Nursing Support of Laboring Women

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

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Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) asserts that continuously available labor support from a registered nurse (RN) is a critical component to achieve improved birth outcomes. The RN assesses, develops, implements and evaluates an individualized plan of care based on each woman's physical, psychological and socio-cultural needs, including the woman's desires for and expectations of the laboring process. Labor care and labor support are powerful nursing functions, and it is incumbent on health care facilities to provide an environment that encourages the unique patient-RN relationship during childbirth.

Background

The childbirth experience is an intensely dynamic, physical and emotional event with lifelong implications. Women who are provided continuously available support during labor have improved outcomes compared with women who do not have one-to-one continuously available support (Hodnett, Gates, Hofmeyr, & Sakala, 2003). For women in labor, continuous support can result in the following:

- shorter labor,
- decreased use of analgesia/anesthesia,
- decreased operative vaginal births or cesarean births,
- decreased need for oxytocin/uterotonics (Kennell, Klaus, & McGrath, 1991),
- increased likelihood of breastfeeding (Hofmeyr, Nikodem, & Wolmen, 1991),
- increased satisfaction with the childbirth experience (Hodnett et al.).

Many of the mother's childbirth outcomes listed above also benefit the neonate. For example, cesarean births are associated with increased rates of neonatal respiratory distress (Jain & Dudell, 2006).

Despite the many benefits of continuously available labor support, RNs are challenged by competing priorities for their time and attention. Over the past several decades, there has been an increase in inductions of labor and cesarean births. Also, the number of women with obstetric and medical complications has increased. Registered nurses need to care for women with higher acuity levels, and the care of these women often demands more attention to technology and documentation. Additionally, two drugs commonly used in the perinatal setting, oxytocin and magnesium sulfate, have been designated as high-alert medications by the Institute for Safe Medication Practices (2007). High-alert medications require intensive administration precautions and continuous monitoring and patient assessment by the RN. Despite these dramatic, resource-intensive changes in the perinatal setting, many institutions have not sufficiently increased the number of RNs available to respond to these demands.

A top priority for perinatal RNs is to support the laboring patient and her family and provide safe care that meets the accepted standards for maternal and fetal assessments. Adequate staffing is essential if RNs are to meet these expectations. AWHONN's *Guidelines for Professional Registered Nurse Staffing for Perinatal Units* outline appropriate RN staffing under various scenarios during labor and birth and recommend a one-to-one RN to patient ratio for women in labor who have medical or obstetric complications; are receiving oxytocin; choose minimal intervention in labor (e.g., decline analgesia or anesthesia, opt for intermittent fetal heart monitoring); or are in second stage labor (AWHONN, 2010). Continuously available labor promotes patient safety.

Role of the Nurse

The RN draws on a deep and broad base of nursing knowledge and clinical expertise to provide a level of care and support beyond that of lay personnel. The support provided by the RN should include the following:

- assessment and management of the physiologic and psychological processes of labor;

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- facilitation of normal physiologic processes, such as the women's desire for movement in labor (Shilling, 2009);
- provision of physical comfort measures, emotional and informational support and advocacy (Adams & Bianchi, 2008);
- evaluation of fetal well-being during labor;
- instruction regarding the labor process;
- role modeling to facilitate family participation during labor and birth;
- direct collaboration with other members of the health care team to coordinate patient care.

AWHONN supports continued research about the effect of nursing support on maternal-newborn outcomes and the potential financial benefits of such support for the health care system.

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