ENHANCING PHYSIOLOGIC BIRTH FOR HIGH RISK MOTHERS

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Why give it a second thought?

• Improve labor & birth experience for mother
  • avoid maternal PTSD
  • improve satisfaction scores
  • improve work atmosphere, increase nursing job satisfaction
• Improve labor & birth physiology
  • shorten labor
  • decrease interventions
  • reduce spending

Who are high risk mothers?

• Those who don’t fit AWHONN criteria for intermittent monitoring
• Those with chronic disease: diabetes, hypertension...
• Those undergoing inductions of labor for problem such as oligohydramnios, fetal growth restriction
• Those with labor induced or augmented with pitocin
• Those with BMIs >30
What do women fear about birth?

- Pain
- Loss of control
- Injury to body
- Less attractive change in body
- Death

Approaches

- Remember the mother behind the pathology
- Avoid the reductive thinking:
  - This mother is high risk and we have to manage her labor.
  - This woman is a diabetic
- What aspects of a low risk birth, such as a birth center birth, can be preserved for this mother?
- What can I do to make this mother feel like “Queen for a Day?”

Continuous support during labor
- Anticipatory guidance
- Ambulation – movement
- Frequent position changes

WHAT WORKS?
You have 30 seconds to make an impression.

Are women greeted at the front desk or do they sit in a wheelchair without anyone making eye contact?

What is labor like?

Social Model of Childbirth

The Tethered Birth
Social Model of Childbirth

• Groups of (usually) women support mother
• Reinforce social/family relationships
• Festive air
• Food for all
• Atmosphere relaxes mother and allows cascade of birth hormones to function

The Five Minute Friend
• Introduce yourself and share something personal: children, where you were born...

• Ask about the family: where they live, where they were born, what TV shows they like, favorite foods...

• Validate a commonality

• For cultural others – it’s alright to say, “Tell me if you have any restrictions on what can be done in labor,” or “Tell me more about that…”

Continuous Support during Childbirth

• Meta-analysis, 22 trials, 15,288 women
• More likely to have a spontaneous vaginal birth
• Less likely to need intrapartum analgesia
• Labors were shorter
• Less likely to have cesarean or instrumental vaginal birth
• More likely to report satisfaction with birth
Continuous support means CONTINUOUS, not just 1:1 nursing.

Your continuous support challenge – How do you occupy yourself in the room?

Get to know mother & family
Back rub, back pressure
Demonstrate relaxation techniques
Anticipatory guidance
Charting in the room
Get the mother up and help her walk around the bed
Help her on birthing ball
Think of yourself as a doula with record-keeping to do.

Support can mean sharing control
Celenza M, et al. 2013. Patient-centered care of the pregnant patient with diabetes who used an insulin pump during labor & delivery. JOGNN;42,s1:8

- Diabetes
  - Explain blood glucose goals & usual routine
- Ask patient’s experience
- Ask patient to report hypoglycemia symptoms
- Seizure disorders
- Ask about triggers
- Demonstrate that you are prepared
- Obsessive compulsive anxiety
- What obsessive behaviors give the patient relief?
- How can those behaviors be integrated into labor?
Tethered Birth

- Multiple monitors and tethers: BP cuff, IV line, pulse oximeter, toodynameter belt, FHT ultrasound belt, urinary catheter, epidural catheter
- What monitors are really needed?
- Take off BP cuff and pulse oximeter when not in use.
- Move the mother around the tethers
  - Sit in rocker
  - Walk at bedside
  - Lean over bedside

Nurse the mother, not the monitor.

- Make eye contact & talk to mother first.
- Include mother in all conversations.
- Always explain what you see revealed by the monitor.
- Minimize monitor noise.

“It is not a dystocia of the part; it is a dystocia of life.”

Change maternal positions frequently

“Gravity & mobility are your best friends.”
ICAN Atlanta website

Leaning into furniture
Birth ball

CONTROL

NOTICE THAT THESE WOMEN ARE MOSTLY WEARING THEIR OWN CLOTHES?

Side lying
Squatting

Rope or towel pull

All fours or on knees
Standing

Leaning over bedside

Sit up - let gravity do the work
Special support for adolescents
Grassley J & Sauls D. 2012. Evaluation of the supportive needs of adolescents during childbirth intrapartum nursing intervention on adolescents’ childbirth satisfaction and breastfeeding rates. JOGNN;41:33-44.

- Teens with high risk pregnancies are likely to have a chronic disease such as diabetes
- Autonomy + self-control v. dependency + being controlled
- Avoid using labor pain as a negative reinforcer
- Set judgments aside
- A positive childbirth experience sets the stage for positive breastfeeding & parenting
- Need more continuous support – still areas of dependency
- Need consistent education and more of it than older women

Women's Experience of Hospitalized Bed Rest During High Risk Pregnancy

“This endless time to think sometimes created a war within herself.”

The Long Haul
serial inductions of labor
Happy Labor Day!

- Consistent staffing
- Make the day as homelike as possible until labor is established.
- Mimic woman’s routine:
  - Waking time
  - Meal times
  - Morning or evening shower?
- Can food be brought in from home/ outside?
- Can other children visit?
• Get Mom out of bed
• What does family do for entertainment?
  • Read
  • TV
  • Card or board games
• At end of day
  • Summarize day’s progress
  • Review plan for next day
• Help mom keep feeling fresh
  • Daily shower
  • Regular tooth brushing
  • Have companion brush hair
  • Regular perineal care

Charge Nurses –
Get ready for this!

Women labor the way they live.

Normalizing birth doesn’t stop at crowning.
  • Use a mirror.
  • Have mother touch baby’s head as it’s born.
Get the baby skin to skin immediately after birth.

Gentle or Natural Cesarean Birth

Your demeanor and your words stay with women for a lifetime.

Your demeanor and your words can change the course of labor.