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Podium Presentation:
Shifting the Pitocin Paradigm
Jen Atkisson MSN, RNC-OB, CNL



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Shifting the Pitocin Paradigm

- Paradigm “our typical patient pattern” has shifted
- Nearly all laboring patients now have IV, continuous monitoring, Pitocin running
- 40 years ago: Natural labors, home births, IOL rare
- Pitocin use has become the norm

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Why is Pitocin Paradigm a problem?

- High risk: PPH, uterine rupture, neonatal depression, trauma
- Errors increased 257% since Pitocin listed as ISMP high-alert drug
- 85% of lawsuits tied to Pitocin misuse/errors
- Common issues
 - Ignoring excessive uterine activity
 - Continuing infusion despite worrisome FHR
 - Lack of nurse knowledge/judgment

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Safe Use & Nurse Responsibility

- Informed consent & patient education are critical
- Nurses must know:
 - Indications, side effects, dosing
 - Normal labor physiology
 - When to titrate or stop Pitocin
- Use lowest effective dose & evidence-based titration
- Charting protects patient *and* nurse


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E-Poster Session





Bridging the Oxytocin Gap: Creating a Shared Mental Model with Multidisciplinary Teams
 Nadia Carrasco MS, RNC-OB, Angelique Silva MS, NEA-BC, RNC-OB, C-EFM, C-ONQ
 Alecia Fansight MSN, RNC-OB, Melanie Stricklin MSN, RNC-OB, C-EFM
 University Birthing Suites & Women's Pavilion



Gap

- In current practice, physicians and nurses have demonstrated to have differing practices in the titration of oxytocin for labor induction/augmentation.
- A shared mental model of education will assist in bridging the gap in practice.
- When we discuss oxytocin infusion, it is essential that all providers create a shared mental model on goals and outcomes of the induction process.
- The purpose of this educational program is to bring physicians and nurses together to establish practices based on literature and evidence.
- This includes pharmacology, physiology, and case study review.
- Fetal heart rate interpretation was included with a focus on the principles of the "in-use oxytocin checklist".

Target Audience

Obstetrical Nurses and Physicians

Plan

- Implement a multidisciplinary education program that focuses on creating a shared mental model on oxytocin infusion practices.
- Literature on best practices of oxytocin infusion was reviewed in accordance with ACOG and AWHONN.
- Creation of education is nurse led with the support of the physician medical director.

PRE-EDUCATION SURVEY

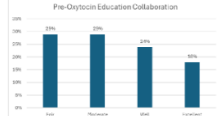
- The nurse is being protective, and the physician just wants to follow an algorithm. Induction needs to still be personalized.
- Effective and medical inductions are expected to follow an algorithm and barely leave room for patients to have preferences.
- The patients have choices, even if they are an induction. This is their body and their birth, and we do not want to traumatize them. Patient's also do not necessarily need to be checked every 2 hours and Pitocin does not need to be turned up if the patient is making change, even if the contractions are not every 2-3 minutes.
- Lack of indication for an intervention (e.g. IUPC and Amnio) for 20 mins of insignificant variables without allowing for position changes as a first intervention, if making adequate cervical change and pressing use of Pitocin.

POST-EDUCATION SURVEY

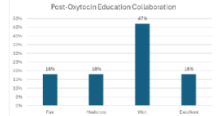
- At the end of the day, I think we have shared goals of doing best by the pt and family! I do enjoy working and learning alongside the residents.
- It's much improved. I feel like we have a clearer mental model and receive less push back from them when we have issues. I also feel like having a written safety guideline to refer to makes it easier to defend the RN recommendations.
- There have been improvements in communication surrounding oxytocin being turned off or lowered in response to FHR. It is unclear that education has helped in looking at pH and amniotic fluid—this may be particularly helpful immediately after delivery as a "delivery debris" with new residents and nurses being the norm for our service.
- I feel safer in my practice and find it easier to refer to the policy for titration and its improved communication between nurses and physicians.




Before & After Oxytocin education, how would you rate the collaboration between physicians and nurses?

Pre-Oxytocin Education Collaboration



Post-Oxytocin Education Collaboration



Photos taken by author and not with permission

Implementation


- All levels of obstetrical residents, Attending physicians and L&D trained nurses were required to attend a multidisciplinary education session.
- During this session pharmacology, evidenced based practices, policy review and case studies with fetal heart rate strip review were the focus.
- Oxytocin algorithm and titration guide created for nurses and physicians.

Evaluation and Outcome

Pre- and post-surveys were reviewed to determine the efficacy of the educational program.

- Care needs to be individualized, if adequate progress is being made, Pitocin does not need to be increased or started
- Consider IUPC if contractions "appear" adequate but no change
- Oxytocin checklist: criteria not met means discuss the next plan. It does not mean Pitocin cannot be started or increased.
- Know the definition of Significant Decelerations
- Tachysystole is ≥ 16 contractions in 30 minutes

References and Contact Information



Acknowledgements

Thank you to Dr. Debra Swanson, the OBGYN residents and the OB nurses

Used with permission from UC Davis Health (Carrasco et al.).

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“Shifting the Paradigm: In OB, we get our best outcomes when we don’t intervene in normal, and when we intervene in a timely manner in abnormal”
- Jen Atkisson

(Atkisson, 2025)

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Further Education

Visit Jen's Website:



- Reasonable & Prudent: Basics of Malpractice Lawsuits for Nurses
- Physiologic Birth & Nursing Professional Considerations
- Pendulum: Legal Issues Unique to Postpartum
- Trauma-Informed Care for Leaders & Educators: The nursing retention strategy you didn't know you needed

Stay Connected:



Sign up for her free newsletter for updates, free downloads, and class offerings



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A few pictures.....



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Trivia Night.....



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Overtime Journal: A Journey of Decreasing Symptoms of Burnout

Amy Qualey, RN

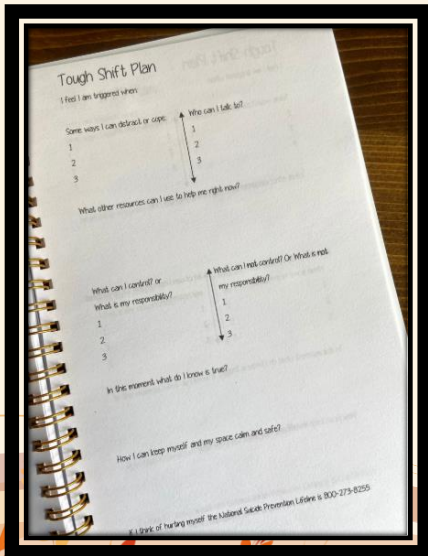


- Evidence-based PTSD treatment (WET)
- Writing repeatedly about trauma helps process events
- Proven to reduce PTSD symptoms and avoidance behaviors
- Effective even with complex trauma

Photo from RedStarNurses (2023), Instagram.

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Why OB Nurses & Nurse Managers Should Care



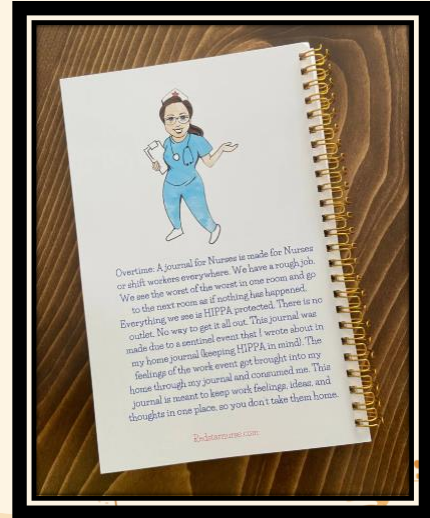
- ANA endorses journaling for nurse wellness
- Builds self-awareness and emotional regulation
- Strengthens cognition and fosters resilience
- Creates healthy boundaries between work and home

Photo from RedStarNurse (2021), Etsy.

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Why Journaling Matters

- Provides structured, guided writing prompts
- Safe outlet for processing stressful events
- Quick, practical tool nurses can use anytime
- Bridges research into everyday practice



(RedStarNurses, 2023)

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Amy Qualey, RN Products



Photo from RedStarNurses (2023), Instagram.



Red Star Nurse Website



RedStarNurse ✨
Atascadero, California
★ 4.9 (160) | 694 sales

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2025 Nebraska AWHONN Pics



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2026 Nebraska AWHONN Convention

**** MOVING TO SPRING ****

April 30th & May 1, 2026
The Lincoln Marriott Cornhusker Hotel
Lincoln, NE



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2025 NPQIC Fall Summit



September 12th, 2025

**Scott Conference Center
Omaha, NE**

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Why This Matters & Key Recommendations

2025 Summit Session Highlight

**FROM RECOMMENDATIONS TO REALITY:
ADVANCING CARE FOR NEWBORNS AND FAMILIES
WITH PERINATAL SUBSTANCE EXPOSURE**



Christine Gold, MD

Dr. Gold is an Associate Professor of Pediatrics at the University of Colorado Anschutz Medical Campus.

Dr. Gold will speak on highlighting strategies to improve family-centered care and implement evidence-based practices for substance-exposed newborns.

12 September 2025
1:30 PM CST
UNO Scott Conference Center



- Substance use in pregnancy affects both parent & infant health
- Past reliance on toxicology testing created bias, fear, and inconsistent care

New recommendations emphasize:

- Trauma-informed screening & conversations
- Informed consent for toxicology testing
- Individualized safe feeding decisions
- Stigma/bias training for providers

(Gold, 2025)

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Real-World Impact & Ongoing Challenges



Benefits seen:

- Less reliance on toxicology tests
- Stronger trust, rapport, & parent empowerment
- Expanded naloxone access & peer support programs


Challenges remain:

- Variation in testing/reporting practices
- Limited treatment access & family supports
- Communication gaps between healthcare, child welfare & legal systems

(Gold, 2025)

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Upcoming Training Series in 2026



Care In Action 2026
ASSESSMENT ~ REFERRAL ~ RESILIENCE

An Event for Birth Professionals Unlike Any Other
We're not just teaching you how to work—
we're showing you how to carry its weight.

Led by licensed, registered perinatal health experts, every session offers:

- Practical "how-to" skills you can apply immediately
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Leave with new skills—and feeling refreshed, supported, and cared for.
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Healing, Caring, Preventing
A 3-Part Trauma-Informed Training Series for Birth Professionals

- Live, virtual 3-part series
- Target Audience: Designed for birth professionals seeking trauma-informed skills to support families and improve care
- Interactive Learning Experience: Engage through lectures, discussions, case studies, role play, and personal plan development
- Eligible for 6 CEU contact hours upon completion

2026

Dancy Perinatal COUNSELING

Education Opportunity



**Scan for
Presale Waitlist**

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2026 NPQIC Fall Summit




October 30th, 2026

**Nebraska Innovation Campus
Conference Center
Lincoln, NE**

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2025 AWHONN District 4 Rural Health Summit

October 6th & October 7th, 2025

Unity Point Iowa Methodist Medical Center
Des Moines, IA
Virtual Option offered


[AWHONN Website](#)


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2025 Rural Health Summit Agendas

10.6.25 MONDAY SUMMIT AGENDA

0730	Registration, Vendors, Breakfast
0800	The Power of Nursing: AWHONN Unlimited Rose Horton MSN, RNC-OB, NEA-BC
0900	TeamBirth in Rural Hospitals: Process Innovation for Clinical Safety, Effective Communication, and Dignity in Childbirth Dr. Amber Reusch DNP, MSN, RNC-OB
1000	Break, Vendors
1050	Obstetric Emergencies: How Rural Hospitals Play a Role in Reducing Maternal Morbidity and Mortality Stephanie Martin DO Suzanne McMurtry Board DNP, RN
1215	Lunch, Vendors
1500	Obstetric Emergencies: How Rural Hospitals Play a Role in Reducing Maternal Morbidity and Mortality (continued) Stephanie Martin DO Suzanne McMurtry Board DNP, RN
1400	With Advocacy, Change Can Happen: South Dakota Medicaid Double Program Reaganne Melissa Heermann Michelle Sand BSN Victoria Wakeman BS, CAT, CBE, ILSPC
1500	Break, Vendors
1550	The Power of Navigation in OB Deserts Julie Yeater MSN, RN Holly Weaver BSN, RNC-OB, PAW-C
1650	Adjourn

SOCIAL TIME
MONDAY, OCTOBER 6TH
4:50 PM - 8:00 PM
CANDY COLLECTION BY
HILTON


[Register Here](#)



10.7.25 TUESDAY SUMMIT AGENDA

0730	Registration, Vendors, Breakfast
0800	Iowa Perinatal Collaborative - OB Mobile Simulation Kerol Graves DNP, MSN, RNC Amanda Steads MSN, RNC-OB, C-EFM
0900	Bridging Gaps: Enhancing and Sustaining Maternity Care through Rural-Urban Health System Collaboration Amy Dagerstedt MBA, MSN, RN, NE-BC, RNC-OB, FAWHONN Jill Holbrook APRN, CNM Sherry Peterson BSN, RNC-OB
1000	Break
1030	Implementation of a Tele-NCU Program in a Multi-Hospital Organization Emily Bourgeois MSN, RNC-NCIU, MPD-BC
1150	Lunch
1215	In Takes a Village: Supporting Partnerships with Rural Facilities Kerol Graves DNP, MSN, RNC Michelle Sand BSN Miriam Schaeffer MSN, RNC-OB, C-EFM, C-ONCS Kari Smith MSN, RNC-OB, C-EFM Amanda Steads MSN, RNC-OB, C-EFM Kerol Graves MSN, RNC-OB, C-EFM, MPD-BC, FAWHONN
1545	Strategies for Recruitment, Retention & Engagement in Nursing Cheryl Bellamy DNP, APRN, CNM, CNS-C, C-EFM
1445	Closing remarks, Door prizes
1500	Adjourn

[Register Here](#)



This activity has been submitted by the Northeast Nebraska District Education Unit for approval to award contact hours. The Northeast Nebraska District Education Unit is an accredited provider of nursing continuing professional development by the American Nurses Credentialing Center (ANCC) and the American Association of Colleges of Nursing (AACN).

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2025 Methodist Perinatal Conference: Obstetric Morbidity and Mortality

October 17th 2025

8:00-12:30

Nebraska Methodist College
Omaha, NE



4 CE's available



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2025 Maternal Child Health Summit

November 20th, 2025

Nebraska Innovation Campus
Lincoln, NE

SAVE the DATE
11.20.2025
8AM - 5PM
Nebraska Innovation Campus • 2021 Transformation Dr, Lincoln, NE

2nd Annual Maternal Child Health Summit
Improving Perinatal Outcomes in Nebraska

SESSION TOPICS
Federal & State Policy Changes that Impact Mothers & Babies
Innovative Programs to Support Nebraska Families
Maternal & Early Childhood Mental Health
Latest Trends in Nebraska Data
Reducing Infant Mortality
And More

CLICK HERE TO REGISTER

Keynote Speaker
Robert S. Kahn, MD, MPH
Robert Kahn is a Professor of Pediatrics and Associate Chair for Community in the Department of Pediatrics at University of Cincinnati College of Medicine. He is also Vice President of Health Equity Strategies and leads the new Michael Fisher Child Health Equity Center at Cincinnati Children's.

Registration is \$25



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- Gold, C. (2025, September). *From recommendations to reality: Advancing care for newborns and families with perinatal substance exposure* [Conference presentation]. Nebraska Perinatal Quality Improvement Collaborative (NPQIC) Fall Summit, Omaha, NE, United States.
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