

Enhancing Nurse Confidence in Labor Pain Management and Respectful Maternity Care

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BACKGROUND

Pain during labor is normal.

- Traditional pain scales do not appropriately assess pain during labor.
- Patients have different ways of coping with and managing pain.
- Exhaustion, fear, and anxiety can negatively affect the progress an outcome of labor.
- Our study was conducted on a labor & deliver (L&D) Unit sees >600 patients per year, typically >36 weeks pregnant, from diverse cultural, social, and ethnic backgrounds

AIMS

- Educate maternity unit nurses on The Coping With Labor Algorithm (CLA), resources, and implementation.
- Determine how implementation of the CLA affects nurse confidence regarding understanding and providing support for labor pain management.
- 3 Determine if unit-collected PREM survey show improvement in patient experience of respectful maternity care after CLA implementation.
- Investigate intrapartum nurses' "Nurse Self-Efficacy Labor Support Scale" (NSE Scale) and "Labor Support Scale" (LSS Scale) associations with nursing demographic data.

METHODS

- Collect PRE data:
 NSE Scales, LSS Scales, PREM data
- 2. 60 minute in person nurse training on CLA, emotional support, and communication.
- 3. Unit uses CLA for 12 weeks.
- 4. Collect POST data:
 NSE Scales, LSS Scale, PREM data

Why in the world are we asking patients to <u>rate</u> their pain during labor?





RESULTS

participating RN demographics

AGE	n	RACE/ETHNICITY	n
20-30	8	Black/African Am.	1
31-40	5	Hispanic/Latino	1
41-50	4	Multiple/Other	1
51-60	1	White/Caucasian	16
61+	1		

HIGHEST DEGREE	n
Associates	4
Bachelors	15

RN EXPERIENCE YEARS	TOTAL (n)	IN L&D (n)
0-1	5	6
2-5	3	3
6-9	3	2
10-14	2	4
15-20	3	1
21-25	1	1
25+	2	2
	OLIDOE	

PRIOR LABOR SUPPORT COURSE	n
No	9
Yes	10

preliminary results

LABOR SUPPORT MEASURE	Mean difference	t-value	p-value
Reassuring words	0.56	1.11	0.27
Continuous support	0.43	1.02	0.31
Assist partner	0.13	0.74	0.44
Breathing relaxation	0.25	0.71	0.47
Labor progress	0.13	0.51	0.70

- Small mean increases were observed in all support techniques, but no statistically significant changes were found (p > 0.05).
- Sample size limitations (n = 16) likely contributed to the inability to detect significant differences.

CONCLUSIONS

While small improvements in birth support behaviors were noted, the lack of significance suggests that either

- The intervention had a limited impact, or
- The sample size was too small to detect real differences.

Future Research

- Increase sample size (≥ 30 participants) to improve statistical power.
- Consider additional support strategies or enhanced birth planning education for greater impact.
- Further analyses are pending as data is released to the research team.

