Hospital Programs to Improve Early Labor Support and Use of Early Labor Lounges

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Objectives

• Describe two hospital programs for early labor support including development of team, guidelines and criteria, use of space and tools, implementation and education, evaluation and sustainability.

• Discuss strategies to implement a program in a variety of hospital setting and how to engage leadership with the potential for decreased cesarean sections, shorter length of stay and improved patient satisfaction.
Reducing Primary Cesareans

Bundle Name: Promoting Spontaneous Progress in Labor
Why an Early Labor Lounge

• Acknowledges patient’s need and offers support
• Increase patient’s sense of self-efficacy
• Supports culture change on the unit
• Space to promote maternal position changes and upright positioning
• An opportunity to practice labor coping skills
• Away from medical equipment
• Decrease length of stay, leaders/admin support!
Labor Curve: Cervical Dilation over Time (Hours)

https://emedicine.medscape.com/article/273053-clinical
Labor Triage Process
Who can use the Labor Lounge

- Outpatient status
- Category I EFM in triage, NST
- 37-42 Weeks Gestation with intact membranes
- Cephalic presentation

Exclusion Criteria:
- Women requiring continuous monitoring
- IV fluids
- Active labor
- TOLAC
Labor Lounge Implementation in a Community Hospital

Rachel Breman, PhD, MPH, RN
Julie Paul, DNP, CNM, FACNM
Setting

- 3, 500 births annually
- 6 private practices, not university affiliated community hospital
- Midwives attend approximately 25% of the births
- Midwives triage approximately 50% of all patients
- Implementation of lounge/Julie Paul’s vision
Early Labor Lounge

• Triage nurse is available, but not present
• Includes maternal movement
• Different stations
  – Yoga
  – Balls
  – Nutrition center
  – Shower
  – Acupressure
  – Rebozos
Survey of Women

• Convenience sample of 67 postpartum women who at admission were NTSV
• Birth Satisfaction Scale© 10-R scored (α=.68)
  – Scored 0-40, higher score = higher BSS
• Collected electronically in REDCap®
### Demographics

<table>
<thead>
<tr>
<th></th>
<th>Survey Sample N=67</th>
<th>ELL User N=29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (SD)</td>
<td>30.4 (4.4)</td>
<td>29.4 (4.0)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>60 (89.6)</td>
<td>29 (96.6)</td>
</tr>
<tr>
<td>Non-white</td>
<td>7 (10.4)</td>
<td>1 (3.4)</td>
</tr>
<tr>
<td>Prenatal care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>45 (70.3)</td>
<td>15 (53.6)</td>
</tr>
<tr>
<td>Midwife</td>
<td>19 (29.7)</td>
<td>13 (46.4)</td>
</tr>
</tbody>
</table>
## Prenatal Discussion Questions

<table>
<thead>
<tr>
<th>Prenatal questions</th>
<th>Survey Sample N=67</th>
<th>ELL User N=29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed planning for labor to start on its own or spontaneously?</td>
<td>45 (67.2)</td>
<td>24 (82.8)</td>
</tr>
<tr>
<td>Discussed having a vaginal birth?</td>
<td>53 (79.1)</td>
<td>26 (89.7)</td>
</tr>
<tr>
<td>Discussed the signs of early labor?</td>
<td>57 (85.1)</td>
<td>25 (86.2)</td>
</tr>
<tr>
<td>Discussed the signs of active labor?</td>
<td>56 (83.6)</td>
<td>27 (93.1)</td>
</tr>
<tr>
<td>Discussed the ELL at the hospital?</td>
<td>21 (79.4)</td>
<td>25 (92.6)</td>
</tr>
</tbody>
</table>
# Prenatal Discussion by Provider Type

<table>
<thead>
<tr>
<th>Prenatal discussion questions</th>
<th>MD N (%)</th>
<th>CNM N (%)</th>
<th>( X^2 ) (1)</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed planning for labor to start on its own or spontaneously?</td>
<td>28 (62.2%)</td>
<td>14 (73.7%)</td>
<td>.79</td>
<td>.38</td>
</tr>
<tr>
<td>Discussed having a vaginal birth?</td>
<td>32 (71.1%)</td>
<td>18 (94.7%)</td>
<td>4.3</td>
<td>.04</td>
</tr>
<tr>
<td>Discussed the signs of early labor?</td>
<td>36 (80.0%)</td>
<td>19 (100%)</td>
<td>4.4</td>
<td>.04</td>
</tr>
<tr>
<td>Discussed the signs of active labor?</td>
<td>36 (80.0%)</td>
<td>17 (89.5%)</td>
<td>.84</td>
<td>.36</td>
</tr>
<tr>
<td>Discussed the ELL at the hospital?</td>
<td>8 (18.2%)</td>
<td>12 (70.6%)</td>
<td>15.2</td>
<td>&gt;.001</td>
</tr>
</tbody>
</table>
## Care Process and Birth Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Survey Sample N=67</th>
<th>ELL User N=29</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cervical dilation at admission (median)</strong></td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Pain score at admission 0-3 (median)</strong></td>
<td>4.25</td>
<td>4.90</td>
</tr>
<tr>
<td><strong>Had a “complicated” pregnancy</strong></td>
<td>6 (9.1%)</td>
<td>1 (3.4%)</td>
</tr>
<tr>
<td><strong>Induced</strong></td>
<td>19 (28.4%)</td>
<td>8 (27.6%)</td>
</tr>
<tr>
<td><strong>Cesarean birth</strong></td>
<td>14 (21.2%)</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td><strong>BSS Mean Score mean (SD)</strong></td>
<td>28.7 (4.5)</td>
<td>28.2 (3.5)</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>15-39</td>
<td>22-35</td>
</tr>
</tbody>
</table>
ELL Users

• 60% used it for 2 hours or less
• 100% agreed the ELL was explained to them
• 96.2% would recommend it
• 96.4% said it helped their partner support them
ELL Activities

% that said the activity was helpful

- Walking N=16: 87.5%
- Meditation N=10: 80%
- Yoga N=16: 87.5%
- Shower N=8: 75%
- Acupressure N=13: 100%
- Kitchen area N=20: 100%
Challenges and Lessons Learned

• Obtaining data on the lounge users is challenging
  – Limited information on birth outcomes
• Succession planning is important for sustainability and evaluation
• Other priorities can disrupt use
  – EPIC launch
Labor Lounge Implementation in an urban, university hospital

Ann Forster Page, CNM, DNP, FACNM
Brianna Barth, CNM, DNP
Needs Assessment and Team Formation

- Student midwifery DNP project with local midwifery director as partner
- Team: nurse manager, medical director, midwifery director, and advanced practice nurse leader, 1 staff midwife, and 2 staff RNs.
- 3 months of data collected on all labor unit admits
Hospital Setting and Culture

- 28% of low risk pregnant women are admitted prior to labor because of various factors including a need for psychosocial support, anxiety, a lack of coping skills and knowledge gaps.
- Culture of sleep meds, early epidurals, interventions
- 2500 births/year, 28%CS (NTSV) in 2016
- MFM, OB, CNM, FM, learners
- 40% of births attended by CNMs
Guideline for the management of early labor

• **Purpose:** To provide guidelines for the management of early (latent) phase labor to avoid early admissions, unnecessary interventions and reduce the risk of cesarean births

• Unit guideline with detailed definitions, criteria and recommendations for women in early labor
• Input from nursing and providers
• Input from risk management, legal
• Includes specific patient education for early labor recommendations for lounge or going home.
Implementation

• Created visual aid for coping strategies
• Adapted small labor room for labor lounge
• Tools: mats, balls, aromatherapy, massager, guided imagery CD
• Education for all nurses (67/70) and all providers about guideline and early labor lounge
• When patient presents to triage: educate patients about normalcy of early labor, discuss coping strategies, offer labor lounge or discharge
Tools and Set Up
Visual Cues For Coping
Assessment

• Success with training nurses and providers
• Good buy-in for Guideline for supporting patients in early labor
• Short evaluation period given DNP timeline
• 64 patients eligible, flawed process for documentation showed 9 patients used, 6 completed survey
• All surveyed “more confident laboring in the space” and that “they would recommend to friend”
Lessons Learned

• Cost efficient intervention to promote physiologic birth
• Efforts should be made to improve documentation by RNs and providers when using space in order to capture use
• Safe intervention with no negative outcomes and high patient satisfaction
• Need to educate patients prenatally about the option
• Need facilities buy-in for set up as labor lounge
• Other projects complemented work (good time for culture change!):
  Upright and Mobility Guideline, Implementing IA

*Credit to Sheila Kennedy, DNP, CNM and Heather Jelinek, DNP, CNM for their good work and getting slings on our unit!
Sustainability

• 3 years out
• Culture change sustained
• Small poster in triage “In early labor, ask your nurse about the labor lounge”
• New residents and new nurses present challenges in knowledge gap
• Signage needed on Labor Lounge
• Continues to need nurses and providers to champion use
• Ideal world: dedicated space
Questions

Approaches to Limit Intervention During Labor and Birth Committee on Obstetric Practice. (2017). Washington, DC.


