

Continuous Labor Support for Every Woman

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) asserts that continuous labor support from a registered nurse (RN) is critical to achieve improved birth outcomes. In partnership with the woman, the RN conducts an assessment then implements and evaluates an individualized plan of care based on the woman's physical, psychological, and socio-cultural needs. This plan incorporates the woman's desires for and expectations of the process of labor. The RN coordinates the woman's support team, which may include a partner, family, friends, and/or a doula, to assist the woman to achieve her childbirth goals. Care and support during labor are powerful nursing functions, and it is incumbent on health care facilities to provide a level of staffing that facilitates the unique patient–RN relationship during childbirth. AWHONN recognizes that childbirth education and doula services contribute to the woman's preparation for and support during childbirth and supports consideration of these services as a covered benefit in public and private health insurance plans.

Background

The childbirth experience is an intensely dynamic, physical, and emotional event with lifelong implications. Women who receive continuous support during labor from hospital staff, nonhospital professionals such as doulas (Kozhimannil, Hardeman, Attanasio, Blauer-Peterson, & O'Brien, 2013), and family or friends may have improved outcomes compared with women who do not have such support. Improved maternal and newborn outcomes include the following:

- Increased spontaneous vaginal birth,
- Shorter duration of labor,
- Decreased cesarean birth,
- Decreased instrumental vaginal birth,
- Decreased use of any analgesia,
- Decreased use of regional analgesia,
- Improved five-minute Apgar score, and

- Fewer negative feelings about childbirth experiences (Bohren, Hofmeyr, Sakala, Fukuzawa, & Cuthbert, 2017).

In addition, the *American College of Obstetricians and Gynecologists* (2017) recommended continuous support as one strategy to limit intervention during labor and birth.

Despite the many benefits of continuous support in labor, RNs are challenged by competing priorities for their time and attention. Increasingly, RNs care for women with higher acuity levels, and the care of these women often demands increased attention to technology and documentation. Adequate staffing is essential for the RN to support the woman in labor and her family and to provide safe care that meets the accepted standards for maternal and fetal assessment. However, perinatal nurses indicated that inadequate staffing was a barrier to the provision of all aspects of labor support: physical and emotional support, information, and advocacy (Simpson & Lyndon, 2017). The *Guidelines for Professional Registered Nurse Staffing for Perinatal Units* indicate that a one-to-one RN to patient ratio is needed to ensure the safety of women in labor who have medical or obstetric complications, receive oxytocin, choose minimal intervention in labor, or are in second stage labor (AWHONN, 2010a).

Role of the Nurse

The RN integrates nursing theory with knowledge and clinical expertise to provide individualized, patient-centered care for each woman in labor and coordinates the woman's support team in accordance with institutional policies to ensure a safe birth. The support provided by the RN should include the following (Adams, Stark, & Low, 2016):

- Assessment of the physiologic and psychologic processes of labor;
- Facilitation of normal physiologic processes, e.g., allow movement in labor;

- Provision of physical comfort measures, emotional support, information, and advocacy;
- Evaluation of maternal and fetal status, including uterine activity and fetal oxygenation;
- Instruction regarding the labor process and comfort and coping measures;
- Role modeling to facilitate the participation of the family and companions during labor and birth; and
- Direct collaboration with other members of the health care team to coordinate patient care.

Additionally, the RN should help the woman to cope with labor (Roberts, Gulliver, Fisher, & Cloyes, 2010). Support during early labor builds the woman's confidence and helps her establish realistic expectations. When regional anesthesia is used, the nurse should encourage frequent position changes, use labor progress tools to help the fetus rotate and descend, allow labor to progress naturally and wait for passive descent until the woman has the urge to push, and monitor for fever associated with the use of epidural anesthesia.

Policy Considerations

Nurse leaders, including unit managers, nurse educators, and clinical nurse specialists, can be instrumental in advocating for staffing levels that ensure the provision of continuous labor support based on national guidelines. They can help to create cultures of care in which continuous labor support is prioritized. They can also ensure that women are educated about reasons to delay admission until active labor, strategies to deal with early labor at home, and how they will be supported in active labor by the nursing staff.

Nurse leaders can review and revise policies to facilitate the ability of the nurse to directly provide labor support and coordinate the labor support team. These policies may include the following:

- Comprehensive and ongoing education on labor support techniques and tools for nursing staff;
- Policies and education on intermittent fetal monitoring and auscultation, including the identification of appropriate patients and procedures;
- Early labor support and therapeutic rest policies;
- Nurse staffing policies, including policies about contingency and on-call staffing,

which plan for appropriate numbers of nurses to provide direct labor support consistent with national guidelines as well as RN coordination of the support team (AWHONN, 2010a); and

- Liberal visitor policies permitting a woman to have the support persons she desires to provide her effective support, in accordance with maintaining a safe physical environment.

Providing coverage and reimbursement for childbirth education and doula services that improve birth outcomes and save health care dollars should be a priority. As covered benefits for all pregnant women, these services could enhance goals to reduce racial and ethnic disparities in birth outcomes. AWHONN supports continued research about the effect of nursing support on maternal–newborn outcomes and the potential financial benefits of such support for health care systems.



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