Application of the Coping With Labor Toolkit to Assist Laboring Women

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Labor Support

- Emotional and physical nursing interventions to provide support for laboring women
- Enhances the laboring woman’s comfort, confidence, and sense of being cared for and safe
- Should be continuously provided during the labor and delivery process
- Goal of Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN):
  - 100% of women receiving continuous labor support

(AWHONN, 2011; AWHONN, 2013; Burke, 2013)
Providing continuous labor support is shown to:

- Increase spontaneous vaginal deliveries
- Shorten time of labor
- Decrease analgesic use
- Provide a more positive birth experience
- Improve 5-minute Apgar scores for infants

(AWHONN, 2011; AWHONN, 2013; Edmonds & Jones, 2013; McDonald, 2011; Ross-Davie & Cheyne, 2014;
Labor Support

- Labor support provided by a nurse results in
  - Higher levels of patient satisfaction and feelings of reassurance
  - Improved patient outcomes
- Reasons nurses do not provide adequate labor support
  - Seen as an exception instead of routine care
  - Nurse’s beliefs toward childbirth

(AWHONN, 2013; Barrett & Stark, 2010; Hanson & VandeVusse, 2014; McDonald, 2011; Levine & Lowe, 2015, & Ross-Davie & Cheyne, 2014)
Coping with Labor Toolkit

- Created to provide education and assist intrapartum (IP) nurses in implementing the Coping with Labor Algorithm into practice
- Provides participants with
  - An overview for labor support
  - Information on how to apply the Coping with Labor Algorithm
  - Education about labor support interventions to support laboring women
  - Outlines unit-specific policies in place for labor support interventions

(Roberts, Gulliver, Fisher, & Cloyes, 2010)
Coping with Labor Toolkit: Labor Support Overview

- Defines the following:
  - Labor support
    - Physical support
    - Emotional support
- Provides a literature synthesis of evidence-based research articles that confirms the benefits of
  - Providing continuous labor support to all laboring women
  - Labor support being provided by IP nurses
Coping with Labor Algorithm V2 ©

Observe for cues on admission and throughout labor. Asessment per protocol:

Ask: “How are you coping with your labor?”
- Every shift + PRN + At signs of change

Legend:
[S] = Sufficient Evidence
[L] = Limited Evidence
[I] = Insufficient Evidence
[*] = No Evidence & No Harm

Cues you might see if woman is NOT coping
(May be seen in transition)
- States she is not coping
- Crying (May see with self-hypnosis)
- Sweaty
- Tremulous voice
- Thrashing, wincing, writhing
- Inability to focus or concentrate
- Clawing, biting
- Panicked activity during contractions
- Tense

Observe for cues on admission and throughout labor.

Assessment per protocol:
- Ask: “How are you coping with your labor?”
- Every shift
- PRN
- At signs of change

Physiologic/Natural
process of labor

- Patient desires pharmacological intervention
- Patient desires non-pharmacological intervention

Physical Environment

- Interventions as to what would give best relief and is indicated (what does the patient desire):
  - Tub/bath/shower
  - Hot pack/cold pack
  - Water injections
  - Massage/pressure
  - Movement/ambulation
  - Mood
  - Lighting
  - Music
  - Fragrance
  - TV/Media
  - Temperature
  - Whispering voices

Reassessment

The nurse should consider:
- Patient’s Life
- Sexual abuse
- Fear
- Stress
- Interpersonal dynamics

Offer social work consult

One-on-One Support
- Doula
- Midwifery Care being “With Woman”

Not Coping

Coping

Not Coping

Cues you might see if woman is coping:
- States she is coping
- Rhythmic activity during contraction (rocking, swaying)
- Focused inward
- Rhythmic breathing
- Able to relax between contractions
- Vocalization (moaning, counting, chanting)

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(Roberts et al., 2010)
Coping with Labor Algorithm: Physiologic Pathway

Pharmacologic Interventions

- Epidural
- Intravenous pain medications
  - Stadol
  - Fentanyl

(Jones et al., 2013; Roberts et al., 2010)
<table>
<thead>
<tr>
<th>Non-pharmacologic Interventions</th>
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<tbody>
<tr>
<td>Hydrotherapy</td>
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<tr>
<td>Hot/Cold Packs</td>
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<tr>
<td>Massage/Acupressure</td>
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<tr>
<td>Movement/Position Changes</td>
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<tr>
<td>Birthing Balls</td>
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<tr>
<td>Peanut Balls</td>
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<tr>
<td>Focus Points</td>
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<tr>
<td>Breathing Techniques</td>
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(ACNM, 2014; Benefield et al., 2014; Demir, 2012; Roberts et al., 2010; Roth et al., 2016; Silva et al., 2013; Tussey et al., 2015)
Coping with Labor Algorithm: Physical Environment Pathway

Changes made to:

- Mood & Lighting
- Noise
- Music
- Fragrance
- Distraction
- Temperature

(Demir, 2012; Janula & Mahipal, 2015; Labrague et al, 2013; Roberts et al., 2010; Toosi et al., 2014)
Coping with Labor Algorithm: Emotional/Psychosocial Pathway

- Provide support:
  - One-on-one support
  - Doula support

- Consider the woman’s past history and current stressors
  - Social work consult as needed

(Gottesman, 2014; Lally et al., 2014; Roberts et al., 2010)
IP Nurse’s Beliefs Related to Birth Practice Scale (IPNBBPS) developed by Adams and Saul (2014):

- Used to measure the birth beliefs of the IP nurse related to birth practice
- Results indicated that the IP nurses had positive beliefs about birth prior to implementation
Labor Support Scale (LSS) created by Sleutel (2002):

- The frequency subscale of the LSS was used to assess changes in the perceived frequency of labor support interventions provided by IP nurses
- 57.1% of the variables were found to significantly change between pre- and post-survey samples
- Positive findings that did not change between the pre- and post-survey samples
Conclusion

- Coping with Labor Toolkit
  - Guided labor support
  - Increased the frequency and type of labor support interventions provided
  - Placed emphasis on providing continuous labor support
  - Could positively impact the nurses’ beliefs
  - Could lead to improved patient outcomes and patient satisfaction
References


References


McDonald, S. (2011). Women who receive continuous support during labour have reduced risk of caesarean, instrumental delivery or need for analgesia compared to usual care. *Evidence-Based Nursing, 16*(2), 40-41. doi: 10.1136/ebn.2011.100194


References


