body. • To help the natural process of birth occur according to the patient's wishes and desires for her birth experience. • To keep mom and baby safe by being competent at reading fetal monitor strips and being aware of mothers health issues or baby's health issues. 	<ul style="list-style-type: none"> • To give support to the laboring patient • To encourage her to try different ways to cope with her labor pain and help her deal with her family. • To encourage her family to be helpful. • To ensure she feels safe and supported in any decision she has made. • To educate her on the normal birth process and help her to understand her role, to teach her all about every intervention or medication and to help her anticipate things that might occur.
18	Natural	Help that natural process.
19	A process of safely delivering a baby.	<ul style="list-style-type: none"> • To support the laboring mom and her partner from start to finish. • Listening to their goals during the process and helping achieve them while maintaining safety of mom and fetus.

		<ul style="list-style-type: none"> • Educating and explaining all interventions before doing so. • Making the patient and her partner comfortable and making this experience one to remember.
20	<ul style="list-style-type: none"> • An intimate, exciting, exhausting, and focused time in the lives of a woman and her significant other/support person. • It can be a slow process that requires 100% effort on both the patient and the care team. • Educating the patient about interventions and the physiologic process of labor is essential and helping to aid the dilatation/effacement process through labor support techniques is necessary. • Most of all, ensuring patient happiness and trying to follow the patients plan as much as safely possible is important. 	To maintain safety of both mom and baby while accommodating the wishes and plan envisioned by the mother for her ideal labor and delivery.
21	n/a	n/a
22	Unpredictable	Be flexible, understanding, and supportive since each birth process is unique, you must be able to adopt with patient's needs/preferences while keeping both the mother and baby's safety your first priority.
23	Is different for everyone. Its important to listen to the patient's needs and beliefs to ensure a safe delivery.	Support, encourage, and help.
24	Natural and should be completed based on the needs and desires of the patient and can progress as long as it is medically allowed.	<ul style="list-style-type: none"> • To fully support the patient, provide whatever needs she has and advocate for her safety and decisions. • I am her voice when she is unaware to speak. • I speak life into her. • I encourage her and I give her the best experience she deserves.
25	Unique to each patient and should go according to their beliefs, as long as it is safe for the mother and baby.	Support to mother and family and ensure safety at all times.
26	Started from contractions to birth	Important in providing labor support and respecting every woman's choice.

27	I don't know how to answer the question.	<ul style="list-style-type: none"> • Advocate, educator, support decision making, include patient and family in the POC. • Help to provide a safe and happy delivery experience.
28	Is a natural process that women are made to experience. Their bodies are made for labor.	To provide comfort to the laboring woman while respecting her wishes and keeping her the her unborn child safe.
29	<ul style="list-style-type: none"> • Different for every patient. • I believe that education, explanation and listening to the patient's preferences plays a major role in birth outcomes. 	Coach, encourage, educate, support and advocate for the safety and well being of both mom and baby.
30	Starting intrapartum, throughout postpartum period, ever changing, based on patient condition. Safety focused, any type of delivery.	<ul style="list-style-type: none"> • Advocate, educate, support decision-making, ask/answer questions, ask patient perceptions of birth process, alonitorways include patient/s.o. in plan of care, encourage position changes, nonpharmacological methods for comfort and pain relief, involve sig other (s.o.), bond with patient and family as much as is comfortable for them to help birth process be as positive and memorable as possible within limit of safe care.
31	<ul style="list-style-type: none"> • A beautiful and magical time in a patient's and their partners lives. • It is different for every single patient and should be adjusted as such to make labor and delivery as smooth and comfortable as possible, keeping in mind patient preferences for labor support. 	<ul style="list-style-type: none"> • To keep mom and baby safe while maintaining privacy, protecting modesty and doing my best to give the patient the best birth experience as possible. • Ideally helping her and her partner towards their "ideal" birth experience.
32	<ul style="list-style-type: none"> • A unique experience for each mother. • For most mothers, it's a special moment for her and her growing family. • But for other mothers it can be a traumatic and emotionally devastating occurrence. • Some are left with new responsibilities and challenges with no support. 	<p>My role as a labor and delivery nurse is to like that of any IP nurse, to ASSESS my patient.</p> <ul style="list-style-type: none"> • Where does my patient fall in this spectrum? • Does she need labor coaching, or does she need emotional support? • Is this a celebration of is it a struggle? • My job is to be there for her and ensure her safety
33	Whatever the mother wants it to be.	<ul style="list-style-type: none"> • Reassurance, promotion of comfort, safe and secure delivery of healthy newborn.

34	A natural process! It is a life changing moment for most people!	<ul style="list-style-type: none">• My role is to protect the mother and child during the childbirth process and to ensure safety of everyone.• My goal is to educate my patients about the process to empower them to make the right choices while maintaining safety!
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