

WELCOME TO
LABOR SUPPORT
WORKSHOP





Continuing Education Requirements

In order to receive continuing education:

- You must attend the entire program. No partial credit can be awarded.
- You must complete an evaluation (it will be emailed to you). It must be completed within 7 business days after the program date or you will receive an incomplete.
- A link to access your certificate will be automatically generated and emailed to you within 24 hours of completing all requirements. Go to our website: www.methodistcollege.edu/pd, then click “Account Login” on the top right side of the page. Log in to your account, then click “Certificates.”
- If you have any questions or need assistance, please email Nebraska Methodist College Learning Center at lc@methodistcollege.edu.



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 - Attendance at the entire activity
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- **Relevant Financial Relationships with an Ineligible Company:** No relevant financial relationships were identified for planners or presenters.

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* **Contacting Outreach**

*Clinical Nurse Educators work part-time
Please use the email contact below :*

MWHOutreach@nmhs.org



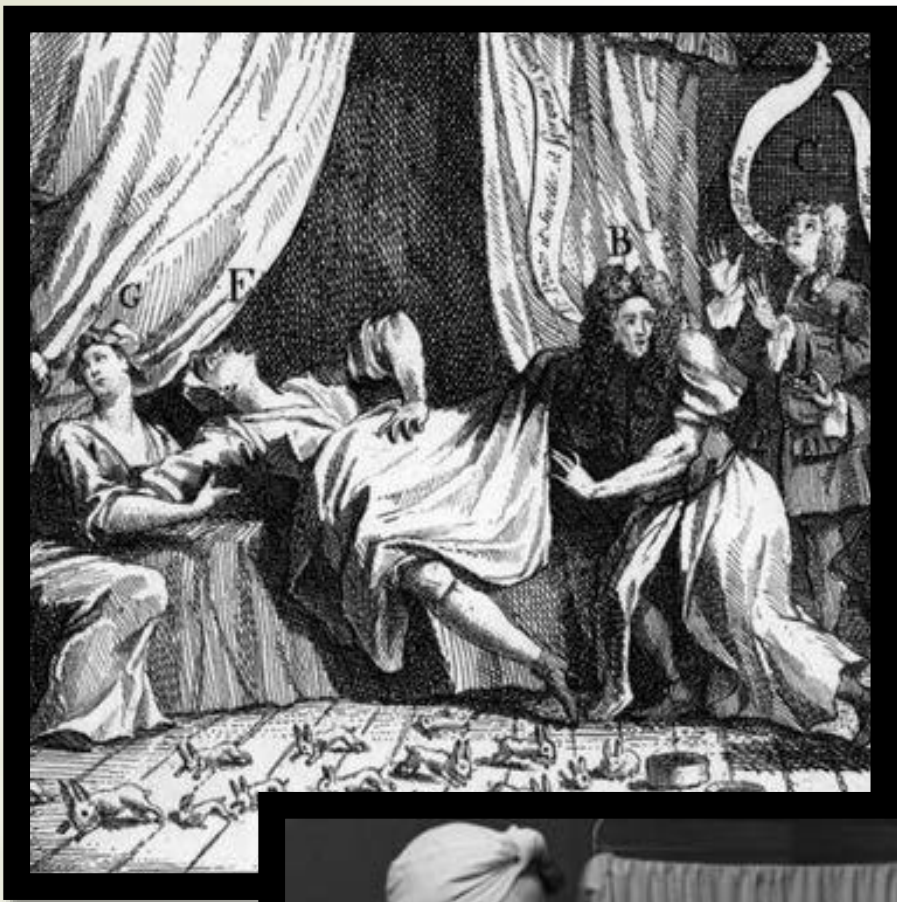
- ❖ Welcome & Course Introduction
- ❖ The Culture of Birth
- ❖ Importance of Birth for Birthing Persons
- ❖ Supporting Birthing Persons in Labor
- ❖ Supporting Birthing Persons with Epidural Anesthesia
- ❖ The Power of Presence
- ❖ Wrap it up!

Go to
[Kahootit.com](https://kahootit.com)



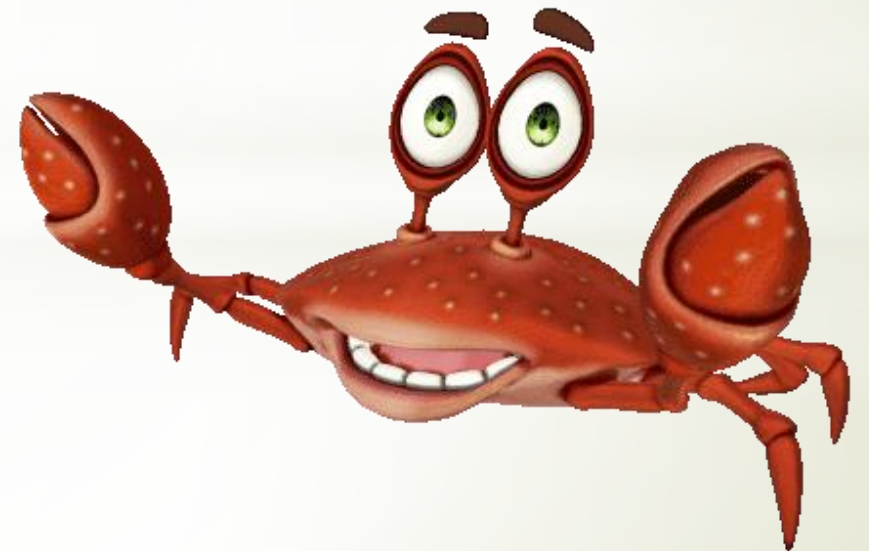
***OVERVIEW**
Getting to Know You

The Culture of Birth



- * We will divide the audience into two groups
- * Members of each group will take the laminated factual cards given to them and place the cards to the best of their knowledge on the designated Timeline.
- * FYI - Some cards maybe place between the years [Example - a fact could have occurred mid century and would be placed between the actual designated years]
- * Questions or Clarifications?

* Activity





*Ready, Set, Begin!



***Take a few moments to share at your table.....**

Your mother's or grandmother's birth story?

1950's



November 1957 - RN wrote a letter to the Ladies Home Journal asking them in light of their view on women's right to investigate treatment of women in labor and delivery. The Birth Historian has a YouTube Video which she coined as "*Sadism in the Maternity Ward Part One and Part Two*" commenting on the original editorial and follow-up article from both patients and professionals.

Have we made much progress?



* 1957/1958 Ladies Home Journal

* Respectful Maternity Care and Physiological Birth

The Core Elements of Respectful Care Are:

AWARENESS

The state of being conscious of potential biases with the intent of using this consciousness as a platform to address these biases to optimize the patient-provider relationship and improve care.²

INFORMED CONSENT

The voluntary decision of the patient regarding care or treatment, after having been given "adequate, accurate, and understandable information" concerning the treatment options and their important benefits and risks.³

MUTUAL RESPECT

The reciprocal process in which two or more individuals or groups honor the other by exhibiting care, concern, or consideration for the other's needs or feelings.^{1,2}

AUTONOMY

The core ethical principle in maternity care; it refers to the right and ability of individuals to make self-governed decisions about their health and health care.⁵

SHARED DECISION MAKING

The communication process in which two or more individuals or groups work together to make optimal health care decisions that align with the goals or values of the patient, taking into consideration the best available evidence to support the decision.^{3,4}

DIGNITY

The ethical assertion that each person has inherent worth and value as a human being; patients must be treated so that they are able to feel, think, and behave in relation to their own worth or value.⁶

ACCOUNTABILITY

The process of acknowledging and taking responsibility for one's actions, including when they are harmful to another.⁷

*2022 Respectful Maternity Care

RESPECT

Every Patient
Every Interaction
Every Time

How to integrate core elements of RMC in routine care practices:

Reflect on past interactions that promote RMC. Were you faced with a situation that you used one or more of these elements of RMC? What would you change about how you responded?

Consider strategies to support shared decision making and informed consent. Which decision aids are available within your practice? Do you have procedures for documenting consent or refusal of consent?

Develop conscious awareness of your own biases. Take various implicit bias assessments. Reflect on how you honor patient's approaches that may be different than your own personal views.

Demonstrate personal and organizational accountability. Incorporate RMC strategies into communication and education. Does your organization collect data on RMC performance measures?

* How to Incorporate Respectful Maternity Care into Your Practice



As a patient, you can engage with your healthcare team in ways that may help address your individual concerns while ensuring that you receive the highest quality of care.

RESPECT

Every Patient
Every Interaction
Every Time

Building a partnership starts with:



AWARENESS

Create a birth plan, share your preferences, trust that you are an expert on yourself and your body, and discuss prior birth experiences.



MUTUAL RESPECT

Expect to be treated with dignity and respect during all interactions, write down questions and topics as they arise.



SHARED DECISION-MAKING AND INFORMED CONSENT

Ask about available options, take the time to understand all aspects of care, know that your voice matters, and ask for documentation of your plan of care.



AUTONOMY

Advocate for your choices and recognize that support people can help advocate for you.



DIGNITY

Your privacy will be honored, choose who you want to help support you, and discuss which clinicians are present during your labor and birth.



ACCOUNTABILITY

Be empowered, speak up, share, and escalate any concerns.

* What This Looks Like In Our Practice-Patient's Perspective

What is Physiologic Birth?



Dr Sarah J Buckley, MD

www.sarahbuckley.com

© Dr Sarah J Buckley MD 2014

*'According to Sara Buckley - 'Physiological childbearing' refers to childbearing conforming to healthy biological processes,' (Buckley, 2015, page 11) as opposed to what many might refer to as 'medicalized childbearing,' in which the physiologic process is altered or replaced with interventions and medications.

* Childbirth Connection.

3 Key components in obtaining a positive birth experience and that is to keep the birthing person's labor:

1. SAFE
2. UNOBSERVED
3. PRIVATE



*Promoting Physiologic Birth

1. Keeping the birthing person's labor **SAFE**

*Respectful Maternity Care

*Establishing a **trusting** environment and respecting the birthing person's requests

*Effects of a non-supportive birth

2. Keeping the birthing person's birth **UNOBSERVED**

*May look differently for some

3. Keeping the birthing person's **PRIVATE**

*Again, All Aspects of Respectful Maternity Care

***In Clinical Practice**

*What if I asked you to think about something in your past that you were not proud of: an embarrassing moment or situation

*Now, imagine if I asked you to share this in public

*Sometimes, this is what happens when we are doing our intake or reviewing the prenatal history in front of others, announcing the patient's weight in front of others is an example.

*The verbiage “REFUSED’ versus “Respectfully DECLINE”

*** Component ONE - Keeping the Birth Safe**
Establishing Trust is one of the most important actions
you can take in caring for your patient and family

*Respecting Birthing Preferences

[Birth Plan]

Activity to Gain Perspective Building Your Perfect Partner





* **Component TWO & THREE - Keeping the Birth UNOBSERVED and PRIVATE**
May look different and unique to each patient and family

'According to the evidence summarized in this report, the innate hormonal physiology of mothers and babies - when promoted, supported, and protected - has significant benefits for both during the critical transitions of labor, birth, and the early postpartum and newborn periods, likely extending into the future by optimizing breastfeeding and attachment.'



***YOUR PRACTICE CAN MAKE
A DIFFERENCE**

Hormones
in
Labor

*Pain Theory and Management in Labor



Supporting Birthing
Persons
In Labor



* Doulas
Roula

* What Has Been Your Experience in Working with Doulas?



Supporting Birthing
Persons
In Labor

WEBINAR SPECIFIC TO DOULA INVOLVEMENT

* <https://www.cmqcc.org/resources-tool-kits/webinars>

* https://www.youtube.com/watch?v=H0UX_oE8ouA

* One hour and fifteen minutes

* https://youtu.be/H0UX_oE8ouA?t=3045

* **CMQCC TOOLKIT
REDUCING CESAREAN
DELIVERY 2022**

- * I Be Black Girl www.ibebblackgirl.com
- * Omaha Better Birth Project www.omahabetterbirth.org/doula-grants
- * Omaha Black Doula Association www.omahablackdoulaassociation.org
- * Nebraska Medicaid- Nebraska Total Care - Offers pregnancy guidance and support from certified doulas for members who qualify. Follow up with Nebraska Total Care to determine coverage
- * Nebraska Medicaid - United Healthcare Community/UHC- Nebraska Medicine UHC has a doula grant initiative, available to those that identify as a Black woman, receive care from Nebraska Medicine and have UHC coverage. Please discuss this with your provider or clinic worker if interested

* Page 4 Olson Center for Women's Health Volume 28, Issue 3 July 2023

* **Resources to Assist with cost of a
Doula**

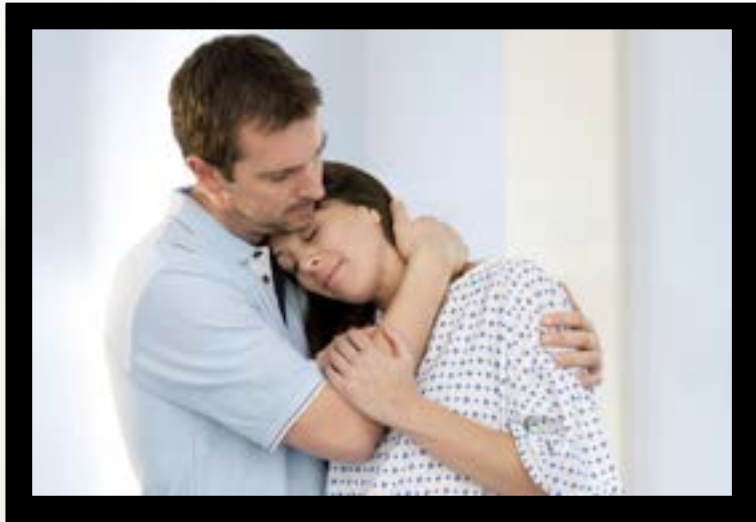
Tools

- ❖ Partner Support
- ❖ Relaxation Techniques
- ❖ Movement & Productive Positions
- ❖ Pain Medication





* Partner Support



Supporting Birthing Persons in Labor

Advocacy & Informational Support

Physical Support

Emotional Support

*Relaxation

What works best for You?

Hand Massage

Pressure Devices

Combs

*Distractors
The Use of Touch

* Move & Groove

* Let's Dance!

1. The Sway

2. The Shimmy

3. The Stomp

4. The Squat

5. aSymmetry





*Let's Practice Our Dance Moves



<https://www.shutterstock.com/image-vector/illustration-poster-banner-wallpaper-background-260nw-2321560775.jpg>

* **Not Just About the Birthing Person**

- Power-the uterine contractions
- Passage- size, shape & joint mobility of the pelvis; the stretch of the vaginal canal
- Passenger- size & shape of fetal head, fetal presentation & position
- Pain- how is the patient coping
- Psyche- anxiety & emotional state of the women

***Think about the 5 “P”s**

- Engagement-refers to the widest diameter of the presenting part to a level below the plane of the pelvic inlet
- Descent- refers to the downward passage of the presenting part through the pelvis
- Flexion- complete flexion is to present the smallest diameter of the fetal head for optimal passage through the pelvis
- Internal Rotation- rotation of the presenting part as it enters the pelvic inlet

* Cardinal Movements of the Fetus

- Extension-occurs once the fetus has descended to the level of the introitus
- External Rotation- aka restitution, refers to the return of the fetal head to the correct anatomic position in relation to the fetal torso
- Expulsion- refers to delivery of the rest of the fetus

* Cardinal Movements of the Fetus





A Before engagement



B Engagement, flexion, descent



C Descent, rotation



D Complete rotation, early extension



E Complete extension



F Restitution



G Anterior shoulder delivery



H Posterior shoulder delivery

7 Cardinal Movements Of a fetus

[photo's of the 7 cardinal movements of a fetus - Search Images \(bing.com\)](#)

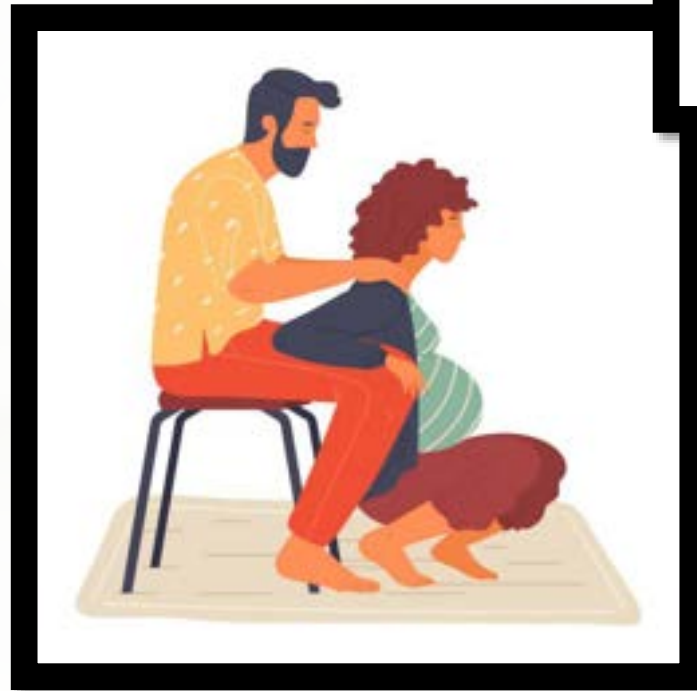
* Positions for the Birthing Person in Labor

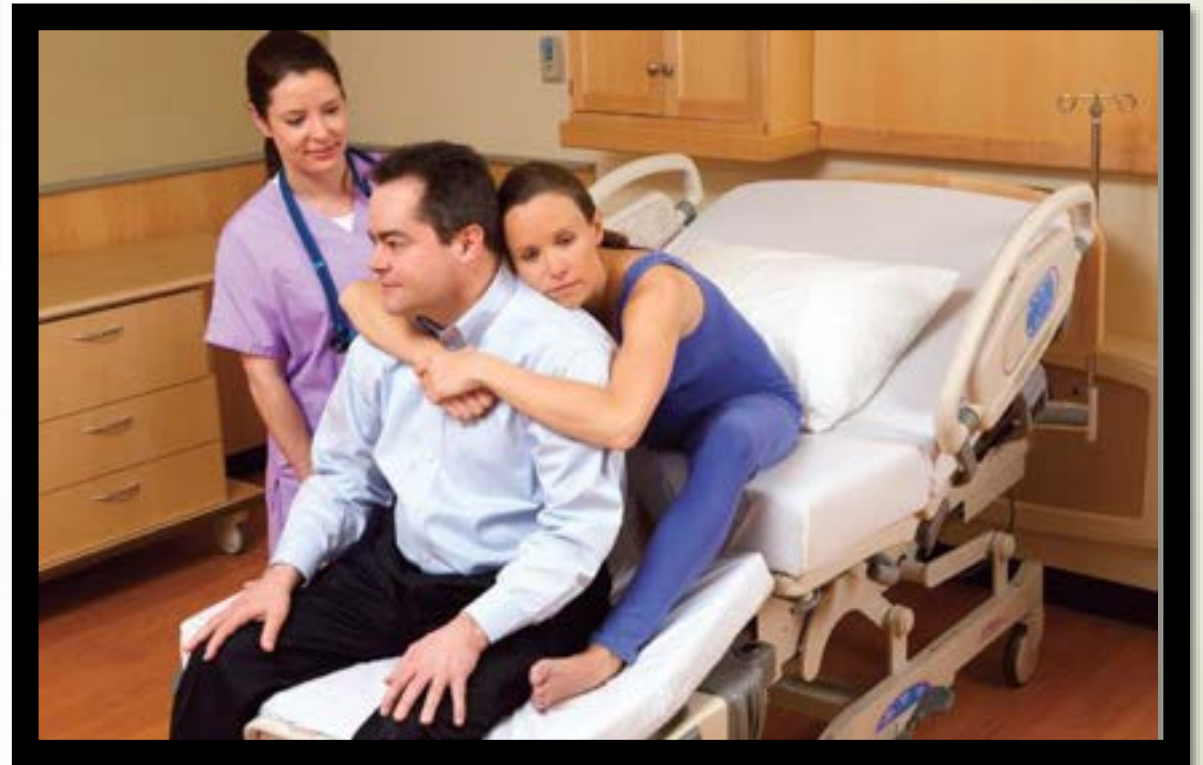
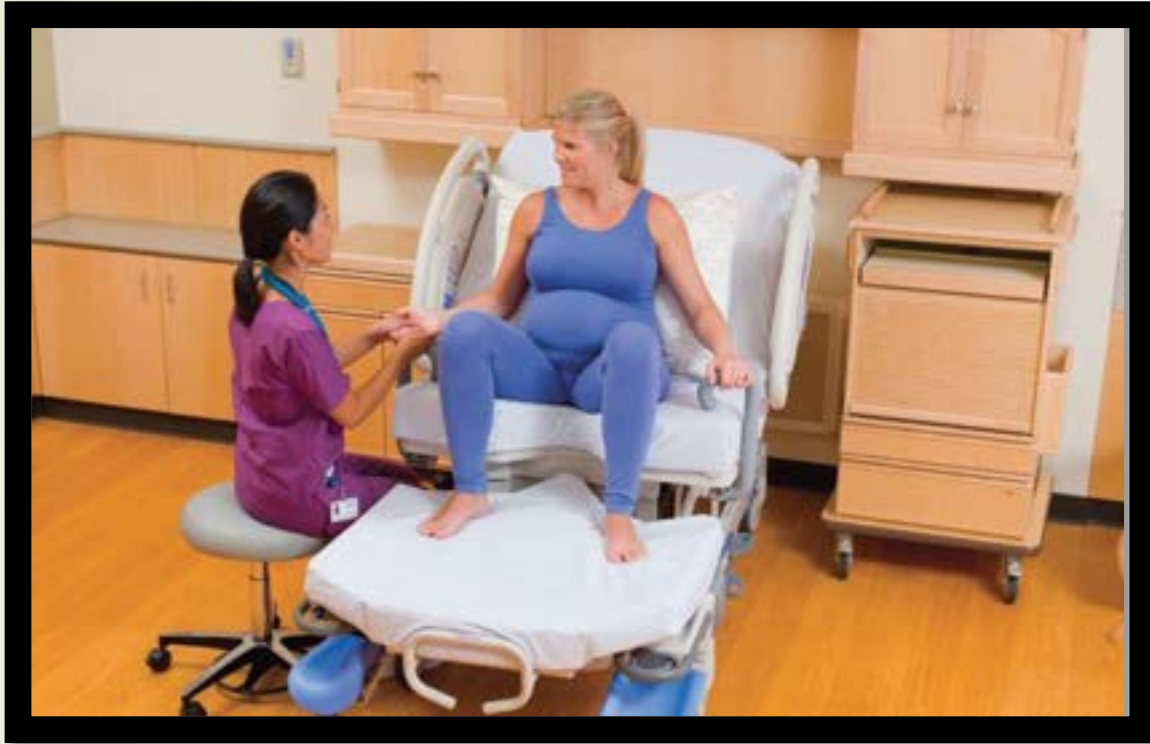
Upright

Forward Leaning

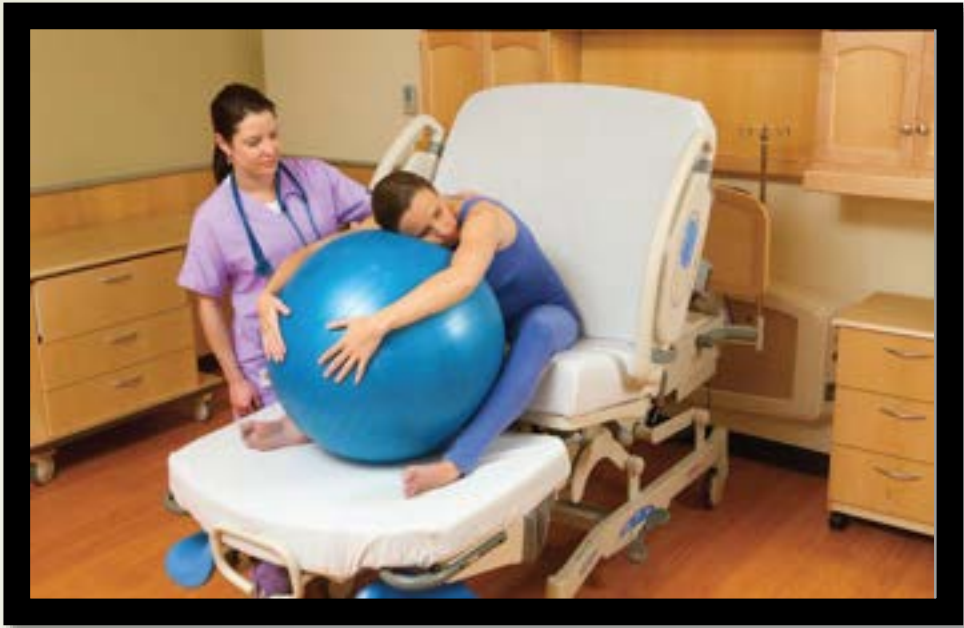
Squatting/Birth Ball

On the Bed









Semi seated lunge



Straddling the Peanut/birth Ball



Massage



Pelvic Tilt



Side-lying Release



Doula Support



Forward leaning



Tuck Position



Squatting



Fire hydrant



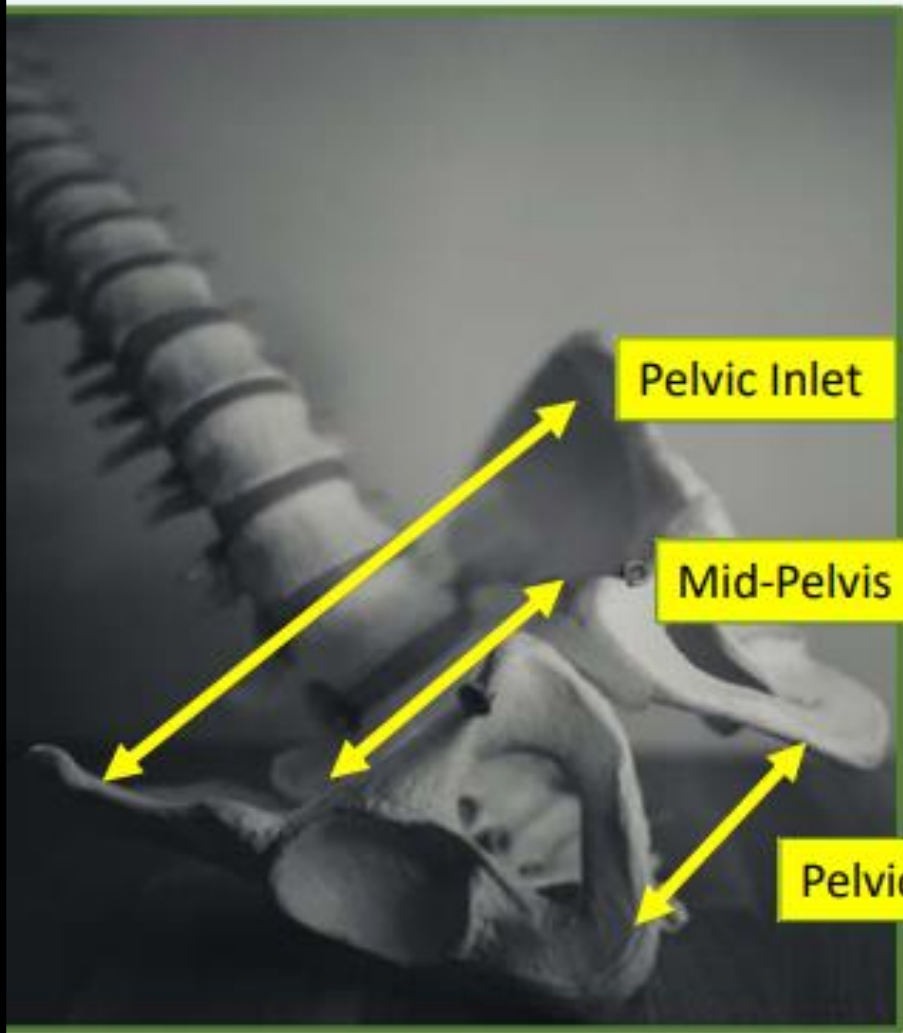


Photo by Otto Norin on Unsplash

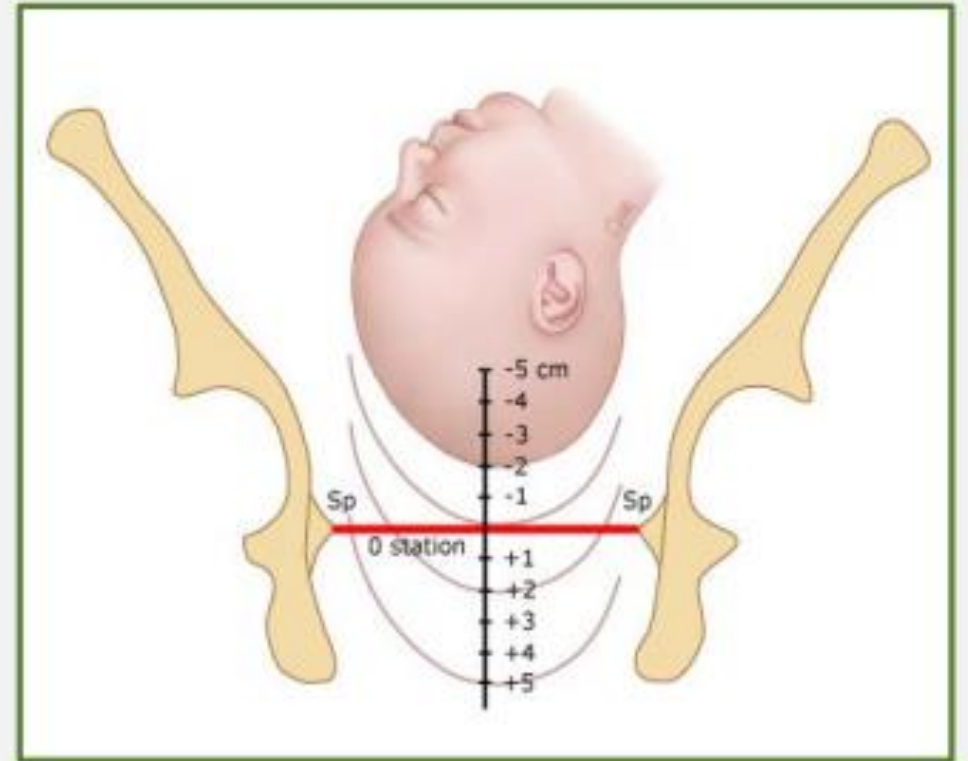


Image from: www.uptodate.com: Labor and delivery: Management of the normal first stage.6/6/2022.

* Let's Talk Pelvis

- High fetal station
- Goal: Upright positioning
- Sitting with Knees apart
 - Peanut Ball
 - Birth Ball
- Soles together
- Back more straight than curled
- Standing/ambulation
- Leaning forward

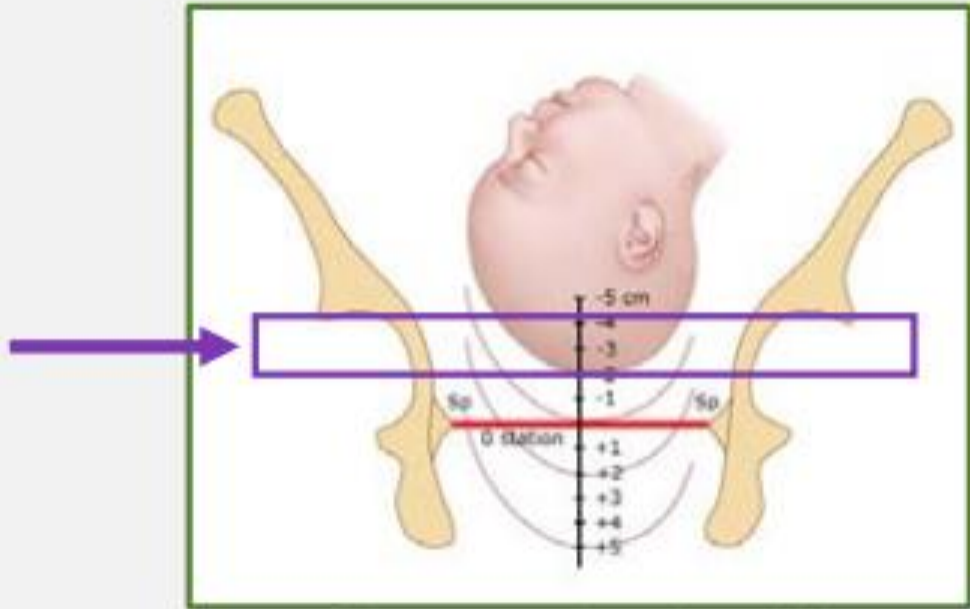


Image from: www.uptodate.com: Labor and delivery: Management of the normal first stage.6/6/2022.

* Baby in the INLET of Pelvis:
Fetal Station = 4, -3 & -2

Pelvic Floor:

- Located in the mid-pelvis.
- The baby turns on the pelvic floor in the mid-pelvis.
- The pelvic floor NEEDS to relax in order to allow baby to descend

Mid-Pelvis Laboring Movements:

- Diagonal (ambulation)
- Sideways/diagonal
- Lunges
- Peanut ball & birth ball supported movements

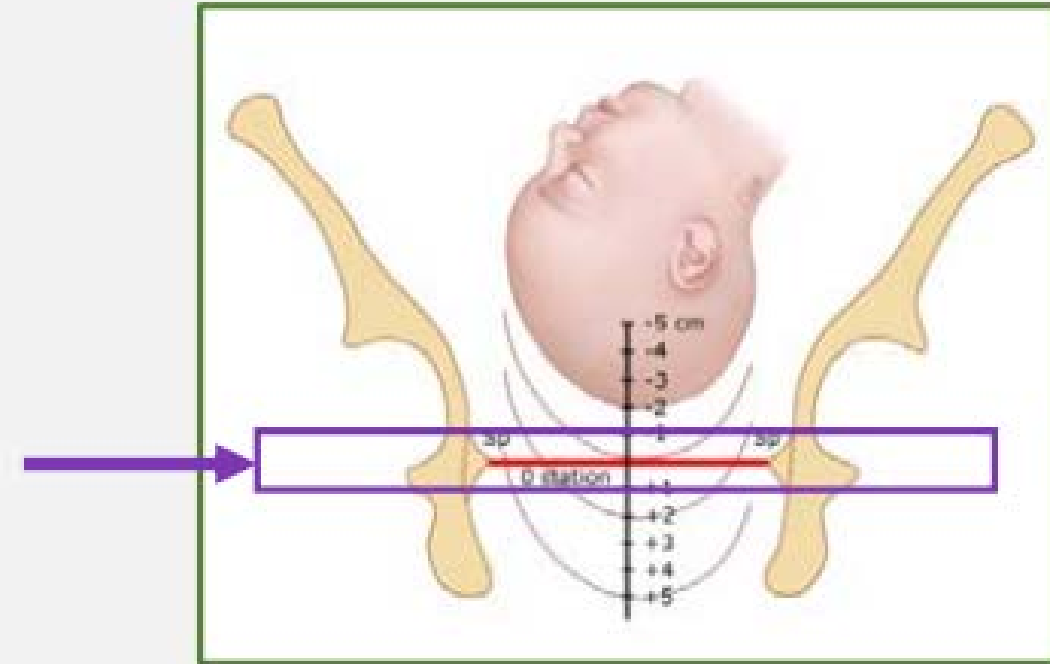


Image from: www.uptodate.com: Labor and delivery: Management of the normal first stage. 6/6/2022.

* Baby in the MID-PELVIS
Fetal Station -1, 0, +1

Flexible Sacrum Positions (FSP):

- Allows weight to be taken off the sacrum
- Allows the pelvic outlet to expand
- Increases dimensions of our pelvic

Upright Labor Positions:

- Squatting
- Kneeling
- Hands and knees
- Sitting on birth seat

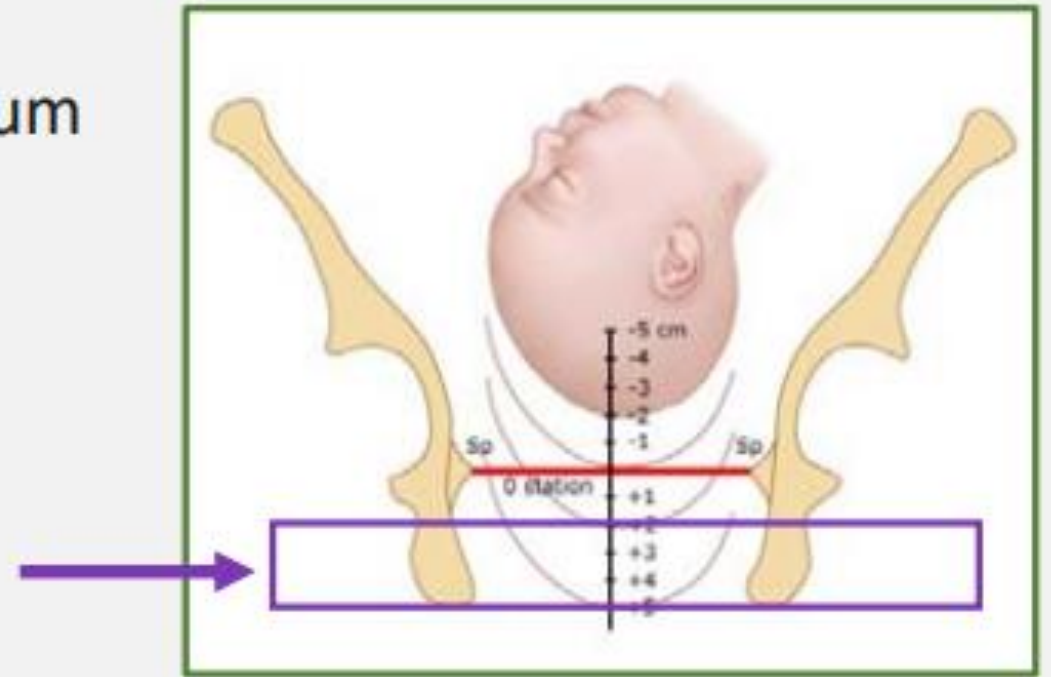


Image from: www.uptodate.com: Labor and delivery: Management of the normal first stage.6/6/2022.

* Baby in Pelvic OUTLET
Fetal Station ± 2 or Lower

Opening the Pelvic Inlet

Flying Cowgirl



Walchers Maneuver



* Maternal Positions to Assist in
Opening the **PELVIC INLET**

* Maternal Positions to Assist in Opening the MID PELVIS

Opening the Mid-pelvis

Peanut Ball



Side Lunges



Opening the Pelvic Outlet

Fire Hydrant Position



<http://forms.lamaze.org/portals/0/images/scienceandsensibility/2014/04/PeanutBall-measure.jpg>

Closed Knee Pushing



* Maternal Positions to Assist in
Opening the **PELVIC OUTLET**

* When to Use:

* Swollen Cervix

* Resolve an asynclitic presentation

* How?

* Have patient assume knee chest position

* Using a sheet - jiggle the patient's bottom approximately for 10 -20 minutes

* *Spinning Babies*



* **Resolving Fetal Malposition**
Shake the Apple

* *Side-Lying Release*

* When to use:

* Malposition, or if labor stalls. - Often associated with pelvic imbalance

* How?

* Assist with a side lying position, with the hips and shoulders stacked.

* The top leg should hang over the bed and needs to be relaxed.

* The bottom leg should be straight, with the toes flexed. As the pelvic floor relaxes, you will notice that the toes begin to relax.

* Encourage the mother to remain in this position for 15 minutes, and then change sides



* Flying Cow-Girl

* When to Use:

- * Helpful for the baby who is still at a high station. The focus here is on *Inlet* opening

* How?

- * Place the peanut ball between the knees, keeping the ankles closer together

- * Instruct patient to push the hips forward until they lock out.

- * Rationale: Having the knees wide apart causes external rotation of the femur and the posterior pelvic tilt is achieved by fully extending the hips.



* Walcher's Maneuver

* When to Use:

* Used in situations when the baby is in a high station with advanced dilation.

* This is a position to use when there has been a stall in labor and is typically used as a last resort

* How?

* Have patient lie on the end of the bed, with her feet dangling off the end.

* Support feet.

* Have her stay in this position for at least 3 contractions if she can tolerate it.

* Rationale - Assists in opening of the pelvis allowing the baby to tuck the chin and descend

* ***NOTE - Have provider close by and expect a possible decrease in fetal heart rate as the baby descends***





Use of bed/stirrups to hold legs-
Leg holding discouraged



Correct use of tug-of-war technique during Stage 2



* **Safety First for You and Your Patients**
Let the Equipment Work for YOU!



<https://images.squarespace-cdn.com/content/v1/5d29309385724b0001942ecd/1567128691126-KTFQQIKI5K1BO2KM4DW9/minneapolis-birth-photographer-and-doula>



<https://www.google.com/url?sa=i&url=https%3A%2F%2Fm.facebook.com%2Fmamastefit%2Fphotos%2Fsitting-on-the-toilet-can-be-a-great-place-to-labor-the-toilet-typically-has-a-c%2F622767728282773%2F&psig=AOvVaw29MZKHaUHVjUvVvxdanNyl&ust=1692199442500000&source=images&cd=vfe&opi=89978449&ved=0CBEQjhxqFwoTCLDr1Kf83oADFQAAAAAdAAAAABAJ>

* Don't Forget the Toilet



* Use of Medication



Supporting Birthing Persons
with Epidural Anesthesia or
Who are Required to Stay in
Bed



* Penny Simkin's 5 Rules for a Patient who is receiving an epidural

1. Keep birthing person moving
2. Keep birthing person cool
3. Keep birthing person company - do not abandon them emotionally
4. Let birthing person labor down or until they have a strong urge to push
5. Skin to Skin after birth

* *Rock the Boat*

* When to Use:

* This maneuver is helpful for a baby that has been mid-pelvis and needs to move down.

* How?

* Rock patient back and forth slowly for 3 contractions on each side. Back leg is relaxed during this.



*When to use:

*Baby needs to come into the pelvic inlet

*How?

*Sit patient in upright position with feet resting on peanut ball with heels together and knees out



* *Inlet* with use of the Peanut Ball

*When to use:

*When baby is in the OUTLET and additional room is needed during pushing

*How?

*Place patient on her side with knees bent and position lower top leg on peanut ball. May need to place small towel, pillow or blanket between knees for comfort



Mid-Michigan Midland's presentation from the OBI Semiannual meeting Quick Tip's Guide

* **Knees Together Position - with
use of the Peanut Ball**

* Use a 60 cm peanut ball



Mid-Michigan Midland's presentation from the OBI Semiannual meeting Quick Tip's Guide

* Forward Leaning with Peanut Ball

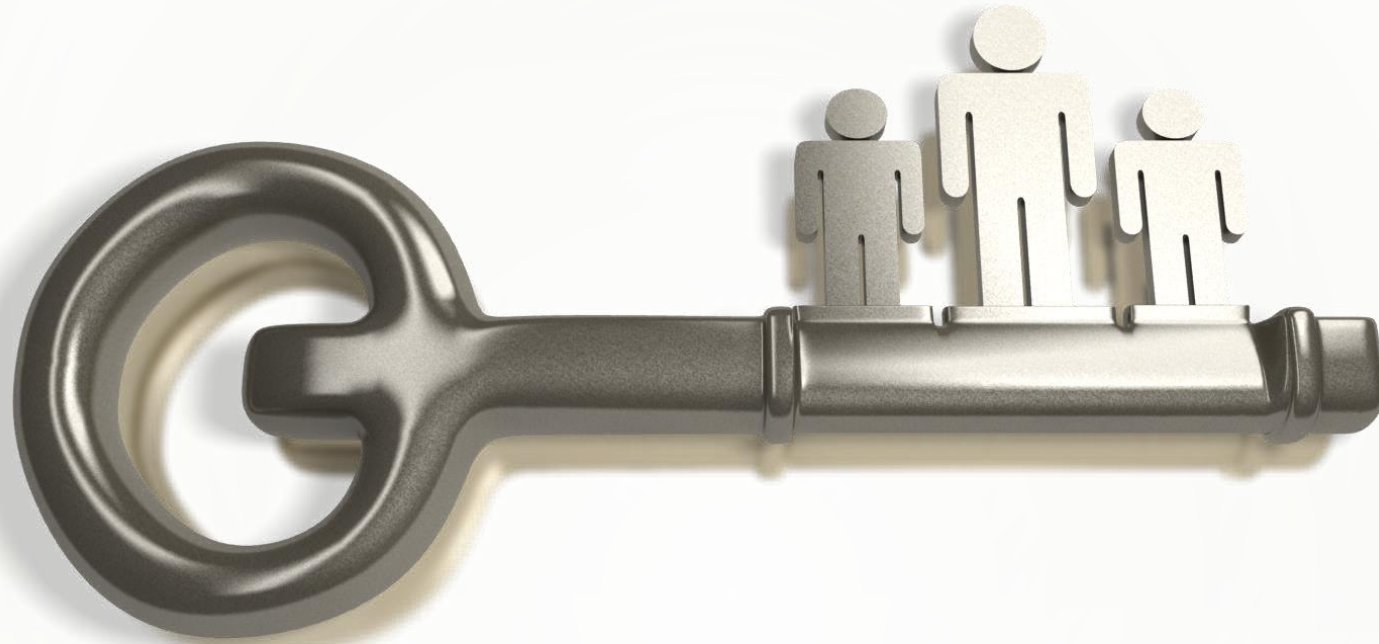
- * Great position for patients who have back pressure in conjunction with Counter Pressure
- * Patient may use back of bed to grip for support



Mid-Michigan Midland's presentation from the OBI Semiannual meeting Quick Tip's Guide

* Hands and Knees with CUB

*Time to Practice



* RESOURCES
Are Available on-line



The
Power
of
Presence

Welcome Adeline



*For Coming Today and The Work
You Do At The Bedside ♥