

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

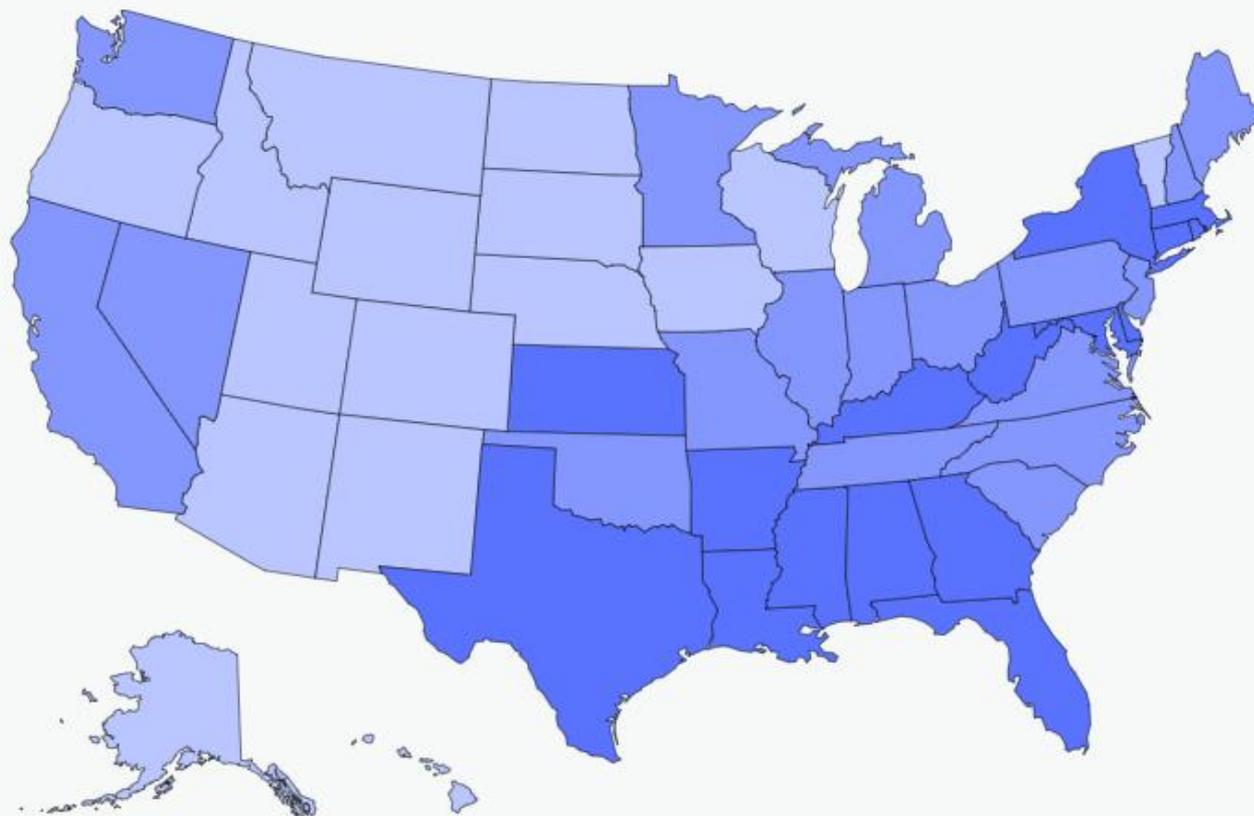


Who needs labor support?

- 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, 2024

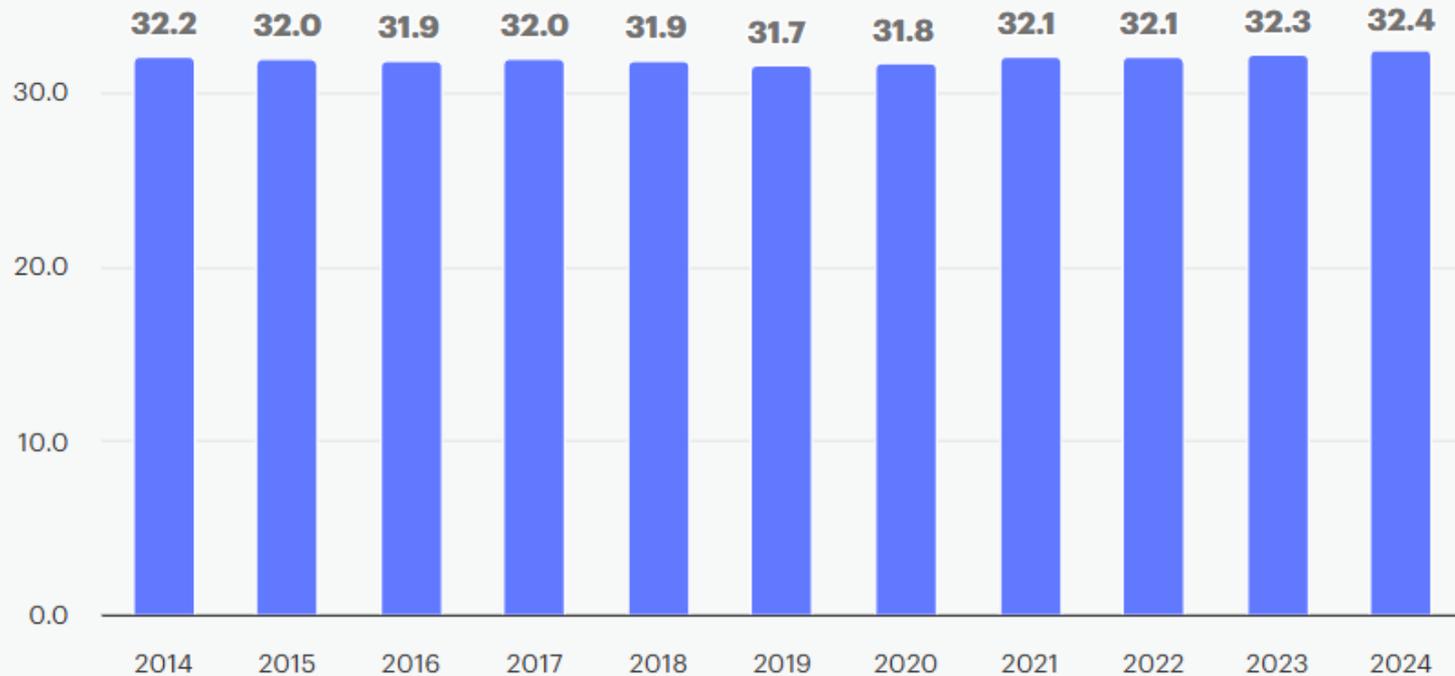


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Total Cesarean deliveries: United States, 2014-2024

Percent of live births

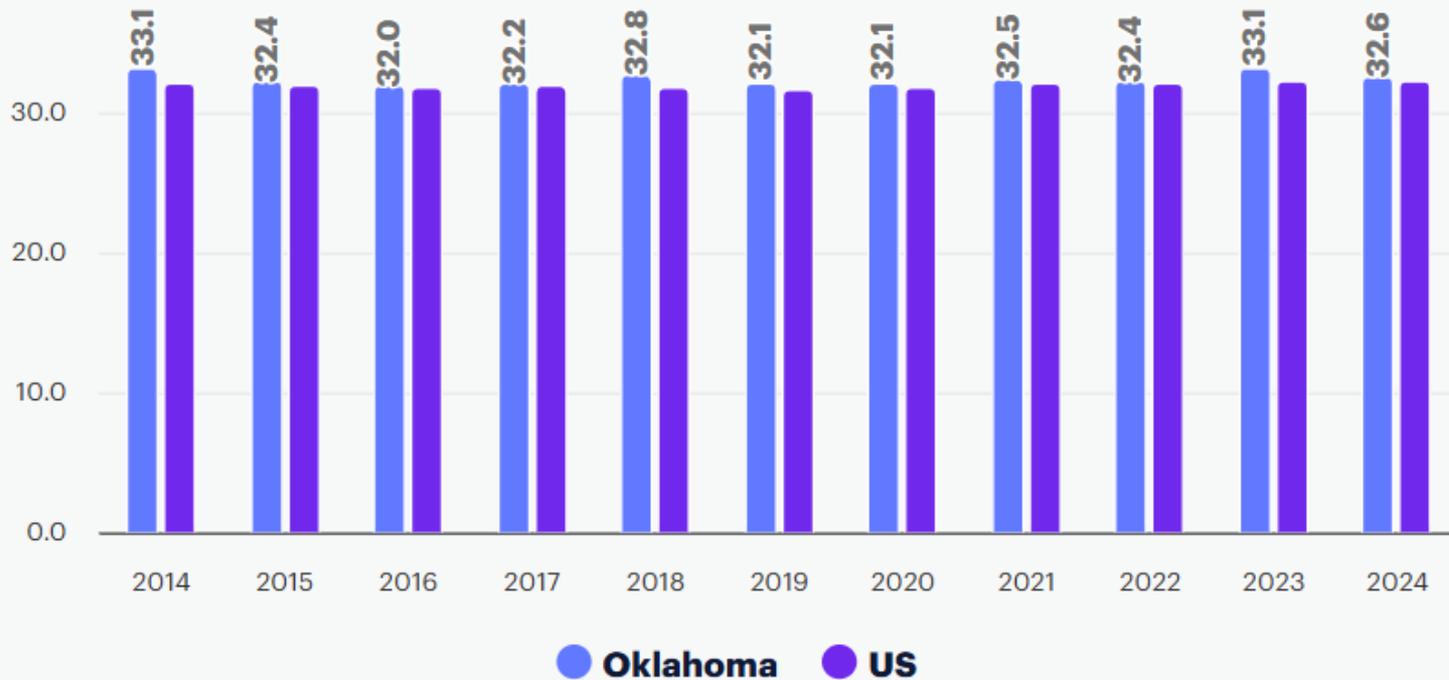


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Total Cesarean deliveries: Oklahoma and US, 2014-2024

Percent of live births

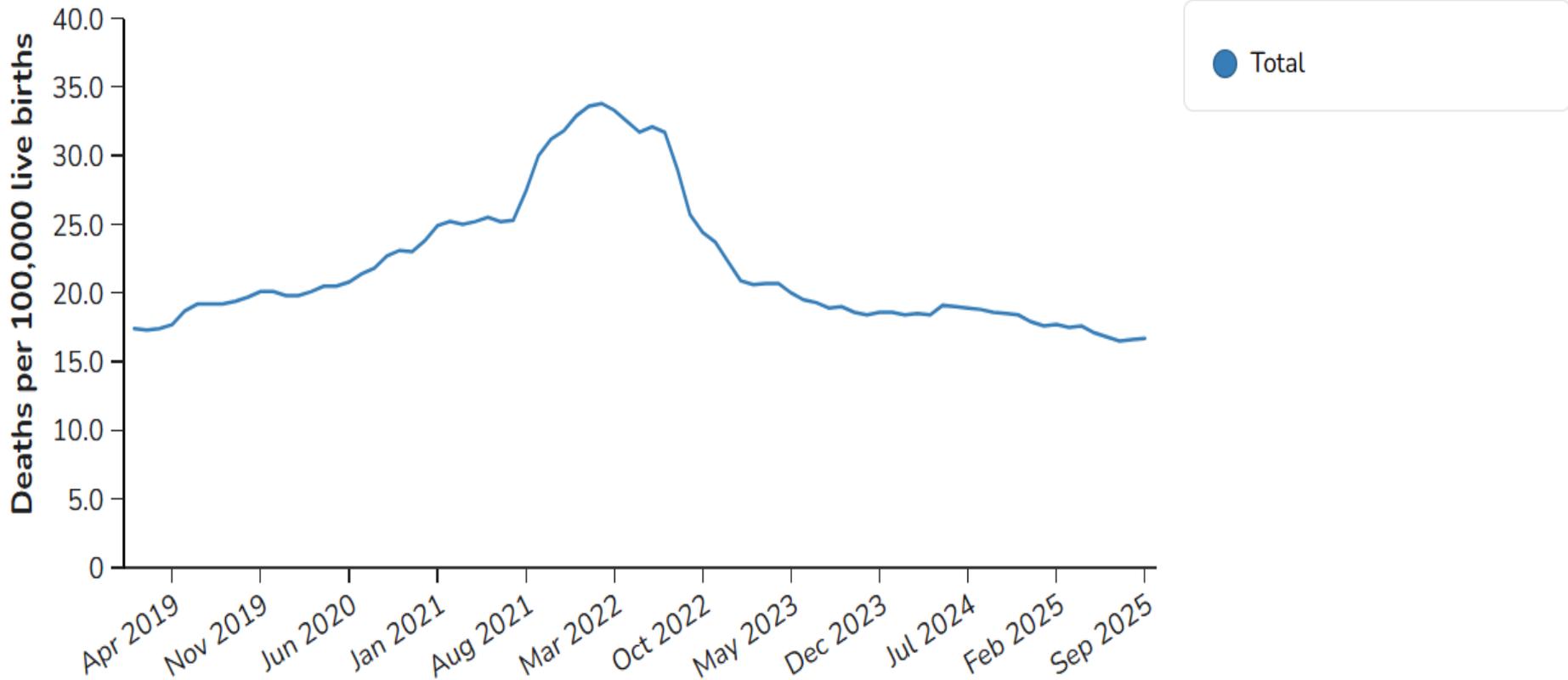


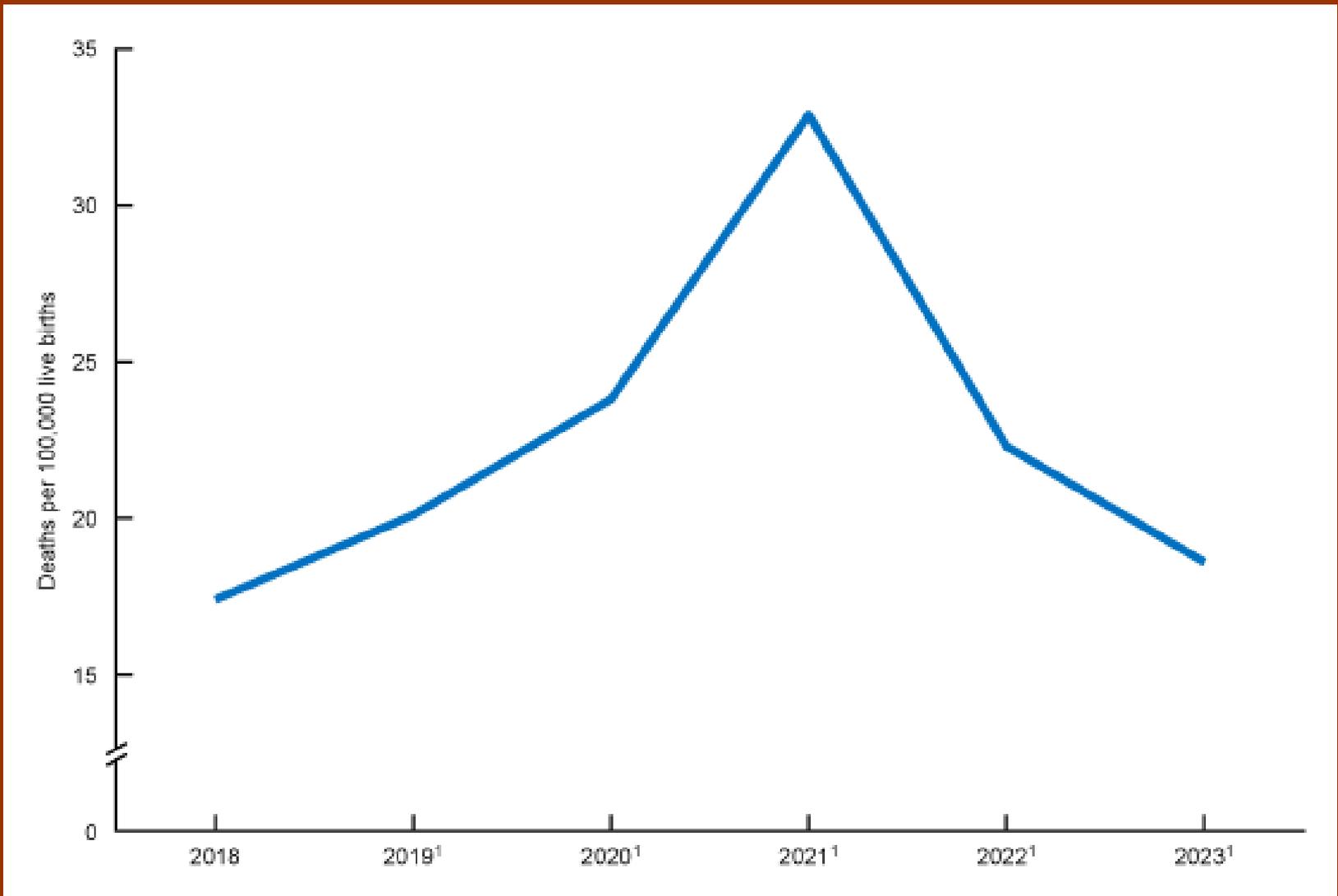
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Provisional Maternal Mortality Rates, 12-month period ending September 2025

Based on data available for analysis on: January 11, 2026

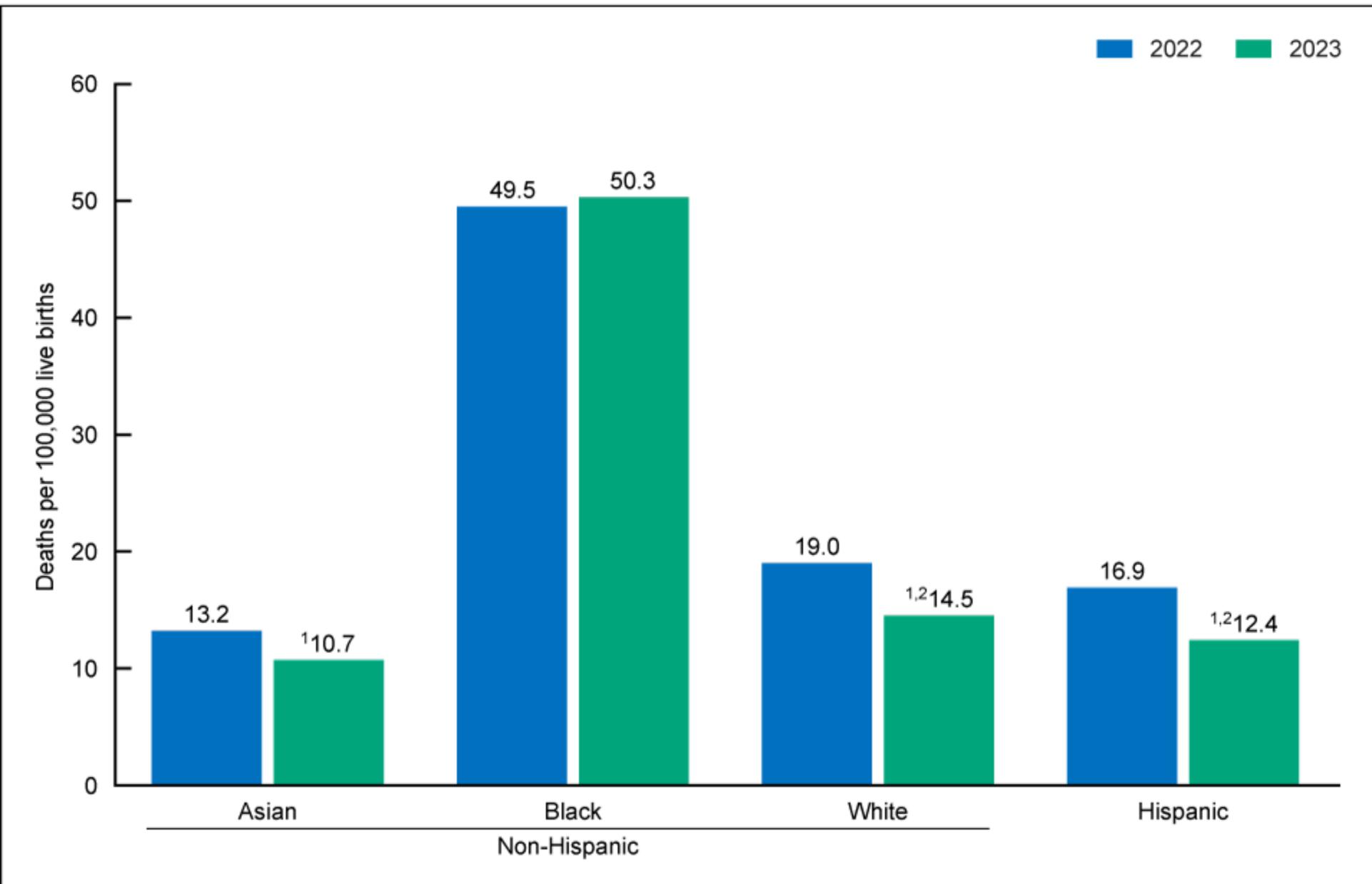
Figure 1. 12-month ending provisional maternal mortality rates: United States





Hoyert DL. Maternal mortality rates in the United States, 2023. NCHS Health E-Stats. 2025. DOI: <https://dx.doi.org/10.15620/cdc/174577>

Figure 2. Maternal mortality rate, by race and Hispanic origin: United States, 2022 and 2023



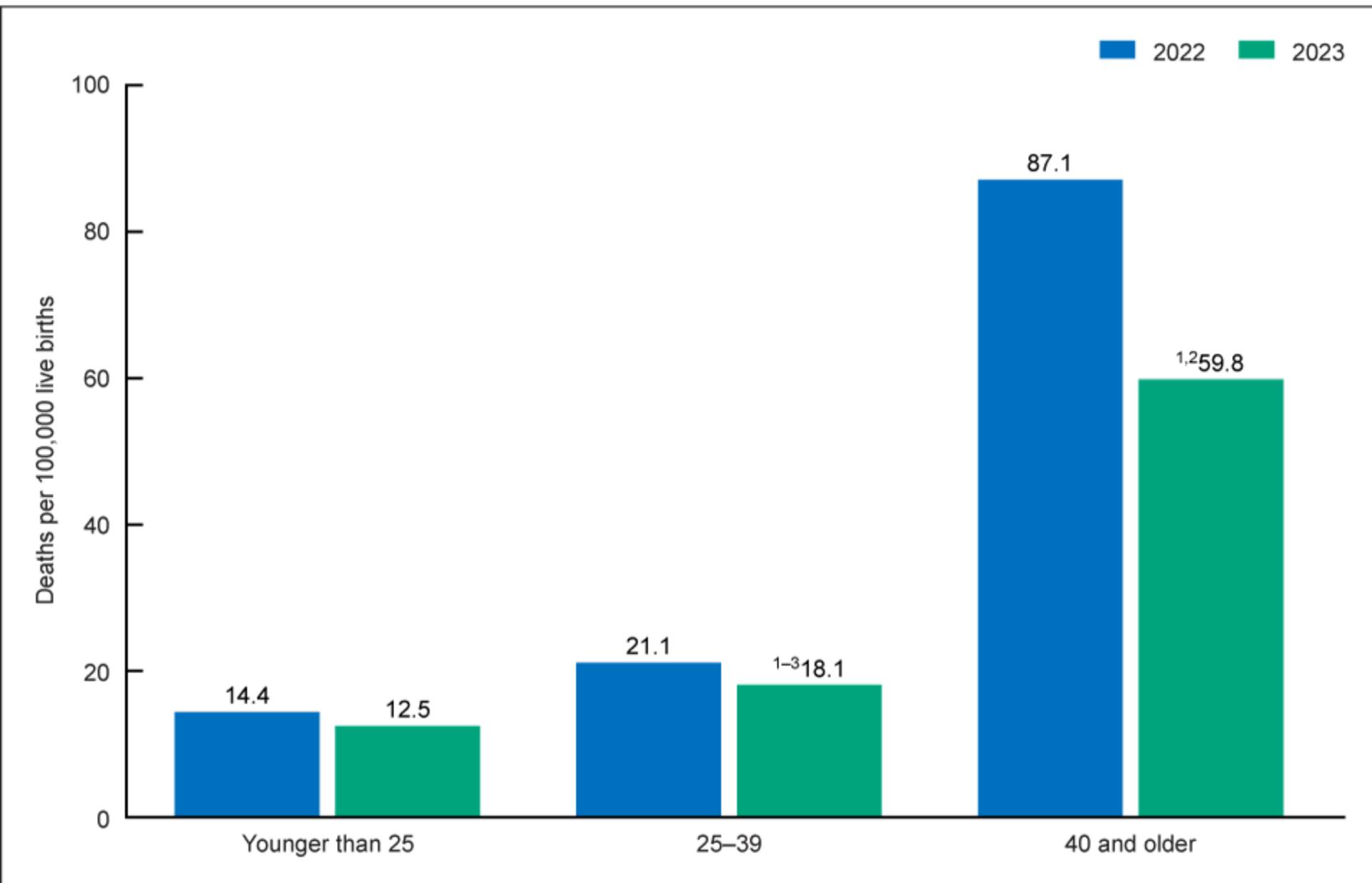
¹Statistically significant difference from Black non-Hispanic women ($p < 0.05$).

²Statistically significant decrease in rate from previous year ($p < 0.05$).

NOTES: Race groups are single race. People of Hispanic origin may be of any race.

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

Figure 3. Maternal mortality rate, by age: United States, 2022 and 2023



¹Statistically significant decrease in rate from previous year ($p < 0.05$).

²Statistically significant difference from younger than 25 ($p < 0.05$).

³Statistically significant difference from 40 and older ($p < 0.05$).

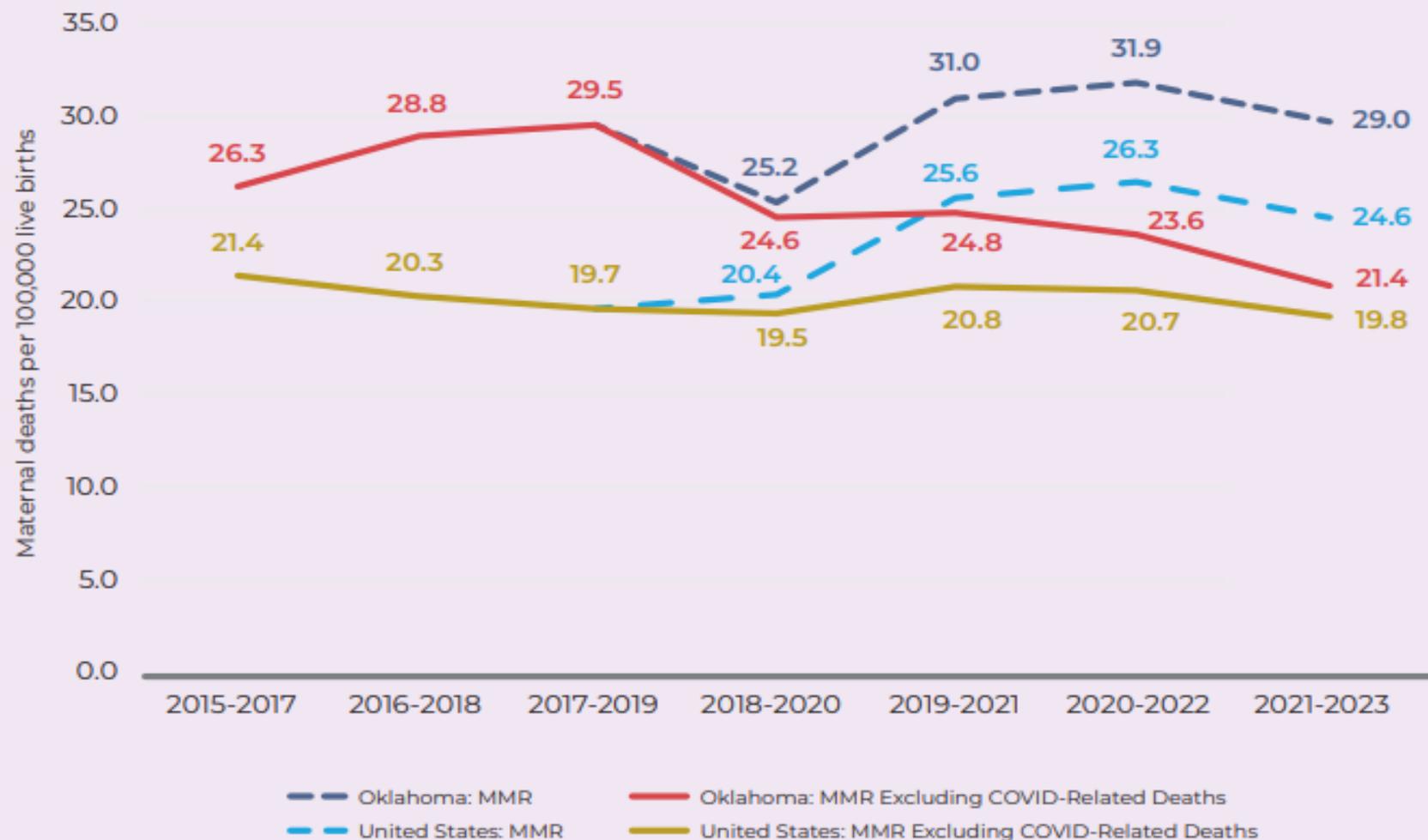
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

Chart ES-2: Three-year rolling maternal mortality rate (MMR) excluding and including COVID-related deaths, Oklahoma and United States 2015 - 2023

Source: Oklahoma Vital Statistics, 2015 - 2023; CDC Wonder, Mortality and Natality, 2015 - 2023

Definitions: Maternal death - underlying cause of death A34, O00-O95, O98-O99;

COVID-related death - any multiple cause of death U07.1





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 (2026). Continuous Labor Support Position Statement. *Nursing for women's health*, 30(1), e1–e4.
<https://doi.org/10.1016/j.nwh.2025.10.001>

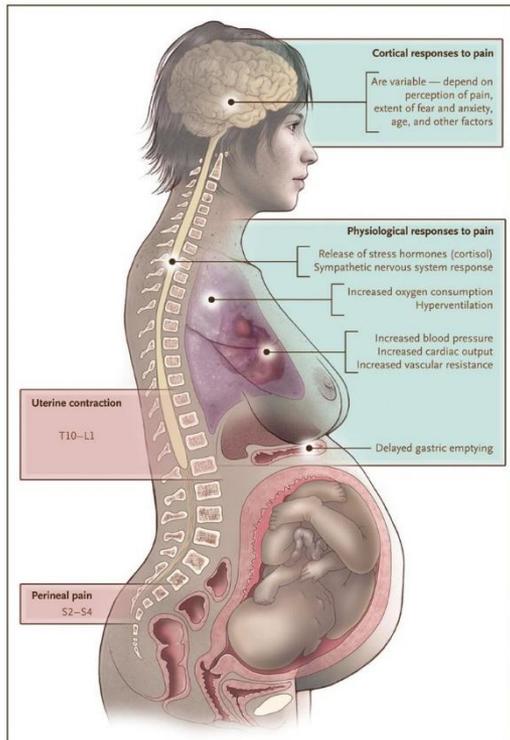


What is “Labor Support”?

- 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 15 min IM	3–6 h IV/IM	4.1 h
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.



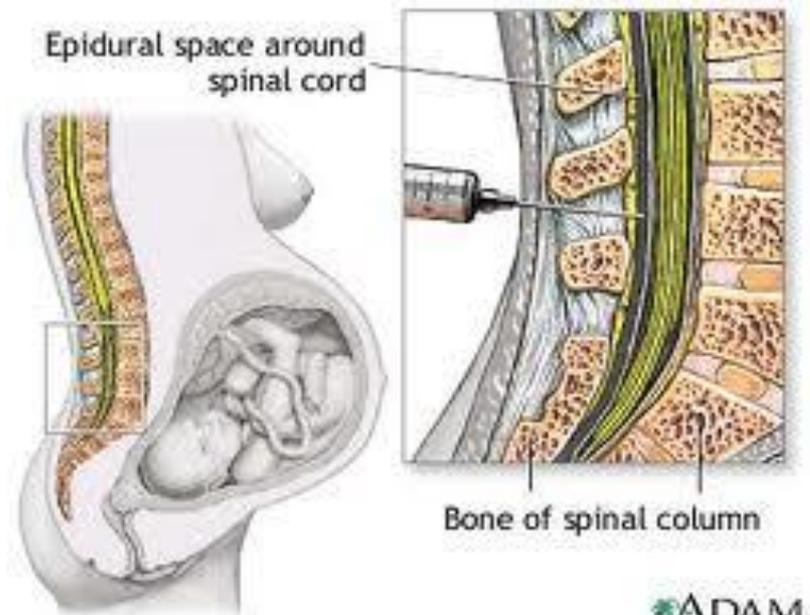
Anesthesia

- 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.



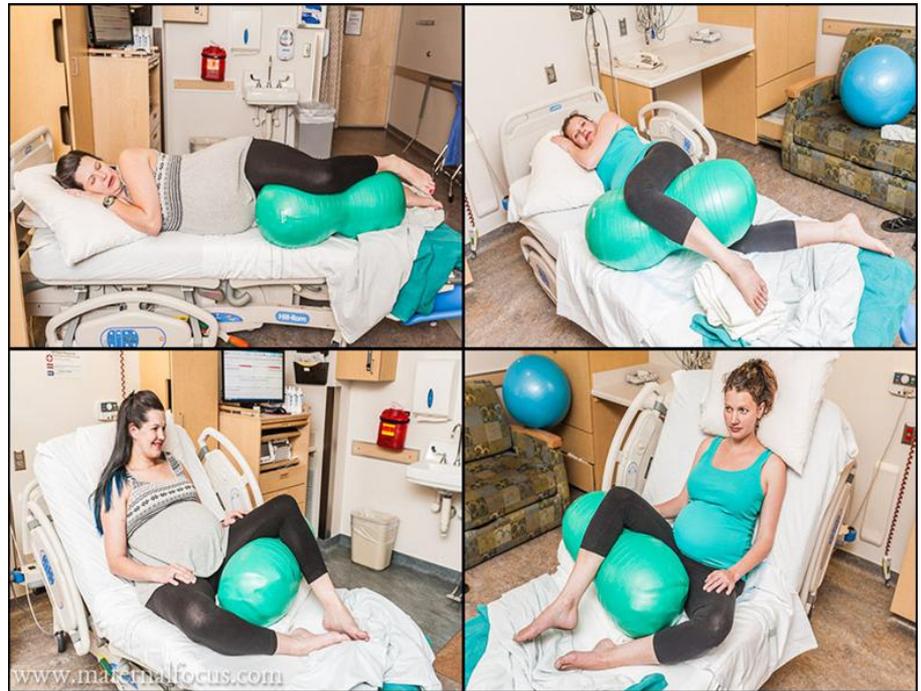
Role of the RN in Epidural Use in Labor

- 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!





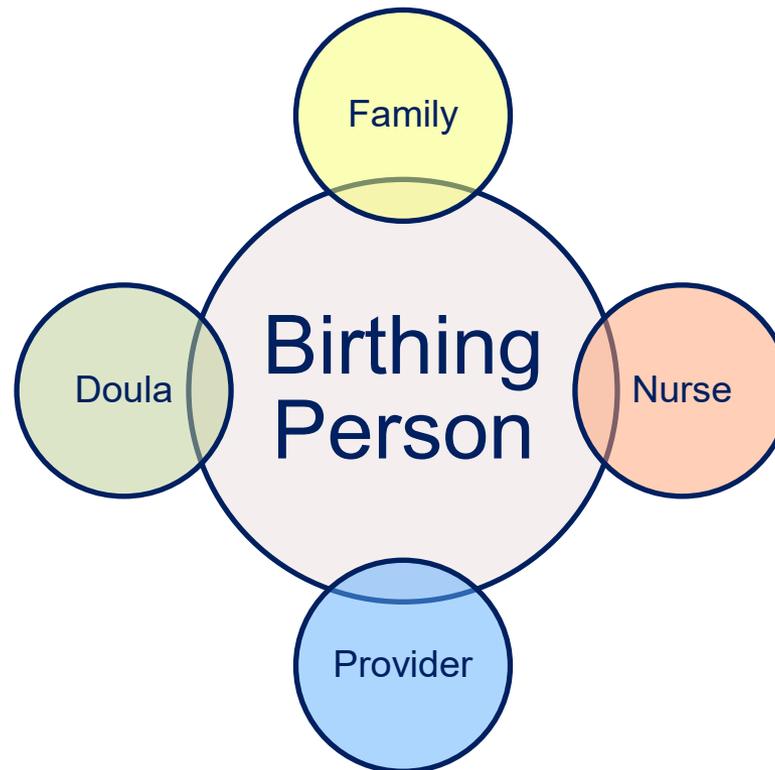
Nitrous Oxide

- Nitrous oxide (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.
 - 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 2026, 180+ 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

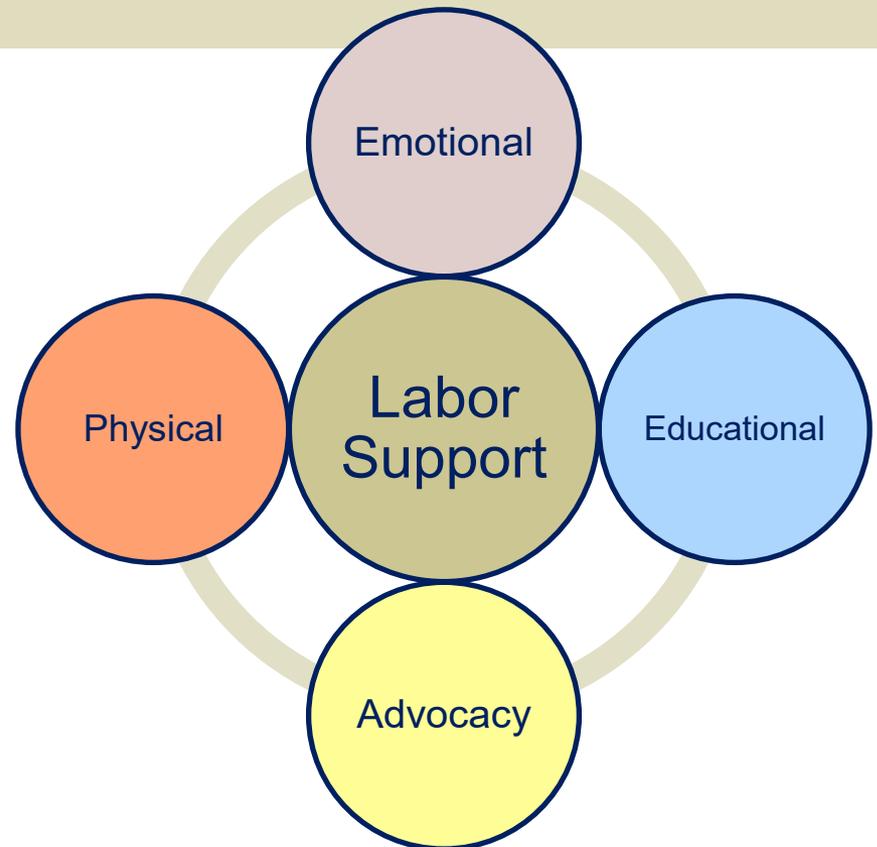
- Best Doula
- Birth Arts International (BAI)
- Birth Boot Camp
- Birthing Advocacy Doula Training
- Birth Pro
- BirthWorks International
- Blossoming Birth Community Doula Training
- Childbirth International (CBI)
- Childbirth and Postpartum Professional Association (CAPPA)
- Commonsense Childbirth
- Community Birth Sista/Doula Program
- DONA International
- Doula Trainings International (DTI)
- Four Sisters Birth Health Sovereignty
- Imani's Village
- International Childbirth Education Association (ICEA)
- International Doula Institute
- InTune Mother Society
- MaternityWise
- National Black Doulas Association (NBDA)
- New Beginnings
- Paradigm Doulas
- Rural Oklahoma Birth & Wellness Initiative
- Skye's Doula Services
- SMC Full Circle Doula Training
- The DNT Network
- ToLabor
- Tulsa Birth Equity Initiative (TBEI)
- Uzazi Village

Approved training as of 1.23.26 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

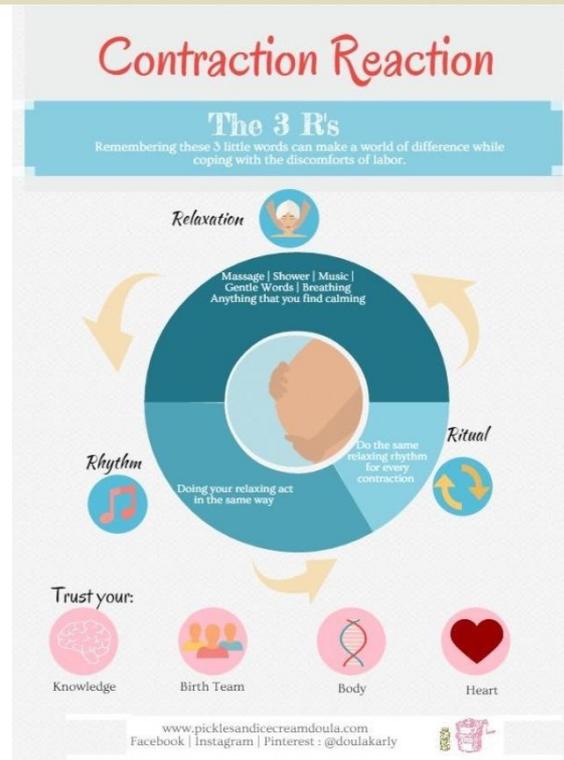


- All pictures copyright of Paulina G. Perez, RN, FACCE, LCCE, CD & Jessilyn Dolan, RN, CLD, CMT, CIMI, HBCE from Rebozo Workshop on October 20, 2012 in Burlington, Vermont



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

- 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





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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

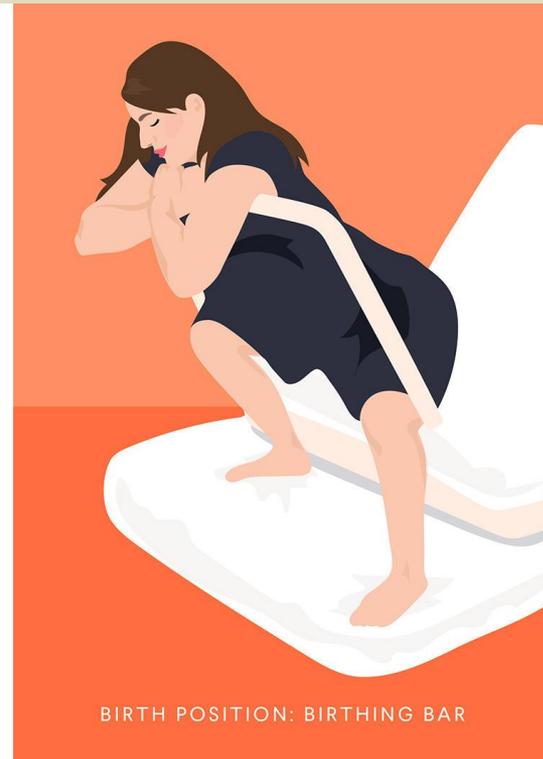
- Measures to reduce perineal lacerations
 - Comfortable position for mom
 - HANDS OUT!
 - Support the perineum





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



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