The Role of Nurse Advocate in Caesarean Sections on Maternal Request

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Outline

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Background



• Increasing rate of caesarean section in Canada (CIHI, 2018)



• WHO recommend a caesarean rate of less than 10% (WHO, 2015)



 Women are requesting caesarean sections in the absence of medical indications (Gallegher et al., 2012; Liu et al., 2007)

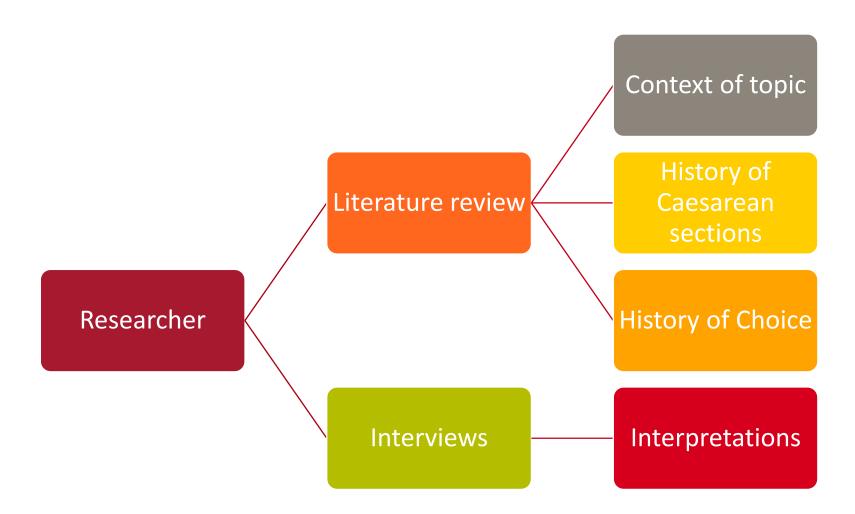


 HCPs are challenged to choose whether or not they will support women's choice





Research Methods





Y The Guidelines



- There is a lack of clear guidance for maternity nurses
- Recommend physicians explore context of a woman's choice and if comfortable, to support her choice by performing the caesarean section. If not to refer to another physician (NICE, 2013; SOGC, 2018)

Uៗ The Guidelines

Ethical or Moral Distress

- "Arises when nurses are unable to act according to their moral judgement" (Rodney, 2017, s7)
- Can lead to anger, frustration, guilt (CNA, 2017)
- Act as catalyst for selfrefection, collaboration, growth, and advocacy (Rodney, 2017)





Q The Big Picture of Choice

- Knowing the broader context of choice may help resolve nurses' ethical distress in caring for these women.
- Medical procedure developed as life-saving necessity (Lee, 2008)
- Women's rights movements, industrialization, consumerism in health care have contributed to the shift from necessity to commodity (Imanoff et al., 2016)



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The Big Picture of Choice

Patient Perspective

- Sense of control promotes positive physiological and psychological response (Marmot, 1991)
- Feelings of losing control during delivery have been implicated in PTSD and PPD

(American Psychiatric Association, 1994; Saisto & Halmesmaki, 2003).







Role of the Nurse Advocate

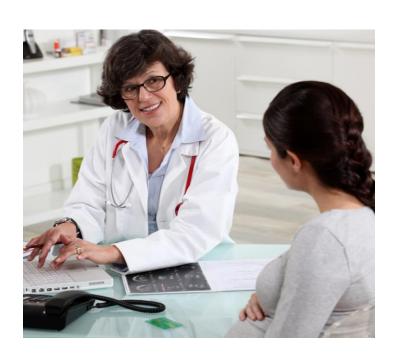


- Promote individualized care (Waters & Easton, 1999)
- Women feels in control (Saisto & Halmesmaki, 2003)
- Higher birth satisfaction(Saisto & Halmesmaki, 2003)
- Promotes positive transitions into motherhood





Role of the Nurse Advocate



- Nurses need to respond to increasing demand
- New role of nurse consultant
- Advocate for all choices equally
- Provide space to discuss and coordinate individualized care
- Promotes positive transitions into motherhood

(Imanoff et al., 2016)





What is at Risk?



- Parent-child interactions are foundational (Bowlby, 1988)
- Maternal stress, anxiety, and depression are considered "environmental factors" that influence an individual's health across their lifespan (CIHR, 2017, para, 2).



What is at Risk?



Assess quality of relationship



Promoting healthy relationships



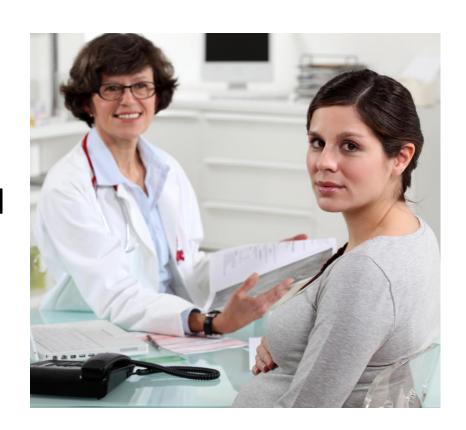
Referring to other services as needed



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Summary

- Choice is complex and historically situated
- Impact of allowing choice on maternal mental health and child development
- Nurses are in a unique role to act as advocate and have potential for new role of consultant





References

- American Psychiatric Association (APA). (1994). Diagnosis and statistical manual of mental disorders. 4th ed. (DSM IV). Washington DC: American Publishing Inc.
- Canadian Institute of Health Informatics (CIHI). (2018). Health indicators interactive tool. Retrieved from https://yourhealthsystem.cihi.ca/epub/SearchServlet Canadian Nurses Association. (2017). Code of ethics for registered nurses. Retrieved from https://www.cna-aiic.ca/html/en/Code-of-Ethics-2017-Edition/files/assets/basic-html/page-1.html
- Doucet, S., Denis, C., Letourneau, N., & Robertson Blackmore, E. (2009). Differentiation and clinical implications of postpartum depression and postpartum psychosis. Journal of Obstetrics, Gynecology and Neonatal Nursing, 38, 269-279. doi: 10.1111/j.1552.6906.2009.01019x
- Fair, C. D., & Morrison, T. E. (2012). The relationship between prenatal control, expectations, experienced control, and birth satisfaction among primiparous women. Midwifery, 28(1), 39-44. doi:10.1016/j.midw.2010.10.013
- Gallagher, F., Bell, L., Waddell, G., Benoît, A., & Côté, N. (2012). Requesting cesareans without medical indications: An option being considered by young Canadian women. Birth. 39(1), 39-47.
- Imanoff, J., Mannion, C., McCaffrey, G., McNeil, D., & White, D. (2016). Suffragettes for Caesareans: "Every Woman Should Have a Choice", ProQuest Dissertations and Theses.
- Latimer K, Wilson P, Kemp J, Thompson L, Sim F, Gillberg C, ... Minnis H. (2012). Disruptive behaviour disorders: a systematic review of environmental antenatal and early years risk factors. Child Care Health & Development, 38(5), 611-28. doi: 10.1111/j.1365-2214.2012.01366.x.
- Lee, A.S.M. & Kirkman. (2008). Disciplinary discourse: Rates of caesarean sections explained by medicine, midwifery, and feminism. Health Care for Women International, 29(5), 448-467. doi:10.1080/07399330801949574



References (continued)

- Liu, S., Liston, R.M., Joseph, K.S., He M., Sauve, R., & Kramer, M.S. (2007). Maternal mortality and severe morbidity associated with low-risk planned cesarean delivery versus planned vaginal delivery at term. Canadian Medical Association Journal. 176(4), 455-460. doi:10.1503/cmaj.060870
- Marmot, M.G., Rose, G., Shipley, M., & Hamilton, P.J. (1978). Employment grade and coronary heart disease in British civil servants. Journal of Epidemiology and Community Health, 32(4), 244-249.
- National Institute for Health and Care Excellence (NICE). (2013). Caesarean Section. Retrieved from https://www.nice.org.uk/guidance/qs32
- Palys, T. (2008). Purposive sampling. In L. M. Given (Ed.) The Sage Encyclopedia of Qualitative Research Methods. Vol. 2, (697-698). Sage: Los Angeles.
- Rodney, P. A. (2017). What we know about moral distress. American Journal of Nursing, 117(Suppl.), S7-S10. doi:10.1097/01.NAJ.0000512204.85973.04
- Saisto, T. & Halmesmaki, E. (2003). Fear of Childbirth: A neglected dilemma. Acta Obstetricia et Gynecologica Scandinavica. 2003;82(3): 201-208. doi: 10.1034/j.1600-0412.2003.00114.x
- Society of Obstetricians and Gynaecologists of Canada (SOGC). (2018). It Takes Two: Weighing the risks of caesarean deliveries on maternal request. Retrieved from https://sogc.org/files/medCaesareanDeliveryMaternalRequest_web.pdf
- World Health Organization (WHO). (2015). WHO statement of caesarean section rates. Retrieved from http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdfWaters, K.R. & Easton, N. (1999). Individualized care: Is it possible to plan and carry out? Journal of Advanced Nursing, 29(1), 79–87.

