

# **Nurse's Role in Labor Support**

## **Labor Support Workshop**

### **OK 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, decreasing cesarean rates, and increasing safety
- 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 and lower extremity nerve injury (LENI)
- Demonstrate hands on measures that promote comfort and support of the laboring woman

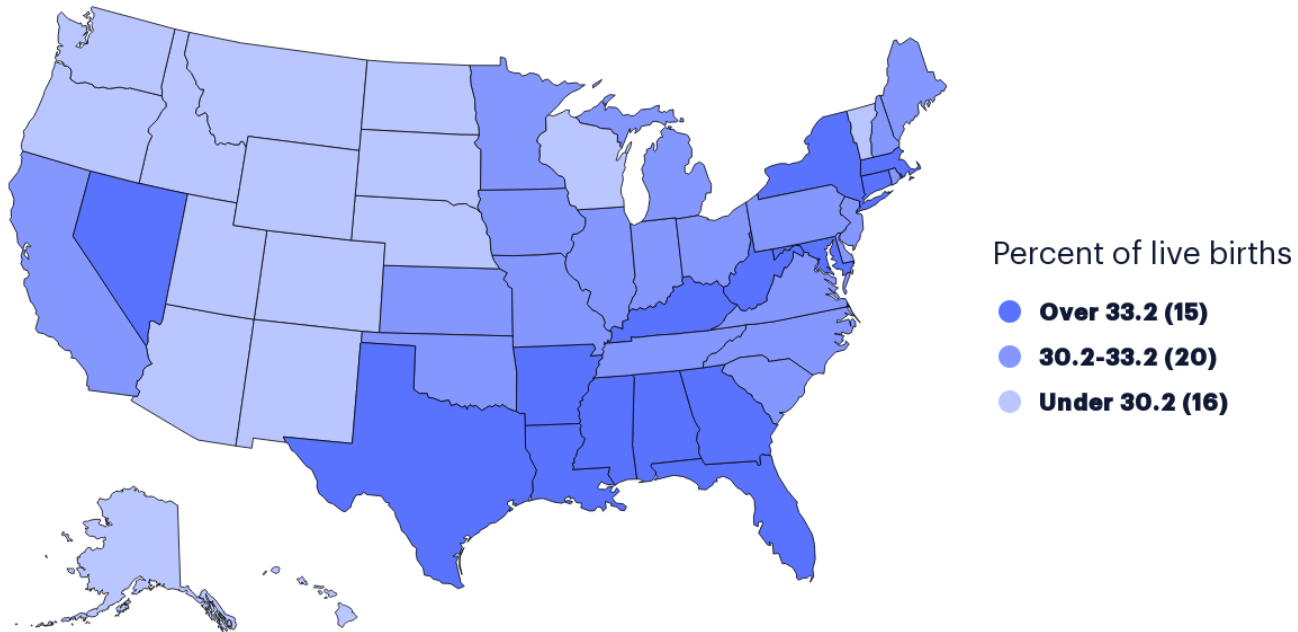


## Who needs labor support?

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

# TOTAL CESAREAN DELIVERIES

United States, 2023

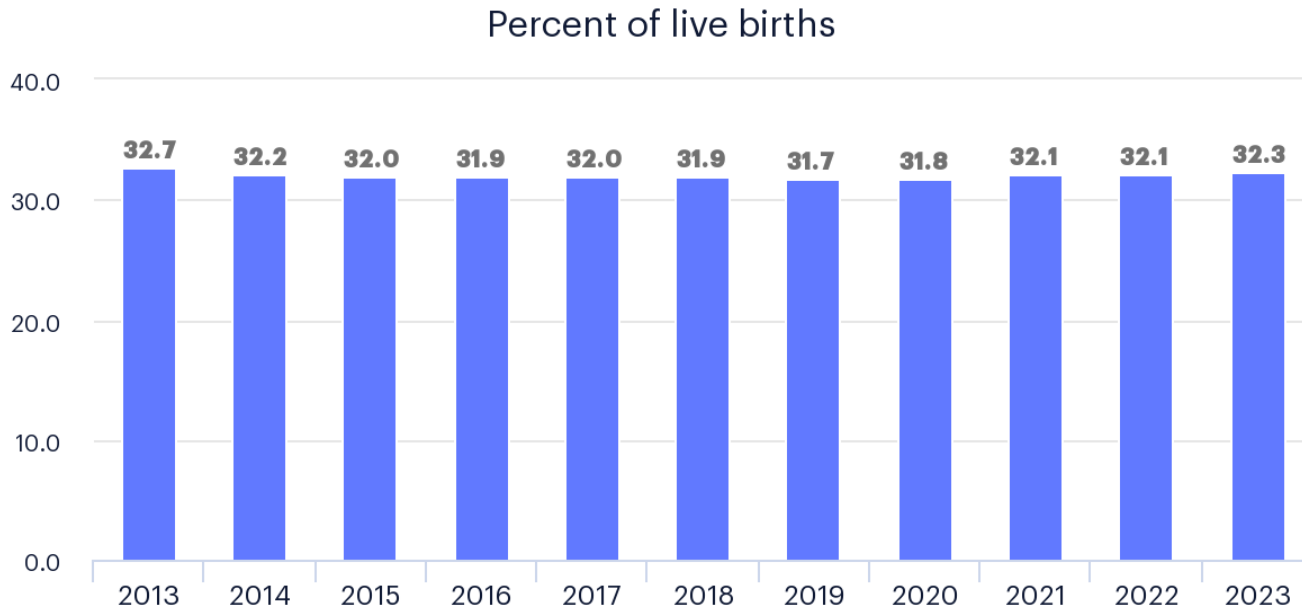


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National Center for Health Statistics, final natality data. Retrieved February 11, 2025, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats).

# TOTAL CESAREAN DELIVERIES

## United States, 2013-2023

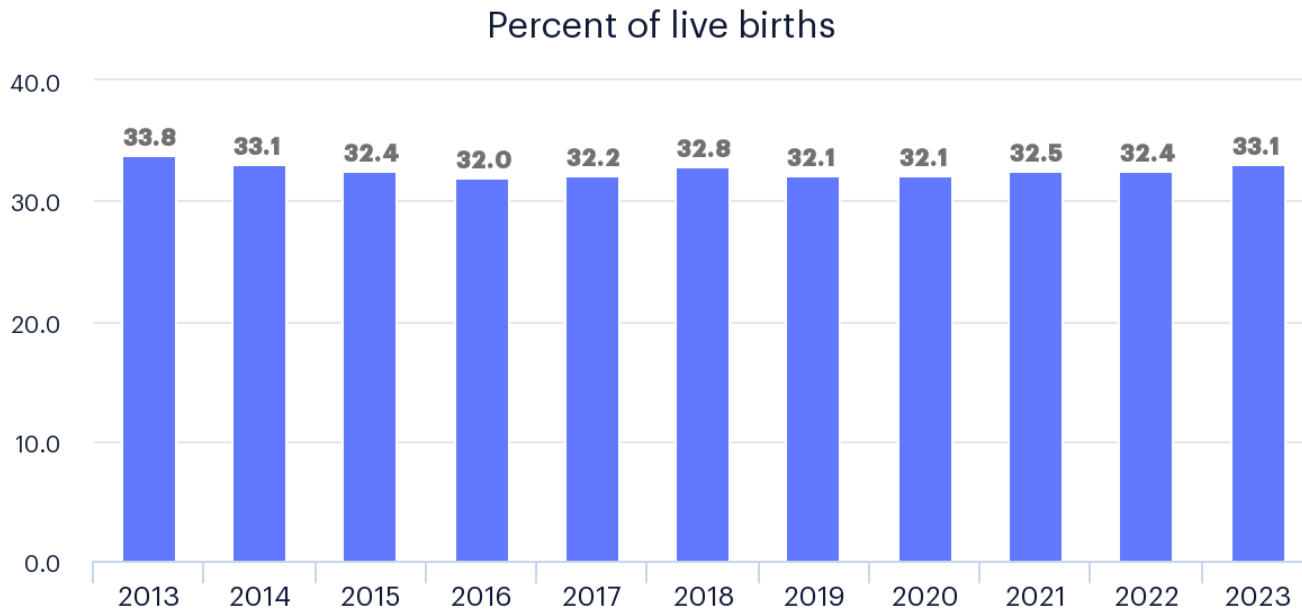


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# TOTAL CESAREAN DELIVERIES

## Oklahoma, 2013-2023

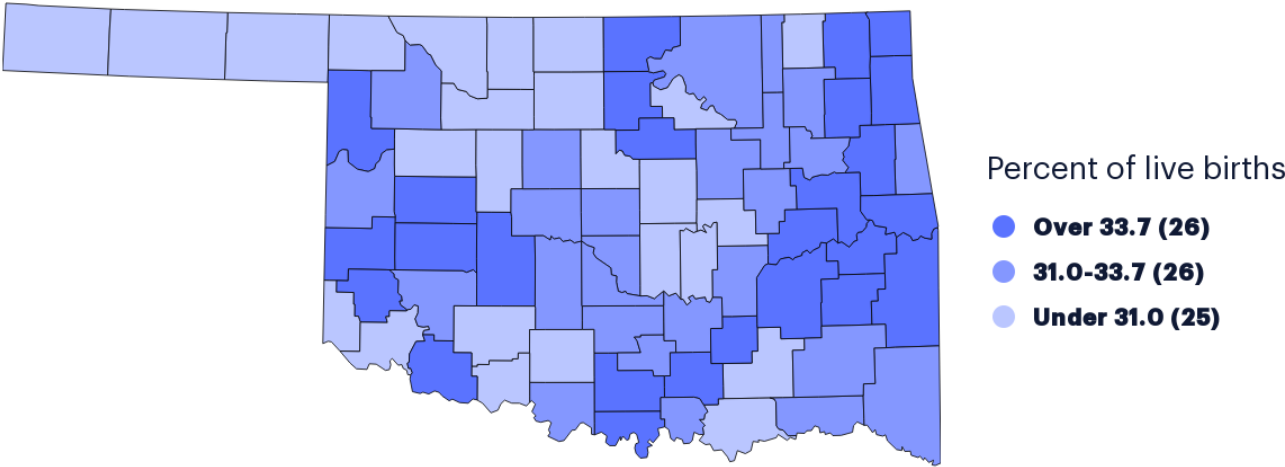


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# TOTAL CESAREAN DELIVERIES

Oklahoma, 2020-2023 Average

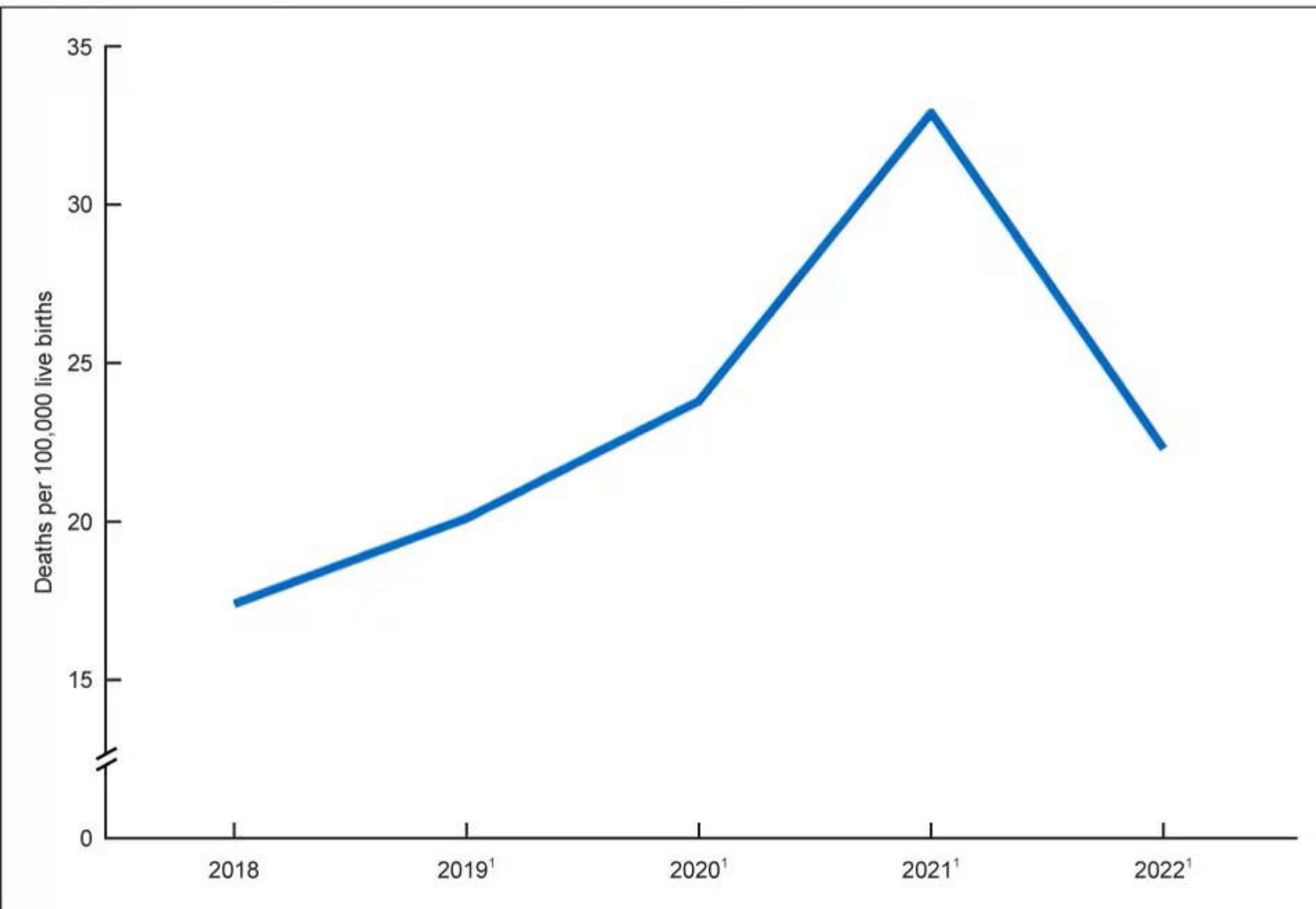


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National Center for Health Statistics, final natality data. Retrieved February 11, 2025, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats).



Figure 1. Maternal mortality rate: United States, 2018–2022

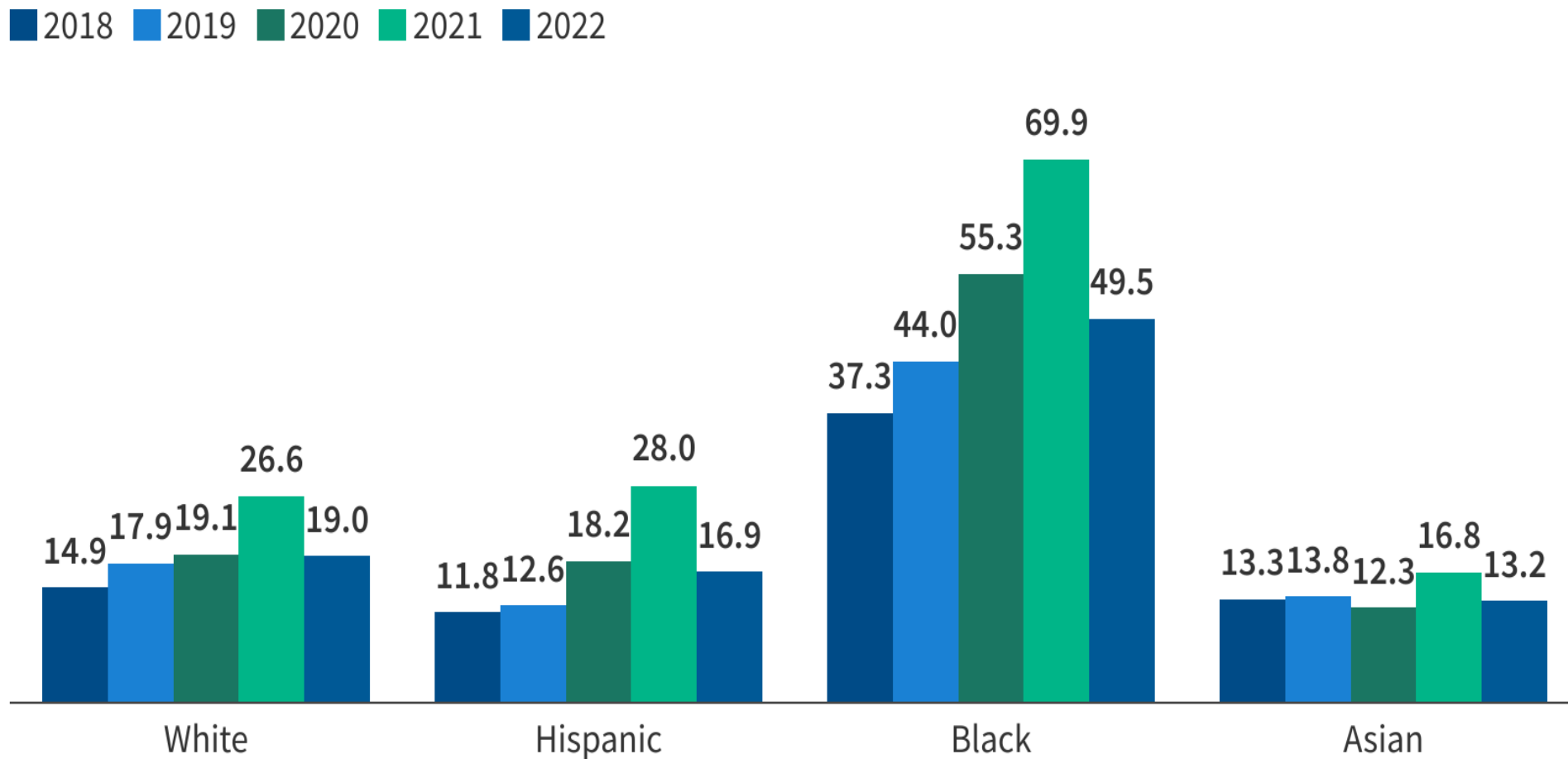


<sup>1</sup>Statistically significant change from previous year ( $p < 0.05$ ).

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data files.

Figure 2

## Maternal Mortality per 100,000 Births by Race and Ethnicity, 2018-2022

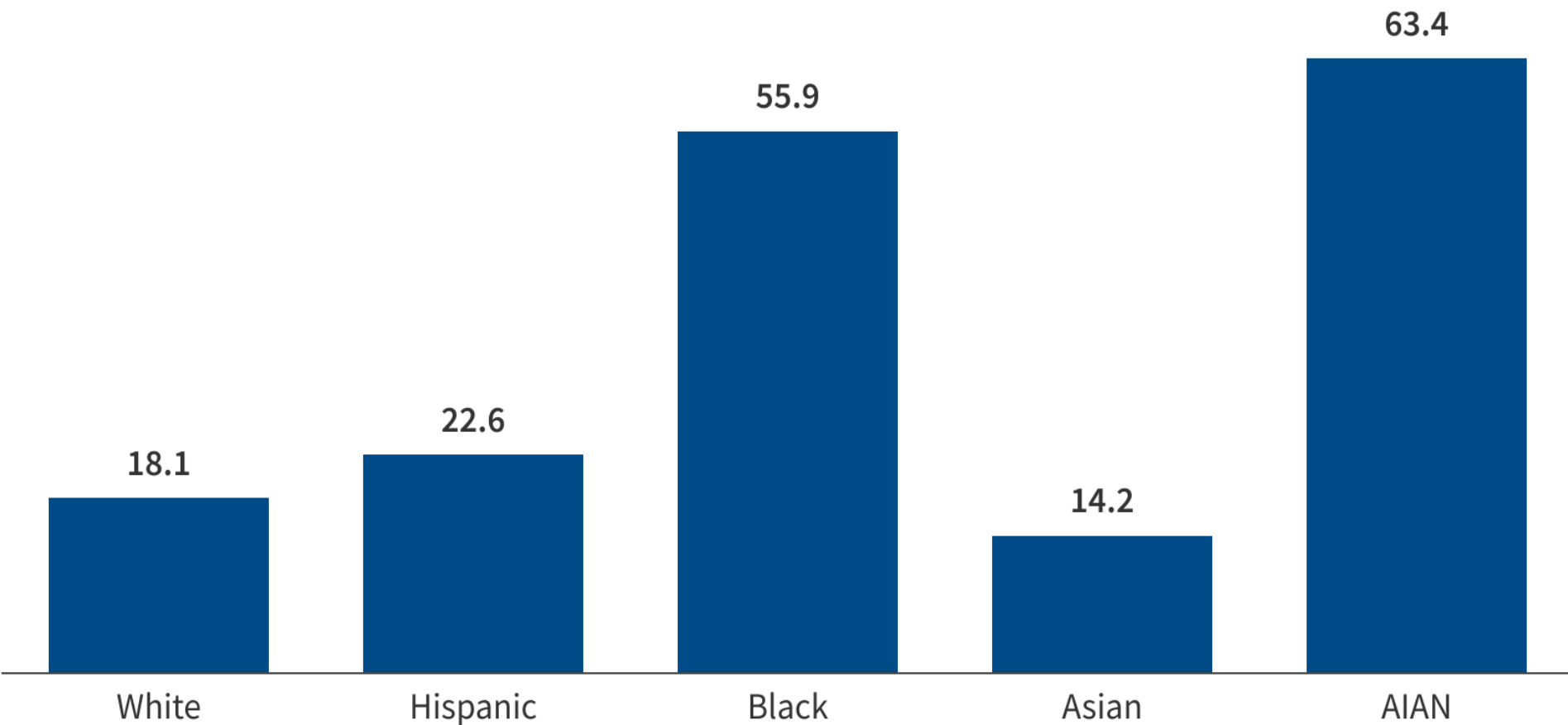


Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Other races are not shown due to small numbers. Maternal deaths are defined as deaths that occur while pregnant or within 42 days of being pregnant.

Source: Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024.

Figure 1

## Pregnancy-Related Mortality per 100,000 Births by Race and Ethnicity, 2020



Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian or Alaska Native. Data were not available for Native Hawaiian or Pacific Islander people.

Source: National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); Division of Reproductive Health



# 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.

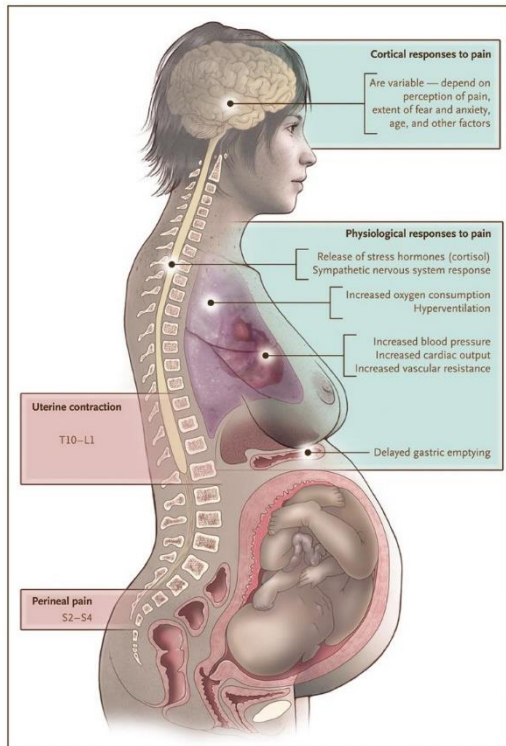


## What is “Labor Support”?

- 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
- Increases safety and quality care



# 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	5 min IV	2–4 h IV/IM	13–22.5 h 63 h (metabolite)
	50–100 mg IM	30–45 min IM		
Fentanyl	50–100 mcg IV/IM	1–2 min IV	30–60 min IV/IM	5.3 h
		7–15 min IM		
Butorphanol	1–2 mg IV/IM	2–3 min IV	3–4 h IV/IM	Unknown
		10–30 min IM		
Nalbuphine	10 mg IV/IM	2–3 min IV	3–6 h IV/IM	4.1 h
		15 min IM		
Morphine	2–5 mg IV	3–5 min IV	4–6 h IV/IM	7.1 h
	5–10 mg IM	30–40 min		

*Source: References 11, 12.*



# Anesthesia

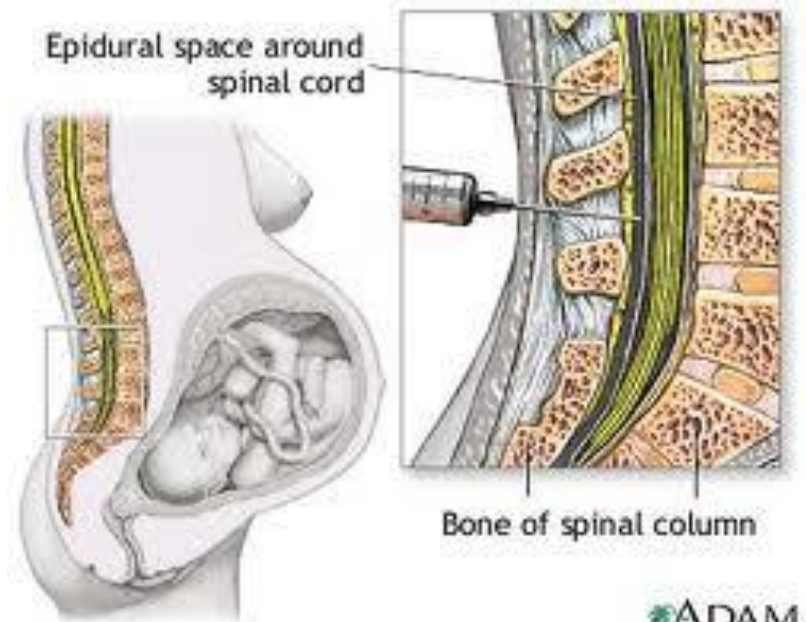
- Local
  - Pudendal Block
- Regional
  - Epidural
  - Spinal
- General





# 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 (2020). AWHONN position statement: Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques. *JOGNN* 49(3). 327-329.



## **Role of the RN in Epidural Use in Labor**

- Monitor the woman's vital signs, level of mobility, level of consciousness, and perception of pain and level of pain relief.
- Monitor the status of the fetus.
- Pause or stop the infusion to replace empty infusion syringes or infusion bags with new, pre-prepared solutions that contain the same medication and concentration according to orders from the anesthesia provider and re-start the infusion.
- Stop the continuous infusion if there is a safety concern or the woman has given birth.
- Remove the catheter if the RN has the appropriate educational training, criteria have been met, and institutional policy and state law allow. Removal of the catheter by an RN is contingent upon receipt of a specific order from a qualified anesthesia provider or physician.
- Initiate emergency therapeutic measures if complications arise according to institutional policy, protocol, and RN scope of practice.
- Communicate clinical assessments and changes in patient status to the maternity and anesthesia care providers as indicated by institutional policy.

Association of Women's Health, Obstetric, and Neonatal Nurses (2020). AWHONN position statement: Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques.

JOGNN 49(3).327-329.



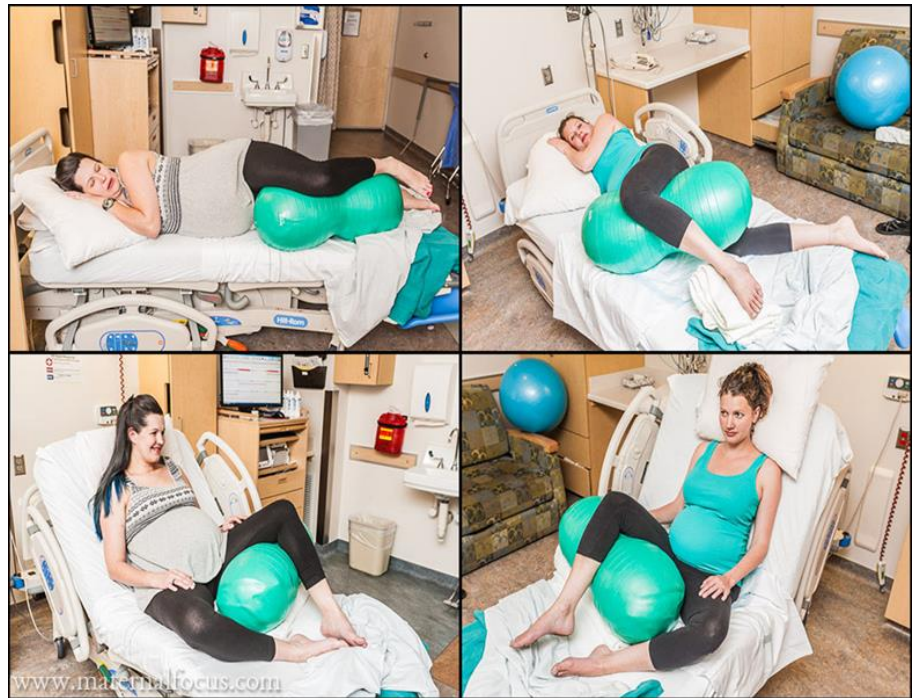
## Role of the RN in Epidural Use in Labor

- RNs who are not qualified anesthesia providers should not
  - administer medications (via bolus or re-bolus) for the purpose of providing neuraxial analgesia or anesthesia by injecting doses into the catheter.
  - Manipulate doses of neuraxial analgesia/anesthesia medications delivered by continuous infusion.
  - Manipulate doses of neuraxial analgesia/anesthesia medications or dosing intervals for PCEA.
  - Increase or decrease the rate of a continuous infusion.
  - Re-initiate an infusion once it has been stopped for any reason other than to introduce a new bag.
  - Be responsible for obtaining informed consent for analgesia and anesthesia procedures; however, the nurse may witness the patient signature for informed consent before analgesia and anesthesia administration.



# Role of the RN in Epidural Use in Labor

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





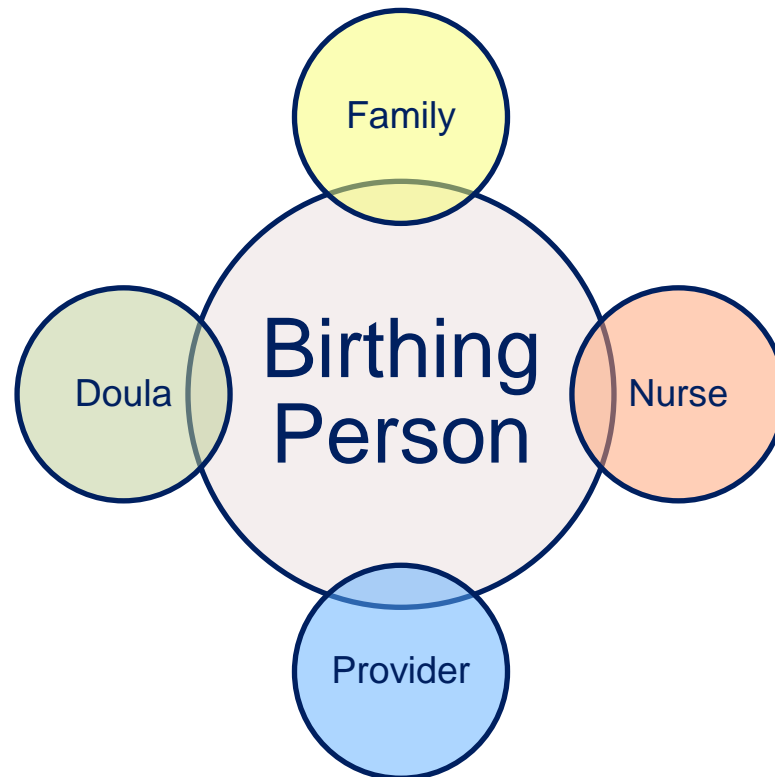
# Nitrous Oxide

- Nitrous oxide (N<sub>2</sub>O) should be a vital component in the provision of quality maternity care, and the bedside labor nurse is the ideal candidate to initiate N<sub>2</sub>O 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
  - As of 2024, 187 certifying bodies



## **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



# Doulas in Oklahoma

- Sooner Care now covers doulas
  - Must be referred
    - OB
    - Certified Nurse Midwives
    - Physicians
    - Physician Assistant
    - Certified Nurse Practitioners
  - 8 total visits pregnancy and postpartum
  - Labor and birth



# **Doulas in Oklahoma- Oklahoma Health Care Authority Approved Doula Trainings**

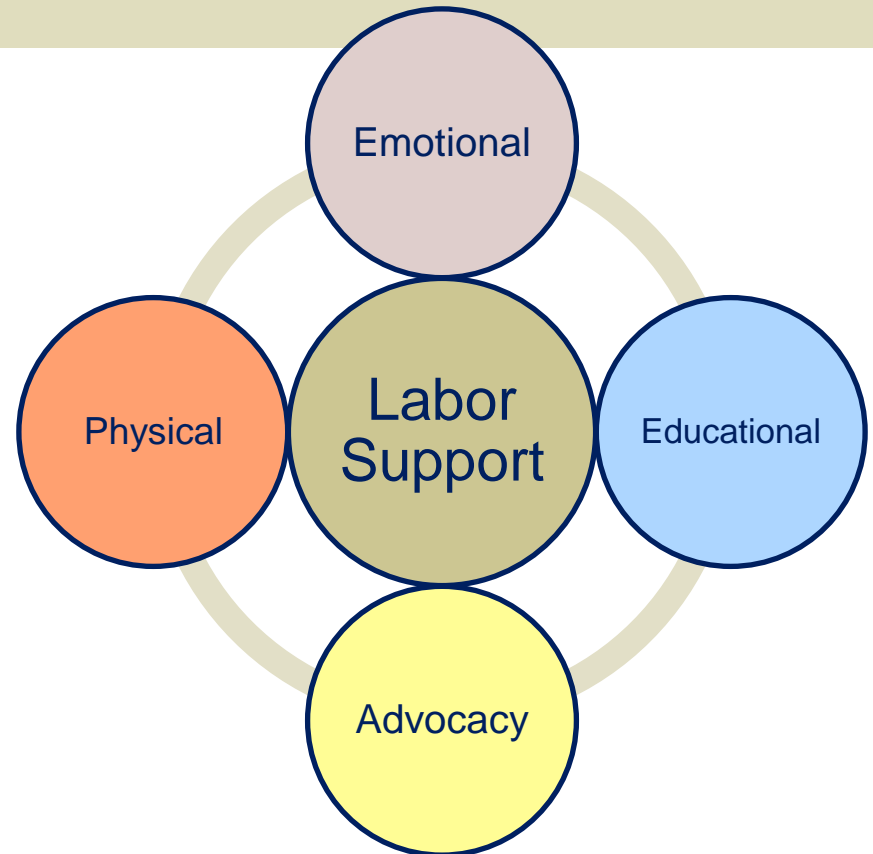
- Birth Arts International (BAI)
- Birth Boot Camp
- BirthWorks International
- Childbirth International (CBI)
- Childbirth and Postpartum Professional Association (CAPPA)
- Commonsense Childbirth
- Community Birth Sista/Doula Program
- DONA International
- Doula Trainings International (DTI)
- International Childbirth Education Association (ICEA)
- International Doula Institute
- MaternityWise
- National Black Doulas Association (NBDA)
- New Beginnings
- Skye's Doula Services
- SMC Full Circle Doula Training
- ToLabor
- Tulsa Birth Equity Initiative (TBEI)
- Uzazi Village

Approved training as of 2.12.25 from <https://oklahoma.gov/ohca/providers/types/prenatal-and-perinatal-services/doula.html>



## 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/birth preference
- 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

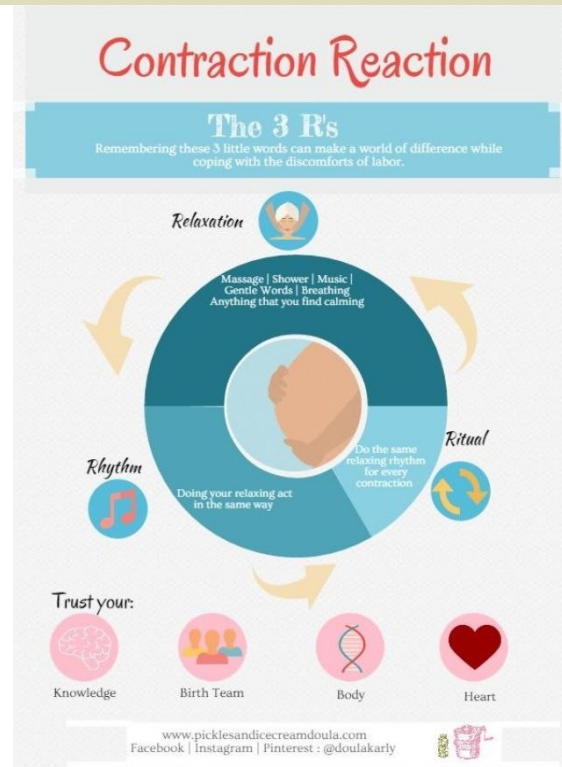


- All pictures copyright of Paulina G. Perez, RN, FACCE, LCCE, CD & Jessilyn Dolan, RN, CLD, CMT, CIMI, HBCE from Rebozo Workshop on October 20, 2012 in Burlington, Vermont



# 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





## **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





# Physical Labor Support: Promoting Optimal Fetal Positioning

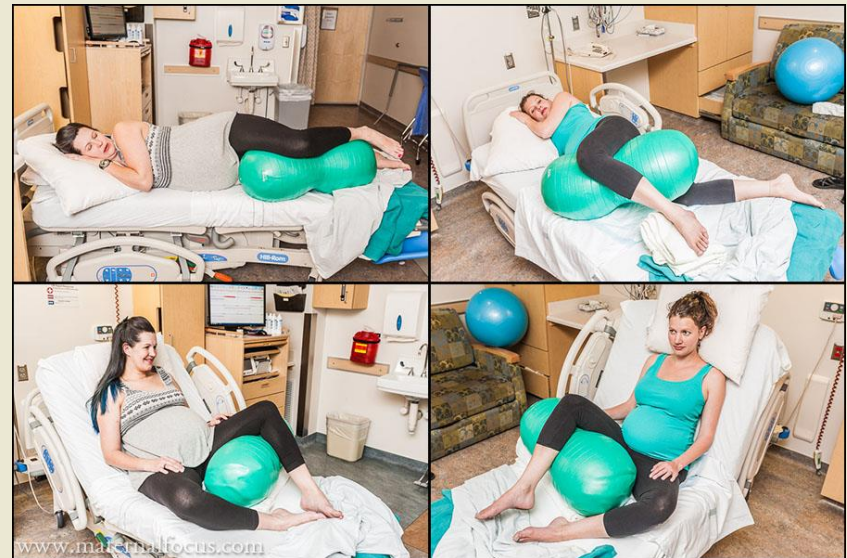
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# Physical Labor Support: Promoting Optimal Fetal Positioning

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## Physical Labor Support: 2<sup>nd</sup> Stage

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





## Physical Labor Support: 2<sup>nd</sup> Stage

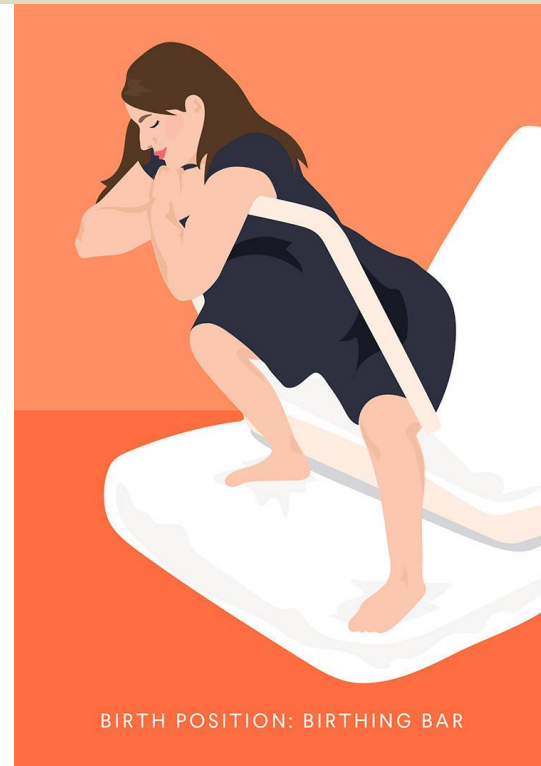
- Measures to reduce perineal lacerations
  - Comfortable position for mom
  - HANDS OUT!
  - Support the perineum





## Physical Labor Support: 2<sup>nd</sup> Stage

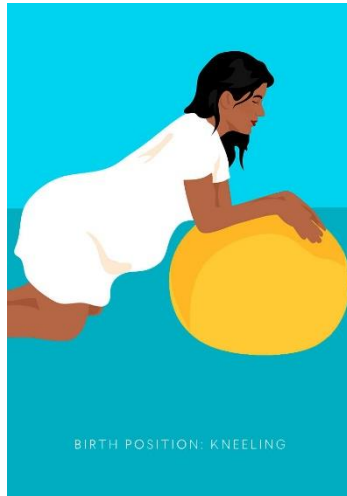
- Measures to reduce perineal lacerations, cont'd
  - Push at peak of contraction
  - Support rather than coach
  - Open glottis pushing
    - Avoid holding breath
    - Gentle exhale







# Physical Labor Support: 2<sup>nd</sup> Stage Pushing/Birth Positions





# Measures to Reduce LENI

- Avoid knee hyperflexion >than 90 degrees
- Position change q10-15 minutes in 2<sup>nd</sup> 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 2<sup>nd</sup> 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: 3<sup>rd</sup> & 4<sup>th</sup> Stage- Promoting Bonding

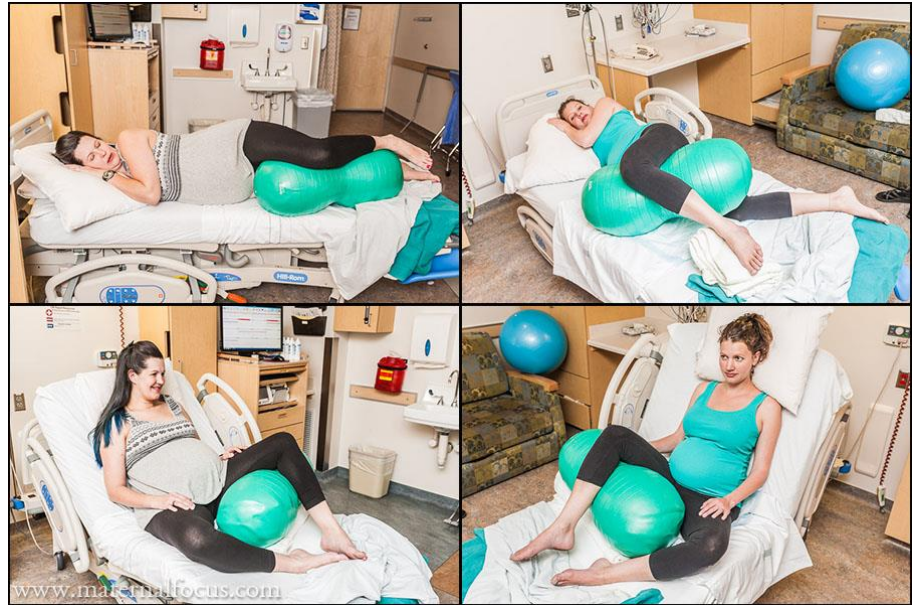
- Keep mom & baby together
- Perform routine assessments and procedures in mother's room (better yet- on mom's chest!)
- SKIN TO SKIN
- Encourage immediate breastfeeding





# 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





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