Title:
Implementing a Birth Preference Protocol for Intrapartal Women to Promote Collaboration, Autonomy and Patient Satisfaction

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Session Title:
Poster Presentations

Slot (superslotted):
PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM
Slot (superslotted):
PST: Saturday, 18 March 2017: 9:45 AM-10:15 AM
Slot (superslotted):
PST: Saturday, 18 March 2017: 1:30 PM-2:00 PM
Slot (superslotted):
PST: Saturday, 18 March 2017: 3:45 PM-4:15 PM

Keywords:
Birth preferences, Collaboration and Patient autonomy

References:


Abstract Summary:
Laboring women have a right to informed consent and autonomy of their healthcare decisions. Learn how nurses can collaborate with and support women in labor, through the use of Rosemarie Rizzo Parse's theory of Humanbecoming.

Learning Activity:
The learner will be able to describe Parse’s Theory of Humanbecoming. The components of Parse’s theory will be outlined.

The learner will be able to identify two professional nursing organizations which support the nurse's duty to support patient autonomy. Excerpts from AWHONN's position statement "Nursing Support of Laboring Women" and the ANA's Code of Ethics for Nurses will be presented.

The learner will be able to list three benefits of nurses collaborating with patients in support of their care preferences. Benefits such as better outcomes, increased satisfaction and less post-partum depression will be presented to the learner.

Abstract Text:

Laboring women have a right to informed consent and autonomy of their healthcare decisions. Having control over one’s own healthcare decisions is an important element of autonomy and one that should be extended to pregnant women, just as it is to other healthcare populations. The American Congress of Obstetricians and Gynecologists supports informed consent and autonomy of women (Informed Consent, 2009). The Association of Women’s Health, Obstetric, and Neonatal Nurses’ (AWHONN) positions statement Nursing Support of Laboring Women (2011) describes the responsibility of nurses to advocate and support laboring women. A Birth Preference Protocol is developed and implemented to address the practice change needed to bring the clinical nurse team at Texas Children’s Hospital Pavilion for Women into line with the position statements of both ACOG and AWHONN.

The Humanbecoming theory (Parse, 2001) is the framework and theoretical basis for the described practice change. The theory of Humanbecoming is used to influence change in nursing care and alter the view of patients which facilitates the desired culture shift. Pregnant women are easily objectified and there is a common assumption in obstetrics that the only thing that women do (or should) care about is the health of her infant. Human subjectivity is not addressed due to providers being focused on cervical dilation and patient throughput (Bournes & Mitchell, 2014). Birth plans, which are the written expression of the mother’s values regarding her birth, are often dismissed, derided or blamed for unexpected outcomes. In situations like this, nurses are creating a reality with their patients that have vastly different meanings. According to Parse’s definition of freedom, nurses and patients can choose the attitude they will maintain towards any situation (Parse, 2001). The Birth Preference Protocol is the structure by which the clinical nurse and laboring woman create a birth experience that is mutually satisfying, safe and desirable. True collaboration between clinical nurses and women in labor is reached through the building of trust through communication. Barriers to collaboration are addressed and overcome through the implementation of the Birth Preference Protocol and Parse’s Theory of Humanbecoming.