Baccalaureate Nursing Students Learn Labor Support through Customized Childbirth Education

by Gayle Kipnis PhD(c) RNC-OB AHN-BC

Abstract: This university-based customized childbirth education class for nursing students identifies that collaboration between childbirth educators and their local nursing schools could provide students with the necessary information to be effective labor support to women and their families during their clinical practicum within hospitals. Research shows that laboring women who are provided continuously available one-to-one support have better outcomes than women who receive standard hospital-based support. Hospitals may not have sufficiently increased the number of registered nurses available to deal with the multi-faceted demands of high-tech obstetrical care and that labor support may need reinforcement. Student nurses may be an answer.

Keywords: Childbirth education, nursing students, labor support, prenatal

The childbirth experience has lifelong implications. It is an intensely dynamic physical and emotional event that will be reflected upon for many years. This can be a daunting description for nursing students as they enter into labor and delivery units throughout the country during their maternal-child clinical rotations. As professors of this specialty, we attempt to ready our students for this experience by combining theoretical and didactic content with clinical wisdom. There is no guaranteed outcome of individual student's comfort-level, confidence, and readiness for their clinical encounter with laboring mothers and families. Providing childbirth education to student nurses can enable them to offer effective labor support. Collaboration between childbirth educators and schools of nursing may offer far-reaching benefits to the student, the laboring woman, the hospital staff, and the community.

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) recently published their position statement, “Nursing Support of Laboring Women” which identifies labor support as a powerful nursing function and a vital component to achieving improved birth outcomes (2011). AWHONN is the professional organization of maternal-child registered nurses that assists in setting the standard for patient care. In this position statement, it has identified that many institutions have not sufficiently increased the number of RNs available to respond to the increased acuity of many laboring mothers, the dramatic rise of obstetrical interventions, and routine use of high-alert medications used in hospital settings. This leads to laboring women receiving less of their nurses’ time and attention.

Research has shown that laboring women who are provided continuously available one-to-one support have better outcomes than women who receive standard hospital-based support. Labor support offered by doulas was shown to have a positive effect on the outcomes of 224 middle-class couples by significantly decreasing the likelihood of cesarean delivery, reducing the need for epidural analgesia, and improving overall labor satisfaction (McGrath & Kennell, 2008). According to a Cochrane systematic review of 21 trials involving 15,061 laboring women, continuous labor support can result in shorter labors, decreased use of epidural administration, decreased cesarean births, and increased satisfaction with the birth experience (Hodnett, Gates, Hofmeyr, continued on page 57
Sakala, & Weston, 2011). The conclusion of this study stated that continuous one-on-one labor support from a person who is present solely to provide support, is not a member of the woman's social network, is experienced in providing labor support, and has at least a modest amount of training, appeared to be most beneficial.

**Setting**

The third-semester baccalaureate nursing students attending a state university in Northern California receive an extensive didactic curriculum of family-centered maternal-child nursing that covers theory, fetal growth, prenatal, intrapartum, and postpartum nursing care. These students spend time in a local community clinic to observe prenatal care and spend hours at a rural Northern California Clinical Simulation Center to work with pregnant mannequins and electronic newborns to apply theory to clinical knowledge prior to their hospital experience. We divide our students into clinical groups of eight to ten, each having a representative that meets regularly with maternal-child faculty to assess various aspects of our program. Early this fall, during one of our regular meetings, the students expressed a need to attend prepared childbirth classes so that "we can really understand what to do for laboring women" and to "better know our role as nurses." The childbirth classes offered in Chico are given over a four to five-week period. As many of our students work part-time or live out outside of Chico in rural areas or other towns we needed to meet their needs and offer our own class. Being a prepared childbirth educator for over twenty years and a former ICEA chapter officer in Southern California, I volunteered to teach a class specific to their needs within the following two weeks. This timing enabled the majority of the students to experience childbirth education and labor support coaching prior to the beginning of their clinical hospital experience.

After arranging to hold class in our skills lab on a day that the students were already on campus, I sent out a class email announcing that to attend the prepared childbirth class each student needed to bring a birth partner (another student) and be ready to role-play. There was much anticipation over this three-hour experiential class and about half of the class attended.

**Labor Support Class**

The needs of my students were different than a traditional childbirth class. They knew the didactic content specific to labor. The focus needed to be on labor support and coaching. The curriculum was designed with very short overviews of each major component followed by experiential, interactive content. Our university skills lab is equipped with hospital beds and pillows. Add a labor ball, posters, an anatomical pelvis and baby, a knitted uterus, and a plastic cervical dilatation chart and a prenatal class begins. The students brought yoga mats and enthusiasm.

The class began with the students experiencing a relaxation visual imagery exercise. We discussed the Gate Control Theory and how utilizing all the senses can help a laboring woman to experience less pain both physiologically and emotionally. As we briefly covered the phases of the first stage of labor, I focused on what the mother would be feeling, characteristic signs of labor, and specifically how to support her. The paired students chose to play either the coach or the mother and assumed their roles, reversing them at the end of each phase so that each student could experience both. The rationales for the use of realistic encouraging words, cold/hot packs, ice chips, lip balm, massage, effleurage, low back pressure, and other labor interventions were introduced with the use of a goodie bag and then practiced. Positioning and the importance of not just laboring in a
bed was emphasized with student-moms rocking in chairs, sitting on the birthing ball, and leaning on the side of an elevated bed or on their student-coach for physical support. Breathing techniques for active and transition labor were demonstrated then practiced by the students as coaches and as laboring mothers. They were very interested in the various breathing patterns, and in using them until they felt that they had a solid ability to utilize them with a "real" laboring woman. Similar to a traditional prepared childbirth class, there was much giggling that accompanied concepts that were unfamiliar but students focused until they reached their own comfort levels. It was emphasized that since we live in a geographic area that is dominated by epidural analgesia during labor, that these techniques could be utilized while a mother was waiting for the administration or if she experienced an epidural window.

During the second stage of labor, we broke into groups of three students with one student-mom and two student-coaches to facilitate pushing in the hospital beds. Alternative positions for birthing and breathing techniques were demonstrated and practiced with each student having the experience of pushing. Although this interactive approach encompasses additional time, the students reveled in the true experiential nature of the class. The end of the class came with the birth of their babies and their triumphant glee in learning concepts that they would be applying soon during their clinical rotations in various area hospitals.

Discussion

The feedback that I received from my baccalaureate nursing students was overwhelmingly positive. It created quite a buzz within our nursing school with other students inquiring when the next class would be offered. One student explained what he had experienced as an analogy.

"I would liken it to learning how to ride a bike. You could read about riding a bike but until you experienced the actual physical process of getting on the bike, trying to pedal and staying upright, it would not feel or be real. Attending this prepared childbirth class has taught me how it felt to coach a woman in labor and what it feels like to try to push during labor. I can do this!"

Other students conveyed that the use of the audiovisuals, brief review, and interactive labor coaching helped them put labor into a more realistic perspective and provided them with the skills to function more directly within their nursing role.

There were several benefits of this three-hour prepared childbirth class for nursing students.

1. The camaraderie that developed among the students during this class enabled them to work through some uncomfortable moments successfully and taught them team building skills essential to real world nursing practice.

2. Understanding of the labor process was heightened by making it experiential.

3. There was a distinctive confidence-building effect that was reflected in their comfort levels during their L&D clinical experiences. The nursing students now possess a knowledge-base that is of value to their patients.

4. Collaboration with the hospital's L&D staff enhanced their ability to effectively coach laboring women and their families.

5. The teaching role of nurses was reinforced.

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The benefits to the laboring mother and her coach:

1. Provision of comfort measures, position and movement options, emotional, and informational support.

2. One-on-one labor coaching reduces length of labor, epidural analgesia, and cesarean births and improves satisfaction of the labor process.

3. Support of the laboring woman’s primary coach providing respite care during fatigue or meal breaks.

There were benefits to the hospital’s labor and delivery staff. Utilizing effective nursing students to assist in coaching laboring patients may decrease demands on nursing staff. The community benefited from collaboration between the university and area hospitals, which enhances the overall wellness of the community and their child-bearing families.

Conclusion

In this time of nursing shortages and higher acuities, with evidence-based practice at the forefront of nursing, it has been shown that one-to-one labor support does not necessitate the work of a registered nurse. Student nurses want to be of value to their patients, and by offering to assist with labor coaching, can be a hidden resource in the tangle of hospital staffing. The baccalaureate nursing students at our university expressed a need for a prepared childbirth class that would help them to understand labor and the labor support/coaching process. As a new faculty member, I was able to customize a three-hour class specifically designed to fit their needs. Although I have been a prepared childbirth instructor for over twenty years, I have never offered a class to student nurses. The benefits did not become apparent until after the class and are more far-reaching than I could have envisioned.

In nursing education, we speak of a theory-practice gap that needs to be addressed. This prepared childbirth class filled that gap with an interactive experience that was enjoyable for all participants. However, not every university or college has faculty that are trained in childbirth education who might facilitate this opportunity for their nursing students. Colleges and schools of nursing would welcome the opportunity to collaborate with prepared childbirth educators from their area to assist them in preparing their students to offer labor support. The supplies were common to those owned by childbirth educators, and the three-hour class time was well invested time. Collaboration between childbirth educators and their local nursing schools can provide the far-reaching benefits identified above within their own communities. With research documenting that continuous one-to-one labor support from a person who is present solely to provide support, is not a member of the woman’s social network, is experienced in providing labor support, and has at least a modest amount of training to be the most beneficial, I ask, “Why not student nurses?”

References


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