Continuous Labor Support Position Statement

An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

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AWHONN 1800 M Street, NW, Suite 740 South, Washington, DC 20036, (800) 673-8499

Position

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) asserts that continuous labor support is critical to achieving the best birth outcomes.

Continuous labor support is a powerful tool, resulting in improved birth outcomes. In partnership with the birthing patient, the nurse conducts an assessment and collaboratively creates a trauma-informed individualized plan of care, implementing shared decision-making to promote ongoing emotional, physical, spiritual, psychological, informational, and partner support (Bohren et al., 2017; Heelan-Fancher & Edmonds, 2021; Najafi et al., 2017; Vogel & Coffin, 2021). Respectful maternity care includes maintaining dignity, privacy, and confidentiality; ensuring freedom from harm and mistreatment; and enabling informed choice and continuous support during labor and birth (AWHONN, 2022b). This plan incorporates the person's preferences and expectations for childbirth. The nurse integrates the birthing person's chosen support team—partners, family, friends, doulas—into the care process to assist in achieving the person's birth goals with continuous compassionate support (Weiseth et al., 2022).

Background

Childbirth is an intensely dynamic, physical, and emotional event with lifelong implications. Patients who receive continuous labor support experience improved outcomes compared with those who do not (KC et al., 2020; Stjernholm et al., 2021). Doula support is associated with the most significant improvements in maternal and neonatal outcomes, especially for patients who are marginalized (Bohren et al., 2017). A growing body of evidence highlights the measurable benefits of continuous labor support across a range of maternal and neonatal outcomes, including the following:

- shorter duration of labor (Bohren et al., 2017)
- increased rates of spontaneous vaginal birth (Bohren et al., 2017)
- decreased rates of instrumental vaginal birth (Bohren et al., 2017)
- decreased rates of cesarean birth (KC et al., 2020)
- decreased use of analgesia (Bohren et al., 2017)
- improved 5-min Apgar score (Bohren et al., 2017)
- fewer negative feelings about childbirth (Bohren et al., 2017)
- reduced fear of childbirth (Cankaya & Can, 2021)
- lower risk of childbirth-related posttraumatic stress disorder (Horsch et al., 2024)
- reduced labor pain (Cankaya & Can, 2021)

Role of the Nurse

The registered nurse (RN) integrates nursing theory with clinical expertise and knowledge to deliver individualized, evidence-based, patient-centered care. This includes involving the birthing person's support team, in accordance with institutional policies, to ensure a safe and respectful birth. Perinatal nurses play a vital role in intrapartum care by promoting comfort; supporting individuals; ensuring maternal-fetal safety; and significantly affecting the labor processes, birth outcomes, and overall birth experiences for families (AWHONN, 2022a; Bohren et al., 2017; Olza et al., 2020).

Continuous labor support includes physical, emotional, psychosocial, educational, and partner support as well as advocacy (Heelan-Fancher & Edmonds, 2021). The nurse's education and training in continuous labor support include the following competencies:

- developing knowledge of coping strategies and physiological and psychological aspects of childbirth (Olza et al., 2020)
- recognizing the potential physiological and emotional impacts of unnecessary labor interventions (Olza et al., 2020)
- engaging in ongoing education to enhance comfort measures and support physiologic birth (AWHONN, 2022a)

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- promoting a respectful and supportive environment with chosen companions (Bohren et al., 2020)
- monitoring labor responses and implementing informed consent and trauma-informed care (Olza et al., 2020)
- educating laboring individuals and their support persons on recommended interventions, nonpharmacologic techniques, and strategies to alleviate fear and anxiety (AWHONN, 2022a)
- advocating for the choices of pregnant individuals during labor and incorporating birth preferences (Bohren et al., 2017)
- facilitating the use of physiologic laboring positions during labor and providing labor support tools (Bohren et al., 2017)

Recommendations

In alignment with the American College of Nurse-Midwives (ACNM, 2012), the American College of Obstetricians and Gynecologists (ACOG, 2025), and the Society for Maternal-Fetal Medicine (ACOG & SMFM, 2014), AWHONN emphasizes the importance of supportive care during labor and birth. By facilitating a continuous supportive environment for people in the birthing room, nurses can positively influence labor processes, maternal and neonatal outcomes, and overall birth experiences (Maxwell et al., 2024).

Adequate Nurse Staffing

Inadequate staffing is a well-documented barrier to providing all aspects of labor support (AWHONN, 2022c). It is incumbent on health care facilities to provide safe nurse staffing that facilitates the unique patient–RN relationship during childbirth (AWHONN, 2022c). The culture and environment of the birth setting and nurses' perceptions of support influence the care laboring people receive (Breman & Neerland, 2020).

Create an Environment of Continuous Support

Effective, collaborative, and trauma-informed communication with the provider, nurse, birthing person, and their support team promotes reliable, high-quality teamwork; communication; shared decision-making; active participation; and improved birth experiences (Kuzma et al., 2020; Weiseth et al., 2022). By providing continuous support, realistic expectations of labor support can be met (Herriott et al., 2024) by doing the following:

- welcoming the patient's chosen birth support team, recognizing the team's positive effect on labor outcomes and perceptions of the birth experience (Balde et al., 2020; Evans et al., 2021; Jayasundara et al., 2024; Maxwell et al., 2024)
- creating a respectful birth environment by acknowledging the patient's birth preferences (ACOG, 2025; AWHONN, 2022b; Bell et al., 2022) and accommodating the patient's birth team while maintaining a safe environment (KC et al., 2020; Nguyen & Heelan-Fancher, 2022)
- upholding nurse staffing standards to ensure equitable care for individuals laboring without support (AWHONN, 2022c)

Promote the Integration of Doulas Into Hospital Birthing Rooms

National organizations support including doulas as key members of the health care team. (ACNM, 2022; ACOG, 2019; ACOG & SMFM, 2014). As the United States begins to recognize doulas' impact in decreasing perinatal morbidity and mortality, future efforts should focus on incorporating and collaborating with doulas as members of the interprofessional birthing team:

- Adopt formal doula policies establishing doula services as part of clinical teams to ensure that doulas are welcomed and respected within hospital systems (Appleby et al., 2024).
- Acknowledge doula and childbirth education services as essential services for all pregnant people (ACNM, 2012, 2022; ACOG, 2019; AWHONN, 2022a).
- Engage in respectful collaborative relationships with doulas (AWHONN, 2022b; Waller-Wise, 2018).
- Create and support organizational programs and policies that provide equitable access to doula care and childbirth education (Thomas et al., 2023).
- Advocate for the presence of doulas during labor and birth, including cesarean births, and for policy changes that support coverage and reimbursement of doula services and childbirth education (ACNM, 2022; ACOG, 2019; ACOG & SMFM, 2014; AWHONN, 2022a; Boire & Lucas, 2022).

Support Birth Preferences Through Partnership and Shared Decision-Making

Nurses foster autonomy and respectful care by encouraging patients to explore and communicate their birth preferences (AWHONN, 2022a, 2022b). This includes supporting birth preferences in a written plan (Bell et al., 2022), providing education on available options and interventions (ACOG, 2025), and incorporating patient values into care planning (Bohren et al., 2020). Birth plans can serve as structured care tools that help patients express their preferences, maintain a sense of control, and reduce the emotional impact of stressful interactions, especially when support persons are not present (AWHONN, 2022b). Trauma-informed shared decision-making builds trust, reduces fear, and improves birth experiences (ACOG, 2021a, 2021b; AWHONN, 2022b).

AWHONN Context Statement

AWHONN recognizes the existence of diverse gender identities and acknowledges that patients might not identify as women exclusively or otherwise. AWHONN strives to use gender-inclusive language where possible. In some instances, words like "women" (and related pronouns "she" and "her") have been retained for accuracy (e.g., to preserve the terminology of a published study) and specific case scenarios. To provide appropriate, respectful, and sensitive care, the health care provider is encouraged to always ask individuals what

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words they use to describe themselves, their bodies, and their health care practices.

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