

## Understanding the Health Beliefs of First Time Mothers Who Request Elective Cesarean Versus Mothers who Request Vaginal Delivery

### Poster Presentation

Deborah MacMillan, PhD,  
CNM, College of Health Sci-  
ence, School of Nursing,  
Georgia College & State Uni-  
versity, Milledgeville, GA

**Keywords**  
first time mothers  
Cesarean delivery by  
maternal request  
satisfaction with the decision  
maternal self efficacy  
Health Belief Model

### Childbearing

#### Objective

To compare first time mothers who request Cesarean delivery with those who request vaginal delivery to investigate differences in health beliefs, maternal outcomes, and goals for the birth experience.

#### Design

A prospective longitudinal study based on the Health Belief Model.

#### Setting

Entire United States.

#### Patients/Participants

A convenience sample of 144 nulliparous women with singleton pregnancies and no medical indications requiring a Cesarean delivery were recruited using the internet. Women ( $n = 127$ ) planning a vaginal delivery (VDMR) represented 88.2% of the sample and women ( $n = 17$ ) requesting a Cesarean delivery (CDMR) represented 11.8% of the sample. Data were collected during the third trimester and 6 weeks after the delivery using an internet-based questionnaire.

#### Methods

Data were analyzed using  $t$  tests and multiple linear regression to predict the effect of maternal health beliefs, maternal childbirth self-efficacy, partner support, acceptance of the maternal role, and request group on the dependent variables of mater-

nal perception of the delivery and maternal satisfaction with her decision.

#### Results

Compared with women with VDMR, women with CDMR were significantly older, less educated, perceived more risk of emergent Cesarean and less ability to deliver vaginally. Hypothesis testing indicated that the model accounted for a significant amount (15.1%) of the variance in maternal satisfaction with the decision for mode of delivery. Acceptance of the maternal role and maternal request group significantly contributed to the model indicating that women with higher acceptance of the maternal role and women with CDMR had poorer satisfaction with their decision for the mode of delivery.

#### Conclusion/Implications for Nursing Practice

The findings showed that factors influencing maternal perceptions of the delivery and satisfaction with the decision for type of delivery are different. Health beliefs had less relevance for perception of the delivery. It is possible that experiences that occur within the context of the delivery are more salient for maternal perception. Women with higher acceptance of the maternal role and who request a Cesarean delivery are at risk for less satisfaction with their delivery decision and more decisional conflict and thus may need more support during decision-making processes and after delivery. Future research should examine the long-term impact of dissatisfaction with delivery decision.

## Use of a Labor Ball to Decrease the Length of Labor in Patients Who Receive an Epidural

### Poster Presentation

#### Objective

We hypothesized that after receiving an epidural and using the exercise ball (peanut ball [PB]) between the legs, a laboring patient may

have a shorter first and second stage labor and fewer operative deliveries than when receiving standard nursing care.

#### Design

A randomized, controlled trial.

Christina Tussey, MSN, CNS,  
RNC, Women and Infant Ser-  
vices, Banner Good Samaritan  
Hospital, Phoenix, AZ

Emily Botsios, BSN, Women  
and Infant Services, Banner  
Good Samaritan Hospital,  
Phoenix, AZ

**Keywords**  
peanut call  
epidural  
labor  
labor ball

Childbearing

Setting  
A large tertiary obstetric facility.

Patients/Participants  
Singleton women in labor who received an epidural  
for labor discomfort except for those who received  
a magnesium sulfate infusion.

Methods  
Patients in both groups were turned every 1 to 2  
hours from side to side or semi-Fowler. The PB  
would be applied between the patient's legs after  
the patient received the epidural. The control would  
monitor the patient beginning at the time the epi-  
dural was placed.

Results  
The randomization assigned 200 laboring women  
to either the PB (*n* = 107) or no PB (*n* = 93). The pri-  
mary outcome was women using the PB had a first  
stage labor time of 258.8 versus 341.9 minutes for  
those who did not use the PB for a difference of 90  
minutes (0.006). The PB group had a 21.3 minute  
second stage and the control had a 43.5 minute

Evidence NK3-1, Article, Use of a Labor Ball to Decrease the Length of Labor in Patients Who Received an Epidural, and UPC Minutes, February 2014

second stage for a difference of 22.3 minutes. The  
use of the vacuum was 9.7 in the control and 6.7 with  
use of the PB. The use of the forceps in the control  
was 2.2 and in the PB was 1.9. The secondary out-  
comes included maternal age gestational age of  
fetus, weight of newborn, augmentation of labor  
with oxytocin, which did not differ significantly be-  
tween the two groups. With one exception the PB  
group had a cervical dilation that was 4.7 versus  
4.2 cm for the control group at the start of the study.  
For every 1 cm more dilated the patient presented  
upon enrollment into the study the labor was re-  
duced by 35 minutes. Total oxytocin time extended  
the length of first and second stage labor. No seri-  
ous adverse events associated with use of the PB  
were reported. Every 1 hour oxytocin used in-  
creased pushing time 1.2 minutes. Length of  
pushing was variable with the use of oxytocin  
or parity.

Conclusion/Implications for Nursing Practice  
The use of the PB during labor for patients with an  
epidural significantly reduced the length of labor  
without adverse neonatal outcomes.

Breastfeeding: Latching on With the Community

Poster Presentation

Objective  
To describe the early breastfeeding experience  
at one institution and identify lactation con-  
cerns before and after discharge.

Design  
Prospective cohort observational design.

Setting  
Level 1 care at a 550 bed tertiary care hospital with  
Level 2 Maternal/Infant Care and 3,200 deliveries/year.

Patients/Participants  
Mothers (*N* = 33) had a median age of 29.5 years,  
88% had some college education, and 51% were  
primiparous. The average breastfeeding rate of the  
institution was 78%. Mothers had a high intent to  
breastfeed without the use of formula for at least  
the first month (91%) with a gradual decrease to  
45% by 6 months.

Methods  
Subjects were interviewed and had a formal breast-  
feeding evaluation by an International Board

Certified Lactation Consultant (IBCLC) 24 to 48  
hours after birth. The IBCLCs were responsible for  
collection of data from the mother, assessment of  
the couplet, including breastfeeding factors in the  
immediate postpartum period. Maternal perception  
of lactogenesis II was evaluated during a structured  
telephone interview 72 to 96 hours postdelivery.  
Participants were asked if they had breastfeeding  
concerns and if evaluation, including plan of care  
had been provided.

Results  
Only 45% reported a concern related to breast-  
feeding before discharge; however, more (67%)  
had concerns after discharge. Concerns included  
milk volume (36%), positioning and attachment to  
the breast (48%), and nipple/breast pain (55%).  
Only 18% of mothers reported breast fullness while  
hospitalized, while 91% had reported fullness at  
the time of the follow-up telephone interview. Only  
3% of the participants received formal breastfeed-  
ing evaluation after discharge from the hospital.

Conclusion/Implications for Nursing Practice  
Results of this study provide a profile of breastfeed-  
ing rates and concerns that support the need for



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DATE:2/4/14

MEETING:Family Birth Center UPC

LOCATION:4<sup>th</sup> Floor Classroom

PRESENT:S. Wellman RNC, J. Constant RNC, B. Hindmarsh RNC, R. Platt RNC, M. Engel RNC, J. Davis RNC, P. Heitz RNC

ABSENT:none

LEADER:M. Engel

RECORDER:S. Wellman

Topic	Findings/Conclusions	Recommendations/Actions	Follow/Eval
UPC Flow Expectation	Unit councils are expected to be held monthly, the week following the hospital PNC meeting to allow information from PNC to be brought to UPC.	FBC UPC meeting schedule to be adjusted to follow the PNC meeting monthly	Marisa will email UPC dates for the rest of the year to members
Charge Nurse Duties	List of duties to be completed by the Charge nurse each shift to be compiled, each shift the Charge will complete the list and give it to the oncoming charge of the next shift during handoff.	Shelline will make a Charge Nurse Checklist based on the recommendations from the UPC members and input from current charge nurses and managers	Charge Nurse Checklist will be brought to next meeting for evaluation by the UPC
Chart Audits	Audit tool needs to be updated to address Care Plan documentation. Care plans should be documented on every shift and resolved or "adequate for discharge" before patient is discharged home.	Marisa will make changes to the audit tool to reflect new guidelines	Updated audit tool will be brought to next UPC and then given to staff
Peanut Ball	New positioning device, peanut ball, for labor patients presented by Marisa to the group. Article distributed and reviewed with group. UPC interested in obtaining peanut ball for the unit. Botsios, E., Tussey, C. (2011) <i>Use of Labor Ball to Decrease the Length of Labor in Patients Who Receive an Epidural</i> . JOGNN, 40(1).	Plan to order 2 peanut balls and then conduct in-services with the staff.	Marisa to ask Sharon to order peanut balls
Discharge Instructions	Discharge checklist created to assist in completion of discharge tasks. Make it a full sheet and place it in the front of infant chart.	Place new discharge checklist in charts as of today, monitor if is being used and if it needs to be adjusted.	Any recommendations for changes to be brought to next meeting
UPC members	Looking for additional UPC members from midnight shift	Janice will post flyer to recruit new UPC members	Will bring list of interested staff to next meeting
Next Meeting	March 11, 2014		