

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



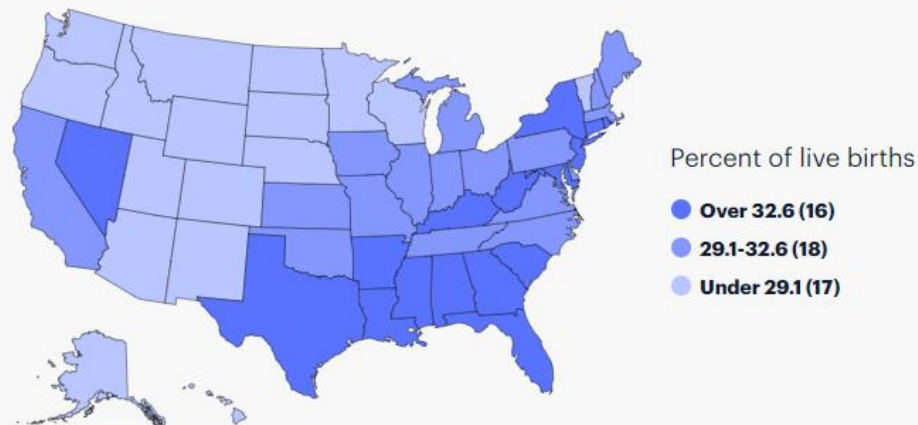
Who needs labor support?

- The mom who wants an unmedicated, natural birth
- The induction mom who wants an epidural ASAP
- The planned c-section mom
- **ALL LABORING MOTHERS!!!!**



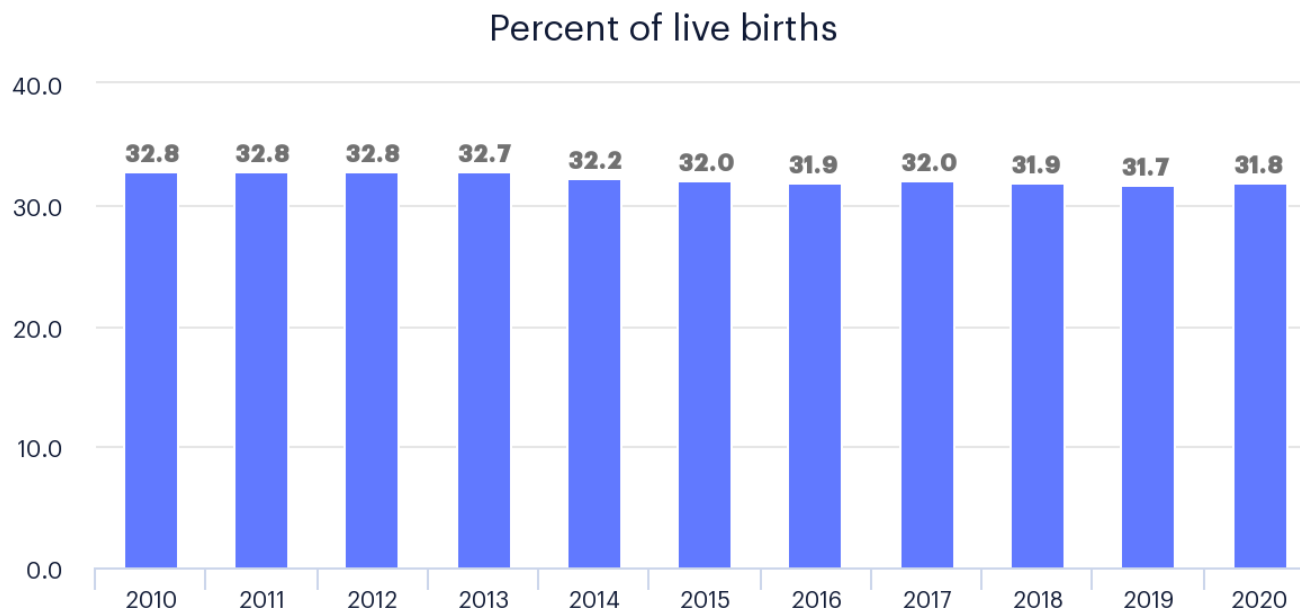
U.S. Cesarean Births

Total cesarean deliveries: United States, 2020



TOTAL CESAREAN DELIVERIES

United States, 2010-2020



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National Center for Health Statistics, final natality data. Retrieved July 8, 2022, from www.marchofdimes.org/peristats.



AWHONN & Labor Support

- AWHONN asserts that continuous labor support from a registered nurse (RN) is critical to achieve improved birth outcomes.
 - Association of Women's Health, Obstetric, and Neonatal Nurses (2018). AWHONN position statement: Continuous labor support for every woman. *JOGNN* 47(1). 73-74.

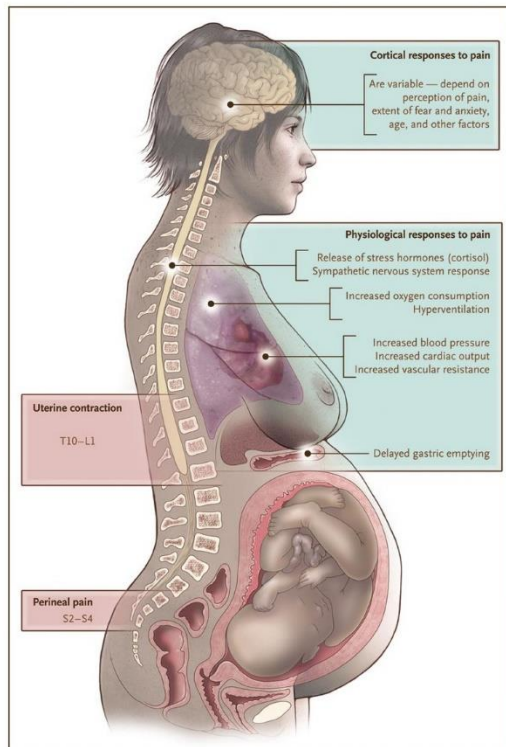


What is “Labor Support”?

- 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

Parenteral Analgesics for Labor Pain

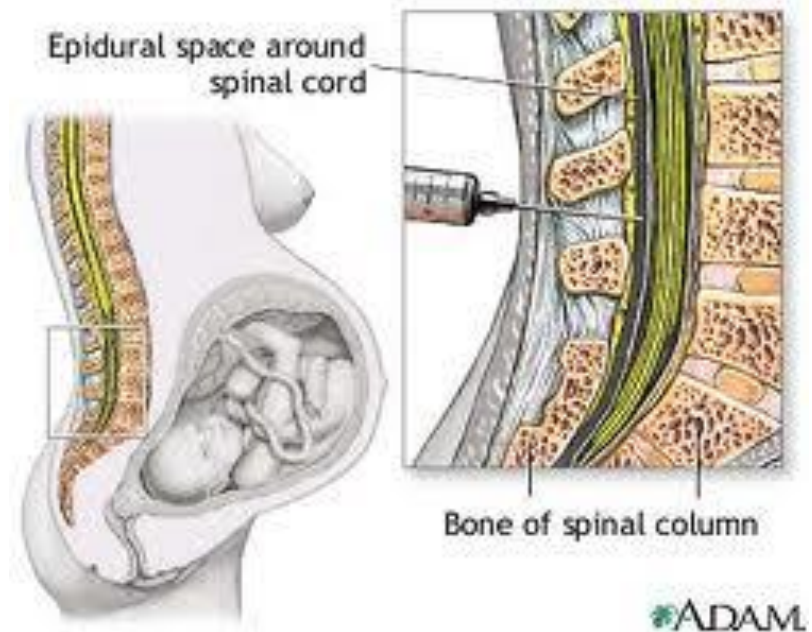
Agent	Usual Dose	Onset	Duration	Neonatal Half-life
Meperidine	25–50 mg IV 50–100 mg IM	5 min IV 30–45 min IM	2–4 h IV/IM	13–22.5 h 63 h (metabolite)
Fentanyl	50–100 mcg IV/IM	1–2 min IV 7–15 min IM	30–60 min IV/IM	5.3 h
Butorphanol	1–2 mg IV/IM	2–3 min IV 10–30 min IM	3–4 h IV/IM	Unknown
Nalbuphine	10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

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





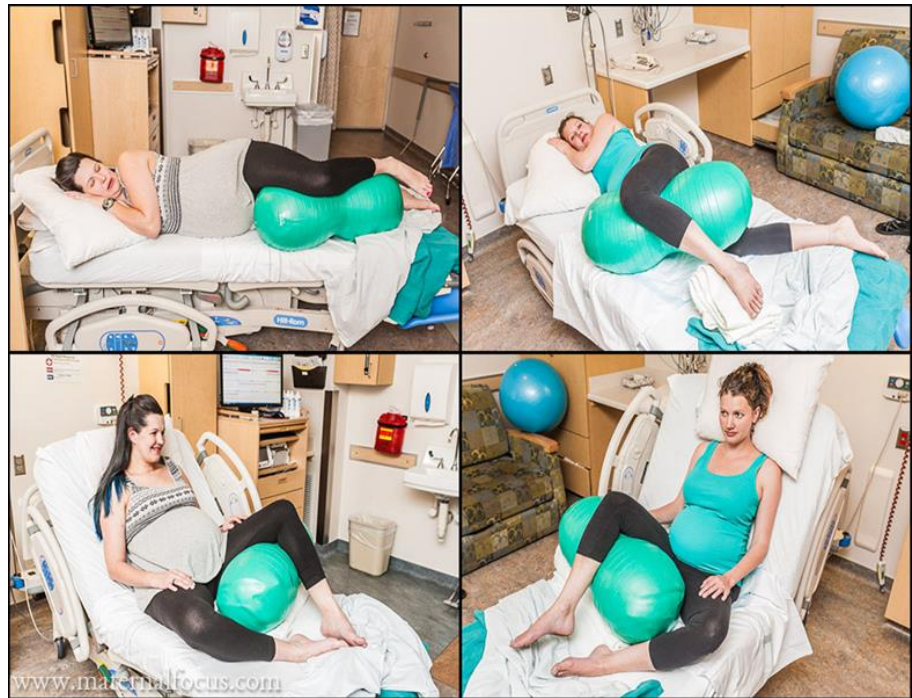
Role of the RN in Epidural Use in Labor

- 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.
 - Association of Women's Health, Obstetric, and Neonatal Nurses (2015). AWHONN position statement: Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques. *JOGNN* 44(1).151-154.



Role of the RN in Epidural Use in Labor

- Safety
- Assessment
- IV management
- Nursing interventions
- Labor support continues!





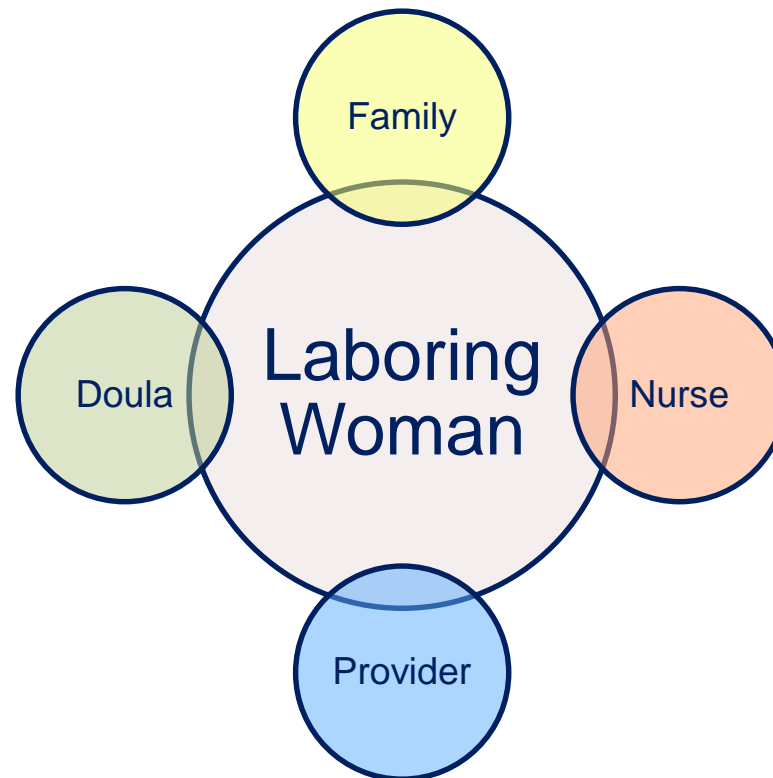
Nitrous Oxide

- Nitrous oxide (N_2O) should be a vital component in the provision of quality maternity care, and the bedside labor nurse is the ideal candidate to initiate N_2O use.
 - Collins, M. (2018). Use of nitrous oxide in maternity care: AWHONN practice brief number 6. *JOGNN* 47(1).239-242.





Labor Support Team





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



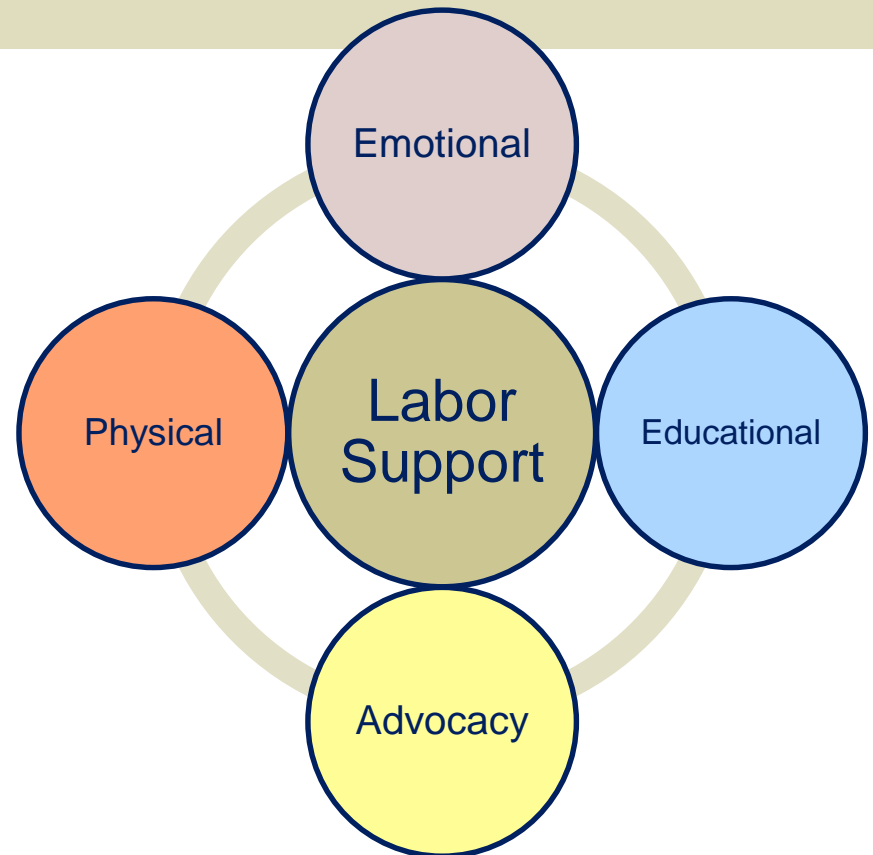
But I am there, why does she need a doula?

- 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

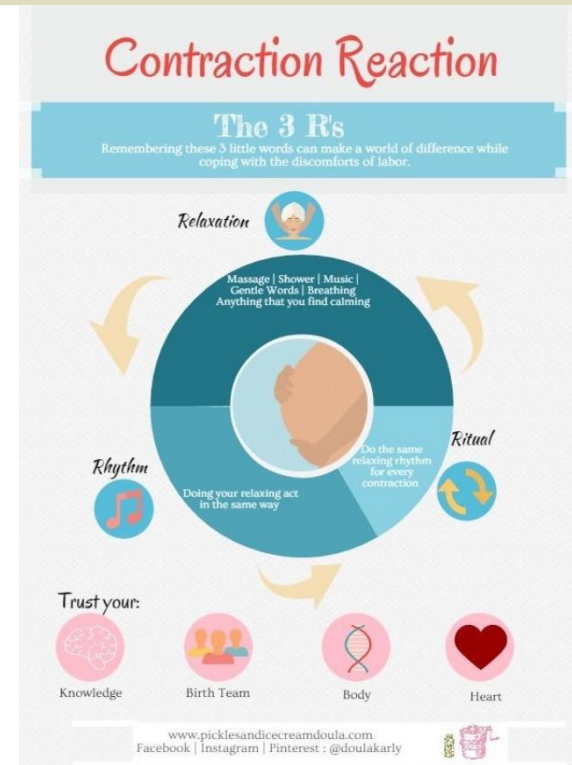


- All pictures copyright of Paulina G. Perez, RN, FACCE, LCCE, CD & Jessilyn Dolan, RN, CLD, CMT, CIMI, HBCE from Rebozo Workshop on October 20, 2012 in Burlington, Vermont



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



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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





Physical Labor Support: Promoting Optimal Fetal Positioning

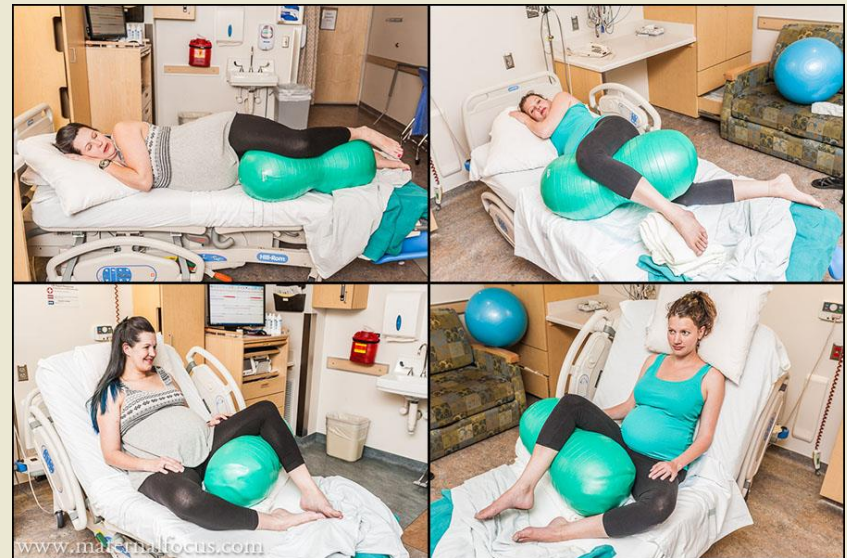
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Physical Labor Support: 2nd Stage

- Measures to reduce perineal lacerations
- Measures to reduce lower extremity nerve injury in childbirth (LENI)
- Nurse POWER!





Physical Labor Support: 2nd Stage

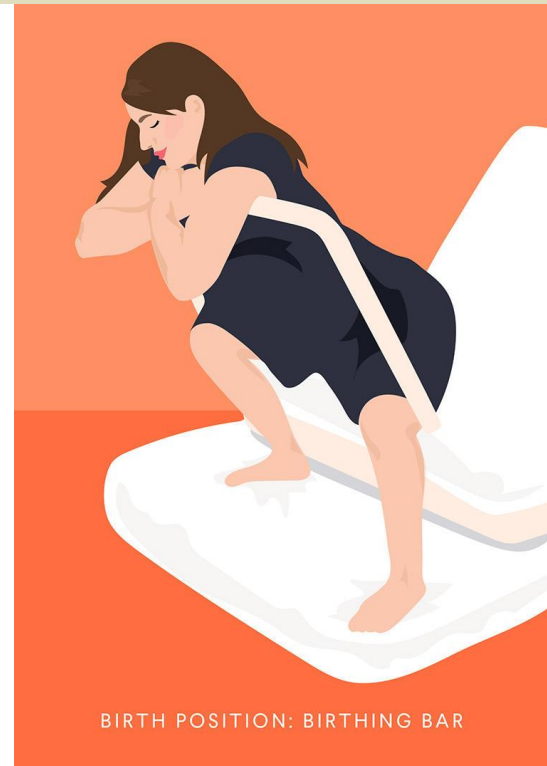
- Measures to reduce perineal lacerations
 - Comfortable position for mom
 - HANDS OUT!
 - Support the perineum





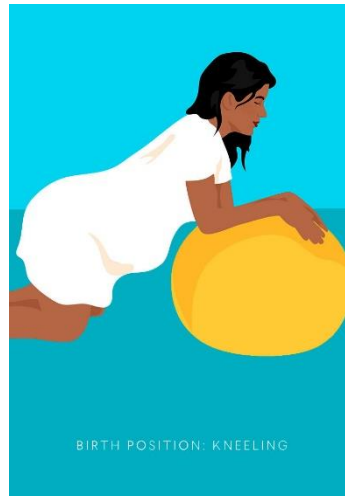
Physical Labor Support: 2nd Stage

- 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





Measures to Reduce LENI

- Avoid knee hyperflexion >than 90 degrees
- Position change q10-15 minutes in 2nd stage
- NO lithotomy or stirrups
 - Association of Women's Health, Obstetrics and Neonatal Nurses (2020). Lower extremity nerve injury in childbirth: AWHONN practice brief number 11. *JOGNN* 49(6). 622-624.



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
 - Association of Women's Health, Obstetric and Neonatal Nurses (2020). Lower extremity nerve injury in childbirth: AWHONN practice brief number 11. *JOGNN* 49(6). 622-624.



Life Magazine, 1974



Physical Labor Support: 3rd & 4th Stage- Promoting Bonding

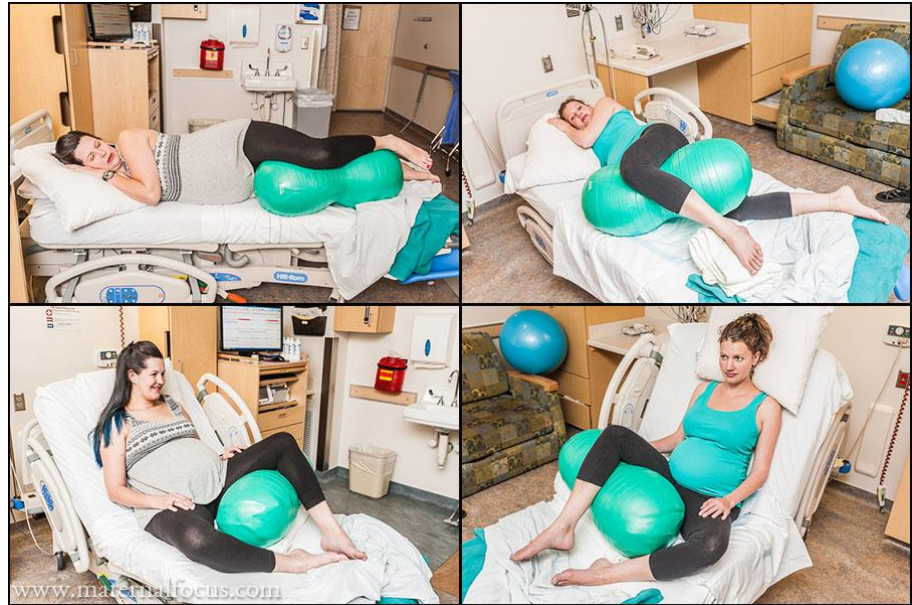
- Keep mom & baby together
- Perform routine assessments and procedures in mother's room (better yet- on mom's chest!)
- SKIN TO SKIN
- Encourage immediate breastfeeding





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?
 - AWHONN! <https://www.awhonn.org/news-advocacy-and-publications/awhonn-position-statements/>
 - PubMed <https://pubmed.ncbi.nlm.nih.gov/>



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