

High-Touch Nursing Care During Labor



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High-Touch Nursing Care During Labor is a joint production of InJoy Videos and The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). InJoy Videos has been producing superior quality childbirth and parenting videos for more than 15 years. To produce this revolutionary nurse-training series, we sought the expertise of AWHONN, a respected organization of 23,000 health care professionals promoting excellence in nursing practice. AWHONN strives to enrich the health, well-being, and overall quality of life of women and newborns through dynamic programs, services, and community outreach. AWHONN is a third time recipient of the American Nurses Credentialing Center's Commission on Accreditation Premier Program Award for innovation and excellence in continuing nursing education.

ACKNOWLEDGMENTS

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DISCLOSURES

Planners, consultants, and reviewers for this CNE activity report no conflicts of interest. This CNE activity does not include discussion of off-label drug or device use. There is no commercial support for this activity.

DISCLAIMER

This DVD series presents general methods and techniques of practice that are currently acceptable, based on current research, and used by recognized authorities.

AWHONN has sought to confirm the accuracy of the information presented herein and to describe generally accepted practices. However, AWHONN is not responsible for errors or omissions or for any consequences from application of information in this resource and makes no warranty, expressed or implied with respect to the contents of the publication.

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High-Touch Nursing Care During Labor

IN TODAY'S HIGH-TECH HEALTH CARE ENVIRONMENT, nurses are challenged to keep up with new advances and the latest research in medical technology, treatment protocols, and pharmaceuticals. However, it is equally vital that nurses are knowledgeable, competent, and comfortable providing evidence-based high-touch care.

High-Touch Nursing Care During Labor is designed to provide nurses in the labor and delivery setting with the theoretical knowledge to integrate physical comfort measures, emotional support, and patient teaching from admission through second stage. Content included in the program is appropriate primarily for nurses **new to labor and delivery** or experienced nurses seeking to refresh their labor support skills. The didactic content provided should be accompanied by guided clinical experience to permit real-time integration of the concepts and information presented.

Each volume of this three-part DVD series includes engaging video footage focusing on a different aspect of the labor process: Volume 1 looks at admission; Volume 2 examines first stage labor support; and Volume 3 is centered on second stage. The volumes are further divided into four modules, each concluding with a case study and questions aimed at eliciting critical thought about the content just presented. Interspersed throughout are:

• *Teachable Moments* which highlight opportunities to provide helpful information to the laboring woman and her family.

• *Clinical Tips* aimed at helping the nurse add the high-touch approach during medical procedures or to facilitate patient comfort.

• *Research in Action* screens that highlight and reference important studies that influence patient care and provide the evidence for practice recommendations.

Presented by Kathleen R. Simpson, PhD, RNC, FAAN



Application

Nurses can view the series on their own or in groups led by a facilitator. The facilitator should have expertise in the content area being presented. Pauses in the program allow the facilitator to query the group for answers to the critical thinking case studies. Individual viewers can also ‘pause’ the program, answer the question, and then push ‘play’ to hear a sample response. Facilitators are encouraged to expand on the content to the extent desired for the learner audience and may choose to include additional case studies or clinical examples to reinforce application of the information presented in clinical practice. It may also be appropriate for the facilitator to demonstrate the positions or movements described, encouraging learners to practice on each other prior to implementation in the clinical setting.

This Facilitator’s Guide contains a description of each volume, its objectives, case study questions and answers, and a bibliography pertaining to its content. The continuing nursing education forms referred to in the next section are also included.

Continuing Nursing Education

Those previewing *High-Touch Nursing Care During Labor* cannot apply for continuing nursing education (CNE) credit until the product has actually been purchased. A total of 3 contact hours may be earned as CNE credit for completion of all three volumes, or 1 contact hour may be earned for completion of each of the three individual volumes. Learners may submit CNE applications for all three at once or one volume at a time.

Contact hours are available through July 1, 2015. Because the expiration may be extended beyond this date, please check www.awhonn.org/CNEupdates for current availability. To receive contact hour credit, applicants must view a volume in its entirety, take the Posttest, complete the *Participant Feedback Tool*, and submit the completed application form and feedback tool along with appropriate payment to AWHONN. Fees are stated on the application forms.

For all CNE applicants, the facilitator will need to photocopy and distribute the applicable Posttest, *Continuing Nursing Education Credit Application*, and *Participant Feedback Tool* from inside this guide (Volume 1: pages 7-10; Volume 2: pages 13-16; Volume 3: pages 19-22) in order for the CNE application form to be completed.

Mail the forms, along with a check payable to AWHONN to:
AWHONN CNE
2000 L Street, NW, Suite 740
Washington, DC 20036

Certificates will be issued to participants within 2-3 weeks of receipt of the completed application, *Participant Feedback Tool*, and processing fees. Questions regarding the process of applying for CNE credit should be directed to AWHONN’s Continuing Nursing Education Coordinator at 1-800-673-8499.

Association of Women’s Health, Obstetric and Neonatal Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

AWHONN is approved by the California Board of Registered Nursing, Provider #CEP580.
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VOLUME 1: ADMISSION ASSESSMENT



- ♥ MODULE 1: Labor Assessment
- ♥ MODULE 2: Psychosocial Assessment
- ♥ MODULE 3: Cultural Assessment
- ♥ MODULE 4: Care Planning

Building a relationship with each woman and conducting a complete physical assessment comprise the initial care in labor. While both are important, this volume focuses on establishing a relationship with the expectant mother. An early positive connection will help nurse-patient interactions throughout labor and make a lasting impression that can affect the course of the woman's hospital stay.

OBJECTIVES

After watching this volume and participating in the case studies, learners will be able to:

- Use effective, compassionate communication techniques with women and families from labor assessment through admission.
- Make women more comfortable during physical assessments.
- Assess a woman's psychosocial profile in order to optimize interactions and care.
- Incorporate a woman's cultural beliefs and birth plan into her nursing care plan.

ADDENDUM

The Joint Commission has established new standards and guidelines for use of translators in healthcare settings. Interpreters must be properly trained and qualified in the patient's language. Since 2011, it is no longer acceptable to use untrained volunteer translators, such as ancillary staff or family members.

Case Study Questions

MODULE 1: Labor Assessment

Ms. G., a 26-year-old, 40.3 weeks primigravida, says her contractions are unbearable. Her membranes are intact. You assess that she is 2.5 cm dilated, 70% effaced, with a vertex presentation at the -2 station. Is she a candidate for admission? How would you respond to her discomfort?

SAMPLE ANSWER: Ms. G. needs additional assessment to determine if she is in labor. If the hospital has a unit for early labor or labor observation, admission to that unit would be appropriate; otherwise, she may be admitted to L & D for observation. If it is determined that she is not in labor and has no complications requiring admission, she will probably be sent home. If she is in early labor, admission is based on hospital policy, distance from her home to the hospital, and her coping abilities. If she is sent home, provide specific suggestions for coping, such as a warm bath to promote relaxation.

MODULE 2: Psychosocial Assessment

Ms. Z. is a single, 20-year-old primigravida. Through her psychosocial assessment, you find that she has a limited support network. She looks at her boyfriend before answering any questions, and he does not leave her side. What warning signs are present? How would you respond?

SAMPLE ANSWER: The boyfriend's continuous presence and her need for his approval are warning signs indicative of a possible abusive relationship. Ask the boyfriend to run an errand or step outside the room during an examination. When you are alone with Ms. Z., ask her direct, specific questions, such as "Has your partner ever hit or kicked you?" Recommend a referral to social services and make a note that continued evaluation be included as part of the postpartum nursing care plan.

MODULE 3: Cultural Assessment

Ms. S. is a 30-year-old Muslim woman, Gravida 2, Para 1. Her female OB was not on call when her labor started, and a male OB was assigned to her care. Her husband is visibly upset by this. How would you respond to his concerns?

SAMPLE ANSWER: Show respect for the couple and their religious belief system by listening to the husband's concerns. Let him know you will share his concerns with the attending physician. Assure him that a female nurse will care for his wife and be present throughout the labor and birth process and that he is welcome to stay in the room during examinations. Do the utmost to protect Ms. S.'s modesty by providing strategic draping and privacy.

MODULE 4: Care Planning

Ms. K. is a 33-year-old married Gravida 3, Para 2. She has presented a birth plan that includes no IV, no pain medications, and limited fetal monitoring. How would you structure her care plan to best meet her needs and adhere to your hospital's policies?

SAMPLE ANSWER: Support Ms. K. in her desires as much as is safely possible and permitted by hospital policy. Encourage oral fluids to prevent dehydration. If an IV is required, give the rationale and consider a saline lock so she doesn't feel tethered to an IV pole. Intermittent fetal monitoring and auscultation are acceptable standards of care for the laboring woman if complications do not arise. Inform her that if there are any signs of fetal compromise, continuous EFM may be indicated. Display a positive, caring attitude when discussing policy and modifications, and offer her a variety of nonpharmacologic comfort measures.

POSTTEST VOLUME 1: ADMISSION ASSESSMENT

- 1) Your assessment of the strength of a woman's contractions is in conflict with her perception of pain. Her abdomen is still pretty soft at the peak of the contraction, but she says she's "in agony." You:
 - a. Do not diminish her discomfort. Help her handle her contractions more effectively.
 - b. Show her how soft her abdomen is and demonstrate how firm it will be during stronger contractions.
 - c. Tell her that her contractions are not that strong so she shouldn't be feeling that much pain.
- 2) Research shows that women admitted in the latent phase rather than the active phase are more likely to have:
 - a. Longer labors, increased incidence of FHR abnormalities, and maternal hemorrhage.
 - b. Longer labors, increased use of oxytocin, and decreased APGAR scores.
 - c. Longer labors and increased use of oxytocin and other obstetric interventions.
- 3) One study found that nurses with the lowest cesarean rates in women they care for:
 - a. Had experienced cesarean deliveries themselves.
 - b. Took a greater interest in the woman's psychosocial situation.
 - c. Were masters prepared and/or had advance certification.
- 4) Essential forces influencing labor progress include power, passageway, position, and:
 - a. Pain.
 - b. Perfusion.
 - c. Psyche.
- 5) 1.9 million women are assaulted by their intimate partner every year in the US. Pregnancy often triggers or escalates violence. With this in mind, you should:
 - a. Ask the woman's family members if they have ever witnessed violence.
 - b. Check all women for bruising and observe interactions with their partners.
 - c. Screen only those from high risk or low socioeconomic backgrounds.

- 6) Doulas do not:
 - a. Assess maternal or fetal well-being or perform clinical tasks.
 - b. Provide continuous emotional support to the laboring woman.
 - c. Provide continuous physical support to the laboring woman.
- 7) High-touch labor care has been shown to lower anxiety, shorten labor, have positive long-term effects on women and families, and:
 - a. Limit nosocomial infections.
 - b. Reduce invasive procedures.
 - c. Reduce postpartum depression.
- 8) To reduce patient anxiety and facilitate comfort during the vaginal exam:
 - a. Conduct the exam as quickly as possible.
 - b. Encourage her to use breathing and relaxing techniques.
 - c. Tell her to hold her breath and bear down.
- 9) During your initial assessment, the best way to ask a woman about alcohol use is:
 - a. Do you drink alcoholic beverages?
 - b. Have you avoided exposing your baby to alcohol?
 - c. How many alcoholic drinks do you have a week?
- 10) The presence and support of a companion during birth can shorten labor by 2-3 hours.
 - a. True
 - b. False

CONTINUING NURSING EDUCATION (CNE) CREDIT APPLICATION

High-Touch Nursing Care During Labor, Volume 1: Admission Assessment

1 contact hour of CNE credit for this program may be earned until 07/01/2015

Because the expiration may be extended beyond this date, please check www.awhonn.org/CNEupdates for current availability.

\$7.50 (AWHONN member) or \$10 (non-AWHONN member)

INSTRUCTIONS

1. After viewing the volume, please complete the *Posttest* (a copy of the *Posttest* will be given to you by the facilitator). Fill out your personal contact information and record the answers to the test below. Then, complete the *Participant Feedback Tool*. After completing, make a copy of both for your records.
2. Mail this form and the *Participant Feedback Tool*, along with a **check payable to AWHONN**, to:
AWHONN CNE, 2000 L Street, NW, Suite 740, Washington, DC 20036.
3. Certificates will be issued to participants within 2-3 weeks after receipt of the completed forms and processing fee.
4. Questions regarding this program or the process of applying for CNE credit should be directed to the CNE Coordinator at (800) 673-8499 or via email at cne@awhonn.org.

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Volume 1: Admission Assessment

I have enclosed a check or money order for \$_____, payable to AWHONN. (\$7.50 for AWHONN members or \$10 for non-AWHONN members. Payment must be included for your application to be processed.)

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STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____

EMAIL _____

Posttest Answers

Please write the letter of the correct answer in the space below.

1. ____ 2. ____ 3. ____ 4. ____ 5. ____

6. ____ 7. ____ 8. ____ 9. ____ 10. ____ Date Completed: _____

High-Touch Nursing Care During Labor, Volume 1: Admission Assessment

PARTICIPANT FEEDBACK TOOL

TIME

Time required to view the volume, consider the case studies, and complete the posttest and *Participant Feedback Tool*: ____ minutes.

LEARNING OBJECTIVES

Using a scale of 1 (not effective) through 5 (highly effective), please rate (by circling a number) how effectively the presentation enabled you to meet the following objectives:

	NOT EFFECTIVE		HIGHLY EFFECTIVE		
■ Use effective, compassionate communication techniques with women and families from labor assessment through admission.	1	2	3	4	5
■ Make women more comfortable during physical assessments.	1	2	3	4	5
■ Assess a woman's psychosocial profile in order to optimize interactions and care.	1	2	3	4	5
■ Incorporate a woman's cultural beliefs and birth plan into the nursing care plan.	1	2	3	4	5

OVERALL RATINGS

Using a rating scale of 1 (poor) through 5 (excellent), please rate the following areas:

	POOR		EXCELLENT	
1. Relationship of the content to objectives and overall purpose of the activity	1	2	3	4
2. Timeliness of content	1	2	3	4
3. Usefulness of content to clinical practice	1	2	3	4
4. Effectiveness as a learning resource	1	2	3	4
5. The activity is free of commercial bias	Yes	No		

Other comments and suggestions:

VOLUME 2: FIRST STAGE LABOR SUPPORT



- ♥ MODULE 1: Labor Pain
- ♥ MODULE 2: Nurse's Role
- ♥ MODULE 3: Maternal Positions & Movements
- ♥ MODULE 4: Nonpharmacologic Techniques

The first stage of labor is a crucial time for an attending nurse to provide excellent supportive nursing care. The pregnant woman is experiencing powerful sensations in her uterus and cervix. She is also faced with profound emotional challenges she may have never experienced before. The nurse's presence, support, and application of appropriate comfort strategies are important in creating a positive birth experience for the patient and her support people.

OBJECTIVES

After watching this volume and participating in the case studies, learners will be able to:

- Explain the unique nature of labor pain and list pain response factors.
- Identify the various nursing roles during first stage labor.
- Describe, demonstrate, and help women use a variety of positions and movements during labor.
- Describe, demonstrate, and help women use a variety of supportive nonpharmacologic techniques during labor.

ADDENDUM

Locking a patient's door is no longer considered a safe practice.

Case Study Questions

MODULE 1: Labor Pain

Ms. C. is a single, 29-year-old Korean primigravida. She has not taken childbirth preparation classes, is awaiting the arrival of her mother (who is stuck in traffic) and has not eaten anything all day. Which pain response factors need to be addressed?

SAMPLE ANSWER: There are three pain response factors that need to be addressed. First, lack of childbirth preparation classes may decrease Ms. C.'s confidence level as she begins labor. Second, the fact that Ms. C.'s mother is not present may cause anxiety, which could be counterproductive to the labor process. Third, lack of caloric intake may cause dehydration or low blood sugar, leading to fatigue during labor. To alleviate these issues, stay with Ms. C. until her mother arrives, provide information about childbirth, and seek translation services if communication is a problem. If there are no contraindications, hydrate her, either by IV or with oral fluids, like popsicles or broth.

MODULE 2: Nurse's Role

As you enter Ms. G.'s labor room, you notice that she seems very tense. The lights are up full and the TV is blaring. Her husband tries to breathe with her, but is distracted by the TV and other family members in the room. What actions could you take to improve her labor environment?

SAMPLE ANSWER: Creating a comfortable labor environment is very important. Turn down the lights. Ask if you may turn the TV off, since it is distracting to the support person. Advocate for Ms. G. and her husband by asking if they prefer some privacy. If so, request that the family members wait outside.

MODULE 3: Maternal Positions & Movements

Ms. S. has been lying in bed. Her labor is not progressing and she reports a lot of pressure on her lower back. What positions and movements would you suggest to Ms. S. that can alleviate discomfort and help progress labor?

SAMPLE ANSWER: Labor positions may include side-lying, upright, and forward-leaning. These positions will decrease pressure on the sacrum and usually aid in labor progression. Pelvic rocking and walking are movements that can enhance fetal descent. Combining productive labor positions with movement provides the most advantages in alleviating labor discomfort and enhancing labor progression.

MODULE 4: Nonpharmacologic Techniques

Ms. P. is a 32-year-old primigravida whose labor is progressing quickly. She loses focus during contractions, but says she does not want medication. What nonpharmacologic techniques can help Ms. P. focus and handle the intensity of her labor?

SAMPLE ANSWER: Attention-focusing and distraction activities use the power of the mind over the body during labor. Suggest that Ms. P. focus her attention on an object from home or something in the labor room during contractions. She can combine this with rhythmic breathing. Provide distraction activities for Ms. P., such as escape visualization or active imagery. These activities may help Ms. P. regain her focus and handle the intensity of her labor.

POSTTEST VOLUME 2: FIRST STAGE LABOR SUPPORT

- 1) Which of the following are somatic cues that may indicate anxiety during labor?
 - a. Elevated BP
 - b. Jitteriness
 - c. Muscular pain
- 2) Which of the following is important for the nurse to consider when a woman has a support person present during labor?
 - a. Let support persons participate at their own confidence level.
 - b. Support persons will care for their own needs first.
 - c. To be effective, support persons must be “hands-on.”
- 3) The benefits of heat packs include:
 - a. Increased circulation, calming effect, and muscle spasm reduction.
 - b. Increased circulation, labor acceleration, and numbness.
 - c. Increased circulation, labor acceleration, and improved FHR.
- 4) The nurse explains to the laboring woman that cold compresses will:
 - a. Increase circulation.
 - b. Raise the pain threshold.
 - c. Slow transmission of pain impulses.
- 5) Pain in the first stage of labor may be due to:
 - a. Descent of the fetus into the vagina.
 - b. Injury to the uterine muscles.
 - c. Stretching of the lower uterine segment.

- 6) Childbirth preparation education leads to:
 - a. Decreased pain perception and improved fetal outcome.
 - b. Decreased pain perception and reduced use of analgesia.
 - c. Decreased pain perception and shorter first stage.
- 7) The primary rationale for replacing calories during labor is to:
 - a. Decrease build up of lactic acid in the muscles.
 - b. Maintain nutritional support of the fetus.
 - c. Prevent maternal dehydration.
- 8) Fetal position, effectiveness of contractions, and oxygen supply to the fetus are positively affected by:
 - a. Intravenous infusion during labor.
 - b. Intermittent auscultation versus continuous.
 - c. Maternal positions and movement in labor.
- 9) In active labor, AWHONN recommends intermittent auscultation at intervals of:
 - a. Every ten minutes.
 - b. Every fifteen to thirty minutes.
 - c. Once every sixty minutes.
- 10) Pelvic rocking:
 - a. Is contraindicated if the fetus is occiput posterior.
 - b. May enhance fetal descent and rotation.
 - c. Requires a squat bar to be done effectively.

CONTINUING NURSING EDUCATION (CNE) CREDIT APPLICATION

High-Touch Nursing Care During Labor, Volume 2: First Stage Labor Support

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Volume 2: First Stage Labor Support

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CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____

EMAIL _____

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PARTICIPANT FEEDBACK TOOL

High-Touch Nursing Care During Labor, Volume 2: First Stage Labor Support

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LEARNING OBJECTIVES

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■ Identify the various nursing roles during first stage labor.						
■ Describe, demonstrate, and help women use a variety of positions and movements during labor.						
■ Describe, demonstrate, and help women use a variety of supportive nonpharmacologic techniques during labor.						

OVERALL RATINGS

Using a rating scale of 1 (poor) through 5 (excellent), please rate the following areas:

	POOR	1	2	3	4	5	EXCELLENT
1. Relationship of the content to objectives and overall purpose of the activity							
2. Timeliness of content							
3. Usefulness of content to clinical practice							
4. Effectiveness as a learning resource							
5. The activity is free of commercial bias	Yes						No

Other comments and suggestions:

VOLUME 3: SECOND STAGE LABOR SUPPORT



- ♥ MODULE 1: Evidence-Based Care
- ♥ MODULE 2: Maternal Positions
- ♥ MODULE 3: Providing Comfort
- ♥ MODULE 4: Birth Assistance & Family Support

With birth drawing near, the second stage of labor provides the labor nurse with the opportunity to take on a variety of important roles. The nurse's guidance and support is essential to her patient as she pushes and experiences the range of emotions that accompany giving birth. The labor nurse begins to work more closely with a larger healthcare team, including the woman's primary care provider. Finally, the nurse must provide care for a brand new baby, a tiny life who requires the nurse's time, attention, and expertise.

OBJECTIVES

After watching this volume and participating in the case studies, learners will be able to:

- Use the latest evidence-based guidelines to more effectively care for women during the second stage of labor.
- Suggest a variety of maternal positions for pushing and birth.
- Provide nurturing, supportive comfort to families during the second stage.
- Assist with the birth of the baby while supporting the new family and initiating infant attachment.

Case Study Questions

MODULE 1: Evidence-Based Care

Ms. P. is a 27-year-old primigravida. She is fully dilated, and her baby is presenting LOP at +1 station. Ms. P. has epidural anesthesia and does not feel an urge to push, which worries her. What plan of care would you recommend and what could you say to reassure her?

SAMPLE ANSWER: Assist Ms. P. to a comfortable lateral position and allow the fetus to descend passively until she feels the urge to push. Usually, the urge to push is felt within two hours for women having their first baby and within one hour for women who've given birth vaginally before. To reassure Ms. P., tell her this is normal and make sure she knows that she will gradually feel pressure and the urge to push as the baby moves down the birth canal. Let her know you will be keeping a close watch on her and her baby until then.

MODULE 2: Maternal Positions & Movements

Ms. F. is a 28-year-old primigravida. Her baby is still a bit high in the pelvis and she feels some pressure on her back. What positions will you recommend? What changes would you make if she grows tired?

SAMPLE ANSWER: Suggest upright positions, such as squatting, and/or a forward-leaning position, such as hands and knees, which can aid descent and help relieve back pressure. If she grows tired in the squatting position, try a more supported squat with the bar or birth ball. If she grows tired in the hands and knees position, have her lean forward on the bed to take pressure off of her tired arms and hands. If these adjustments are not enough to ease her fatigue, have her assume the sitting or side-lying position. Consider the towel pull technique in the sitting position.

MODULE 3: Providing Comfort

After an hour of active pushing, Ms. S., a primigravida, is becoming exhausted and hot. She insists she cannot push, even once more. Her husband is also growing increasingly frustrated. What guidance and personal comfort measures can you provide?

SAMPLE ANSWER: Reassure her that pushing the baby down often takes a couple of hours for women having their first baby and that everything is proceeding normally. Provide encouragement as she works to bring the baby down and praise her for her efforts. If she desires, a mirror can be used so she can see progress. Provide a cool cloth to her neck and face and sips of cold clear liquids. Offer to massage her back, shoulders, and legs if she desires. This may be a good time for her husband to take a break. If she wants to rest for a while before she starts pushing again, let her do so for a short period. Be sure to keep her primary care provider updated on the pushing progress.

MODULE 4: Birth Assistance & Family Support

After birth, Ms. L. shows little emotion. She is concerned that her full-term baby is too small. The baby is sleepy and does not breastfeed well, which also worries her. How can you reassure her?

SAMPLE ANSWER: It's possible that Ms. L. is exhausted after her long pushing period. Assure Ms. L. that babies are often sleepy and not ready to breastfeed immediately after birth. Sometimes, they need a little encouragement. Stay with Ms. L. and help her get the baby to breast. Let her know that even small babies can breastfeed successfully, but that her baby is normal weight. Encourage her to ask questions about breastfeeding now and over the next few hours and days as she and her baby get into a breastfeeding routine.

POSTTEST VOLUME 3: SECOND STAGE LABOR SUPPORT

- 1) Based on available evidence concerning the second stage of labor:
 - a. Birth should occur within two hours after complete dilation.
 - b. Maternal-fetal status is most important in determining length.
 - c. Vacuum or forceps are indicated after three hours of pushing.
- 2) The Valsalva maneuver results in:
 - a. Decreased blood flow to the placenta.
 - b. Decreased intrathoracic pressure.
 - c. Increased maternal cardiac output.
- 3) The best approach to assisting a woman with pushing efforts is to tell her:
 - a. Use open mouth breathing, and bear down and hold it as long as she can.
 - b. Take a deep breath and hold it while pushing.
 - c. You will count to 10 with each push.
- 4) If intrauterine resuscitation with oxygen is initiated during a nonreassuring fetal heart rate pattern during second stage labor, oxygen should be given at 10 liters/minute via:
 - a. Nasal cannula.
 - b. Nonrebreather facemask.
 - c. Simple facemask.
- 5) Which pushing position has a negative effect on maternal blood flow to the placenta?
 - a. Semi-Fowlers
 - b. Squatting
 - c. Supine lithotomy

- 6) If the fetal heart rate becomes nonreassuring during pushing:
 - a. Encourage the woman to increase her pushing efforts to get the baby delivered.
 - b. Place her legs in stirrups to improve maternal-fetal exchange.
 - c. Stop pushing temporarily to allow the fetus to recover.
- 7) If the nulliparous woman with epidural anesthesia does not feel the urge to push at 10 cm:
 - a. Begin coaching her to push until she feels the urge.
 - b. Increase the oxytocin rate.
 - c. Wait until she feels the urge to push.
- 8) Squatting:
 - a. Increases the risk of episiotomy or perineal tears.
 - b. Increases the size of the pelvic outlet.
 - c. Slows contractions but improves intensity.
- 9) The Semi-Fowler's position:
 - a. Enhances the effectiveness of abdominal muscles while pushing.
 - b. Has a negative effect on maternal-fetal exchange in the intervillous space.
 - c. Requires care providers to push the woman's knees against her abdomen.
- 10) Breastfeeding as soon as possible after birth:
 - a. Decreases the need for maternal pain medication.
 - b. Inhibits uterine contractions.
 - c. Stimulates release of prolactin.

CONTINUING NURSING EDUCATION (CNE) CREDIT APPLICATION

High-Touch Nursing Care During Labor, Volume 3: Second Stage Labor Support

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1. After viewing the volume, please complete the *Posttest* (a copy of the *Posttest* will be given to you by the facilitator). Fill out your personal contact information and record the answers to the test below. Then, complete the *Participant Feedback Tool*. After completing, make a copy of both for your records.
2. Mail this form and the *Participant Feedback Tool*, along with a **check payable to AWHONN**, to:
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TIME

Time required to view the volume, consider the case studies, and complete the posttest and *Participant Feedback Tool*: ____ minutes.

LEARNING OBJECTIVES

Using a scale of 1 (not effective) through 5 (highly effective), please rate (by circling a number) how effectively the presentation enabled you to meet the following objectives:

		NOT EFFECTIVE		HIGHLY EFFECTIVE	
■ Use the latest evidence-based guidelines to more effectively care for women during the second stage of labor.		1	2	3	4
■ Suggest a variety of maternal positions for pushing and birth.	1	2	3	4	5
■ Provide nurturing, supportive comfort to families during the second stage.	1	2	3	4	5
■ Assist with the birth of the baby while supporting the new family and initiating infant attachment.	1	2	3	4	5

OVERALL RATINGS

Using a rating scale of 1 (poor) through 5 (excellent), please rate the following areas:

		POOR		EXCELLENT	
1. Relationship of the content to objectives and overall purpose of the activity		1	2	3	4
2. Timeliness of content	1	2	3	4	5
3. Usefulness of content to clinical practice	1	2	3	4	5
4. Effectiveness as a learning resource	1	2	3	4	5
5. The activity is free of commercial bias	Yes	No			

Other comments and suggestions:

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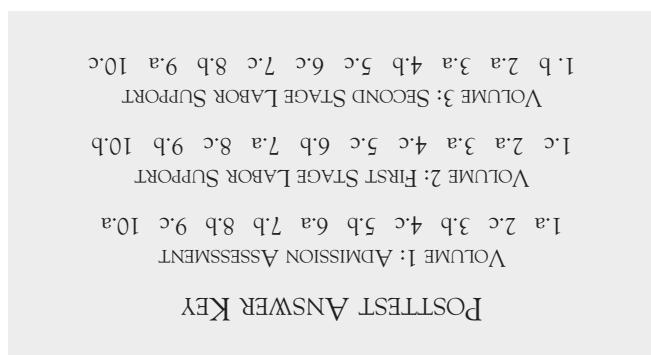
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