

Improving Nurse Management of the Second Stage of Labor

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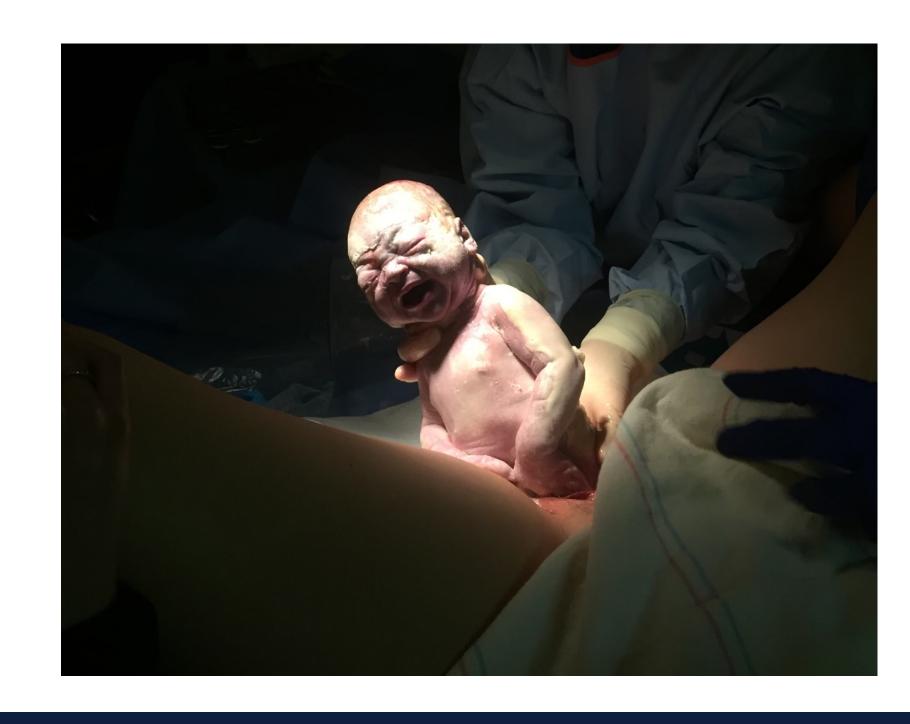
BACKGROUND

- Rapid increase in cesarean section (CS) rates (20.7% in 1996, 32% in 2015) without decreases in maternal/neonatal morbidity/mortality
- Healthy People 2020 goal: 23.9% CS rate for low-risk nulliparous, term, singleton, vertex (NTSV) women
- Risk of adverse outcomes increases exponentially with each subsequent CS

(Caughey et al., 2014; Caughey, 2017; Bell et al., 2017; Vadnais et al., 2017)

PURPOSE

To develop, implement, and evaluate an educational program to improve labor nurses' management of the second stage of labor.



LITERATURE REVIEW

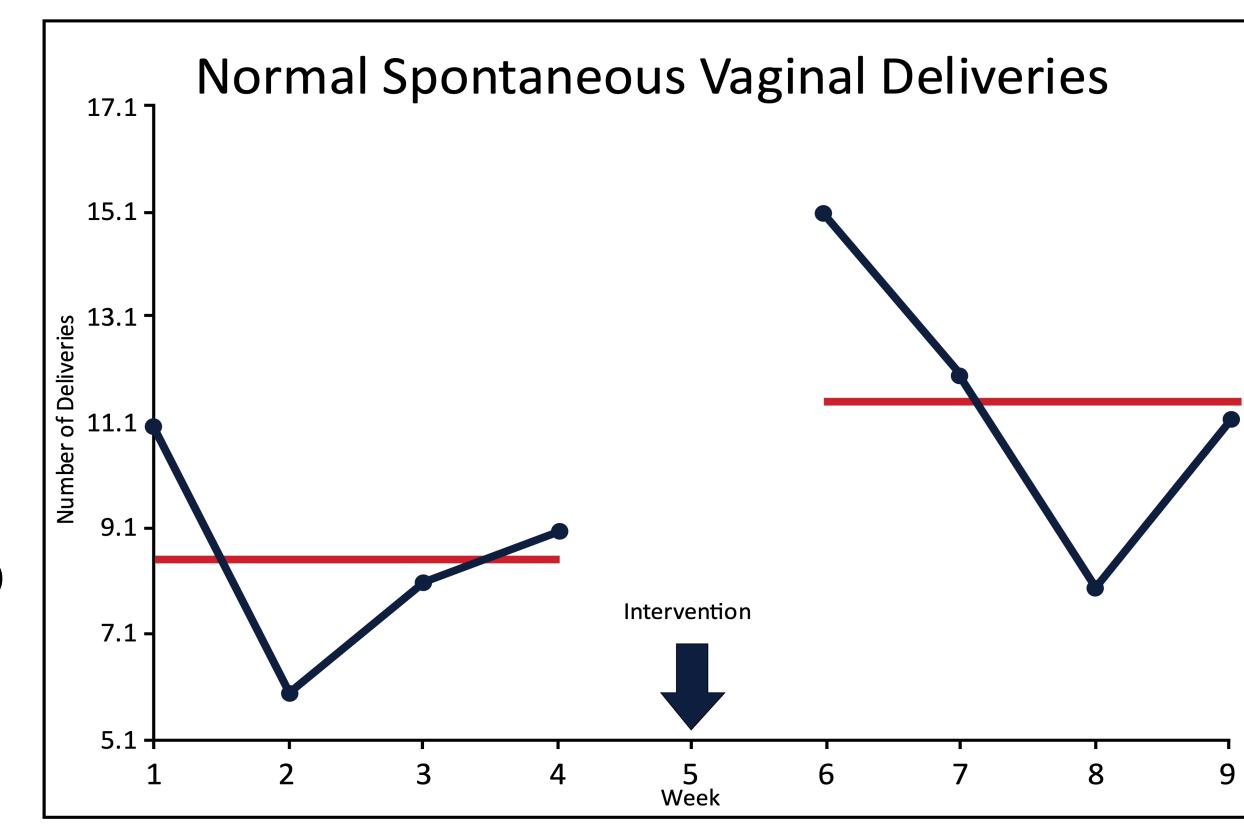
- A nurse's attitude about birth and time spent at the bedside may influence birth mode (Edmonds et al., 2017)
- An absolute length of the 2nd stage of labor has not been identified (Caughey et al., 2014)
- If incremental fetal descent and/or rotation is made and maternalfetal status warrant, second stage should continue for at least 4 hours in nullipara and 3 hours in multipara (Smith et al., 2016)

METHODS

- ✓ Obtained hospital and university IRB approval
- ✓ Created second stage guidelines
- ✓ Convenience sample of nurses attended instructional course (IC)
- ✓ Established knowledge through pre/post tests
- √ Validated nursing skills
- ✓ Data extracted from EMR

RESULTS

- Nursing knowledge increased
 - Mean pre- test score 6.17, mean post- test score 9.06,
 t (17) = -6.43, p < .001
- Outcomes improved
 - Median number of normal spontaneous vaginal deliveries (NSVD) increased from 8.5 in preintervention sample to 11.5 in postintervention sample



DISCUSSION

- Median duration of time from 10 cm to birth increased
- Significant increase in mean number of position changes in 3rd and 4th hours of 2nd stage of labor
- Improved nursing care

RN	NSVD rate	CS rate
	racc	lace
Attended IC	87.5%	6.2%
Did not attend IC	81.7%	9.1%



CONCLUSION

- Educational training sessions can promote practice changes and improve clinical outcomes
- Having current knowledge and skills motivated nurses to do more to affect delivery outcomes

QUESTIONS?

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