Nurse’s Role in Labor Support

Labor Support Workshop

Oklahoma Perinatal Nurses’ Forum

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Why Labor Support?

“Although birth is only one day in the life of a woman, it has an *imprint on her for the rest of her life.*”

—Justine Caines
Objectives

- Discuss the role of labor support in quality improvement and decreasing cesarean rates
- Discuss common pharmacological pain relief measures in labor
- Discuss the role of the labor support team and its members
- Discuss the 4 components of labor support
- Discuss 2nd stage labor practices to reduce perineal lacerations
- Demonstrate hands on measures that promote comfort and support of the laboring woman
Who needs labor support?

• The mom who wants an unmedicated, natural birth
• The induction mom who wants an epidural ASAP
• The planned c-section mom
• **ALL LABORING MOTHERS!!!!**
U.S. Cesarean Births

Total cesarean deliveries:
United States, 2020

Percent of live births
- Over 32.6 (16)
- 29.1-32.6 (18)
- Under 29.1 (17)

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TOTAL CESAREAN DELIVERIES

United States, 2010-2020

Percent of live births

AWHONN & Labor Support

- AWHONN asserts that continuous labor support from a registered nurse (RN) is critical to achieve improved birth outcomes.
What is “Labor Support”?

• It is more than pain relief
• It is about providing the mother with what she needs & desires for her birth
• Supporting her decisions for her labor & birth
• Creating a positive relationship between mother and the labor support team
• Emotional, physical, spiritual, advocacy
• Can be from a variety of sources
Medications & Pain Management

- Pain in labor
- Pain vs. discomfort
- What is pain?
## Medications for Pain

### Table 1

<table>
<thead>
<tr>
<th>Agent</th>
<th>Usual Dose</th>
<th>Onset</th>
<th>Duration</th>
<th>Neonatal Half-life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meperidine</td>
<td>25–50 mg IV</td>
<td>5 min IV</td>
<td>2–4 h IV/IM</td>
<td>13–22.5 h</td>
</tr>
<tr>
<td></td>
<td>50–100 mg IM</td>
<td>30–45 min IM</td>
<td></td>
<td>63 h (metabolite)</td>
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<tr>
<td>Fentanyl</td>
<td>50–100 mcg IV/IM</td>
<td>1–2 min IV</td>
<td>30–60 min IV/IM</td>
<td>5.3 h</td>
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<tr>
<td></td>
<td></td>
<td>7–15 min IM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Butorphanol</td>
<td>1–2 mg IV/IM</td>
<td>2–3 min IV</td>
<td>3–4 h IV/IM</td>
<td>Unknown</td>
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<tr>
<td></td>
<td></td>
<td>10–30 min IM</td>
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<td></td>
</tr>
<tr>
<td>Nalbuphine</td>
<td>10 mg IV/IM</td>
<td>2–3 min IV</td>
<td>3–6 h IV/IM</td>
<td>4.1 h</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15 min IM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td>2–5 mg IV</td>
<td>3–5 min IV</td>
<td>4–6 h IV/IM</td>
<td>7.1 h</td>
</tr>
<tr>
<td></td>
<td>5–10 mg IM</td>
<td>30–40 min</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: References 11, 12.*
Epidural

- Form of anesthesia
  - Spinal vs. epidural
  - Combined spinal & epidural
  - General

- Medication & catheter management
  - Role of the RN, APRN, & MD/DO
Role of the RN in Epidural Use in Labor

- Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia and Anesthesia by Catheter Techniques
  - AWHONN believes that registered nurses (RNs) who are not licensed anesthesia care providers should monitor but not manage the delivery of analgesia and anesthesia by catheter techniques to pregnant women.
Role of the RN in Epidural Use in Labor

• Safety
• Assessment
• IV management
• Nursing interventions
• Labor support continues!
Nitrous Oxide

- Nitrous oxide (N2O) should be a vital component in the provision of quality maternity care, and the bedside labor nurse is the ideal candidate to initiate N2O use.
Labor Support Team

- Family
- Laboring Woman
- Doula
- Nurse
- Provider

Konrad, K. 2014
What is a doula?

- The word “doula” is Greek for “a woman who serves”
- A professional labor or postpartum support person
Why use a doula?

• Doulas are an integral part of the interprofessional labor support team!
• Research supports the use of doulas!
• Doula reduce c/s, improve breastfeeding rates and duration, improve satisfaction with birth experiences, decrease incidence of postpartum anxiety, PPD & PTSD
• Use of continuous labor support by a certified doula encouraged by AWHONN, ACOG and SMFM
• Many certifying bodies- DONA most common
But I am there, why does she need a doula?

- Labor nursing care involves many safety measures, tech needs and other critical thinking and task-oriented procedures
- Nurse patient ratios
- Doula there for entire labor, 1:1 continuous support
- Established mother/family/doula relationship
- Continuum of care from doula that L&D nurses cannot offer
- Increased job satisfaction for BOTH nurse & doula
4 Components of Labor Support

- Advocacy
- Emotional
- Informational & Educational
- Physical

Advocacy Support

- Recognize YOUR thoughts, wishes, desires for birth
- Recognize HER thoughts, wishes, desires for birth
- Stay CALM
Advocacy Support

• Respect and follow her birth plan
• Provide a safe environment
• Promote & provide safe care
• Give HER control
Emotional Support

• Be present!
• Be open
• Maintain eye contact!
• Care for the patient 1st, equipment 2nd
Emotional Support

- Respect & FOLLOW the birth plan!!
- Give mom control- it is her birth, not yours
- Explain what you are doing
- STAY CALM!
Emotional Support

- Encourage mom- “you’re doing great!” “Baby is doing well!”
- Provide affirmation- “this is hard work- good job!”
- TOUCH
- Stay on her level
- Be honest
Emotional Support

- Promote communication:
  - Introduce yourself!
  - Respect mom’s wishes and culture
  - Maintain eye contact
  - Stay on her level
  - Answer questions
  - Follow up
Educational Support

- Be honest
- Translate
  - Jargon → plain English
- Provide answers
  - If you don’t know, find out!
- Use the moment
Physical Labor Support: Position Change - Q 30 Minutes

Middle pictures courtesy of Samantha Flowers, BSN, RN, CD(DONA) ©2012
Physical Labor Support: Rebozo

- All pictures copyright of Paulina G. Perez, RN, FACCE, LCCE, CD & Jessilyn Dolan, RN, CLD, CMT, CIMI, HBCE from Rebozo Workshop on October 20, 2012 in Burlington, Vermont
Physical Labor Support: Breathing Techniques

- Works to prevent hyperventilation
- Provides distraction
- Moms often develop their own pattern
  – The 3 R’s
- Cleansing breath- exhale completely
Physical Labor Support: Visualization

- Hypnosis
- Focal Point
- Visualizing relaxing place
- Visualizing self with baby
- Visualizing cervix opening
  - Life saver
  - Opening flower
Physical Labor Support: Relaxation

- Progressive relaxation
- Touch relaxation
- Relaxation of specific muscle areas
- Hypnosis
- Breathing
- Meditation/prayer
- The “3 R’s”
Physical Labor Support: Mindfulness

- Meditation/prayer
- There is an app for that…
  - Headspace
  - Gentlebirth
  - Calm Birth
Physical Labor Support: Positive Touch & Massage

- Offer your hands!
- Effleurage
- Hair brushing
- Hand/foot massage
- Back massage
- Counter pressure
Physical Labor Support: Water

- Shower
- Bath
- Water sounds
- Wet wash cloth
- Drinking

Photo courtesy of Karen Prior, LCCE, CD(DONA), E-RYT of Mamaste Yoga ©2010
Physical & Emotional Labor Support: Mental Activities

- Distraction
- Rhythm (The 3 R’s)
- Talking
- Chanting
- Meditation/prayer
- Hypnosis
Physical Labor Support: Heat & Cold

- **Heat**
  - Rice sock
  - Heating pad
  - Warm blankets/towels
  - Warm environment
  - Warm water

- **Cold**
  - Cool compress
  - Cold pack
  - Cold peripad
  - Cold pop can
  - Cool air- fan
Physical Labor Support: Environment

- Maintain calm
- Minimize interruption
- Minimize harsh lighting
- Adjust room temperature
- Music/TV if mom desires
Physical Labor Support: Promoting Labor Progression

- Encourage movement
  - Walking
  - Birth ball
  - Lunging
  - Leaning
  - Pelvic tilt/rock
Physical Labor Support: Promoting Labor Progression

• Position change (q 30 min)
  – Side lying
  – Hands & knees
  – Squatting
  – Standing
  – Birth ball
Physical Labor Support: Promoting Labor Progression

• Decrease fears
• Administer meds & fluids properly
• Promote maternal hydration

Photo courtesy of Karen Prior, LCCE, CD(DONA), E-RYT, Mamaste Yoga, LLC ©2012
Physical Labor Support: Promoting Optimal Fetal Positioning

- Encourage movement
  - Walking
  - Birth ball
  - Lunging
  - Leaning
  - Pelvic tilt/rock
**Physical Labor Support: Promoting Optimal Fetal Positioning**

- Position change (q 30 min)
  - Side lying
  - Hands & knees
  - Squatting
  - Standing
Physical Labor Support: 2nd Stage

- Measures to reduce perineal lacerations
- Measures to reduce lower extremity nerve injury in childbirth (LENI)
- Nurse POWER!
Physical Labor Support: 2\textsuperscript{nd} Stage

- Measures to reduce perineal lacerations
  - Comfortable position for mom
  - HANDS OUT!
  - Support the perineum
Physical Labor Support: 2\textsuperscript{nd} Stage

- Measures to reduce perineal lacerations, cont’d
  - Push at peak of contraction
  - Support rather than coach
  - Open glottis pushing
    - Avoid holding breath
    - Gentle exhale
Physical Labor Support: 2nd Stage
Pushing/Birth Positions

- Birth Position: Birthing Stool
- Birth Position: Birthing Bar
- Birth Position: Kneeling
- Birth Position: Squatting
- Birth Position: Reclining
Measures to Reduce LENI

- Avoid knee hyperflexion > than 90 degrees
- Position change q10-15 minutes in 2\textsuperscript{nd} stage
- NO lithotomy or stirrups

Life Magazine, 1974
Measures to Reduce LENI

• Do not lean a pregnant person’s legs against hard surfaces
• Rotate hand positions while supporting knees
• DOCUMENT positions changes, especially in the 2nd stage

Life Magazine, 1974
Physical Labor Support: 3rd & 4th Stage- Promoting Bonding

• Keep mom & baby together
• Perform routine assessments and procedures in mother’s room (better yet- on mom’s chest!)
• SKIN TO SKIN
• Encourage immediate breastfeeding
Physical Labor Support: Interventions for Back Labor

- Hands & knees
- Side lying with rapid side to side movements with epidural
- Peanut ball
Physical Labor Support: Interventions for Back Labor

- Counter pressure
- Double hip squeeze
- Rebozos
Physical Labor Support: Interventions for Back Labor

- Knee press
- Pelvic tilts
  - Passive
  - Maternal

Photo courtesy of Paulina G. Perez, RN, FACCE, LCCE, CD
“Birth is not only about making babies. Birth is about making mothers—strong, competent, capable mothers who trust themselves and know their inner strength.”

Barbara Katz Rothman
References

• Where to start looking for information?


References

• Association of Women’s Health, Obstetric and Neonatal Nursing (2018). AWHONN position statement: Nursing care quality measurement. AWHONN.org


References


References


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