

Bundle Name: Promoting Comfort in Labor

Readiness

Every unit

- Incorporates into its maternity services midwifery care that is responsive to women's needs and preferences.¹
- Provides specific training for all intrapartum nurses on providing labor support in 4 recognized categories: physical support, emotional support, advocacy, and informational support.²
- Provides a policy, clinical protocol, or guideline that outlines the uniqueness of the experience of labor and emphasizes that ongoing assessment and caring activities should focus on support and comfort measures to assist a woman to cope with labor, e.g., freedom of movement, hydrotherapy, nutrition and hydration in labor, and use of non-pharmacologic pain management techniques.^{3,4}
- Adopt guidelines that promote continuous one-to-one supportive care for women in active labor by a trained individual such as a doula or nurse.^{5,6}
- Assure availability of equipment and an environment that promotes non-pharmacologic methods of coping with and comfort in labor, such as dim lighting, birth/exercise balls, rocking chairs, squat bars, birthing stools, heat packs, hydrotherapy, etc.⁷
- Assure availability of evidence-based, prenatal preparation in pharmacologic and non-pharmacologic methods of coping in labor and birth.⁸

Risk and Appropriateness Assessment

Every woman in labor

- Is assessed for comfort and coping (rather than pain) upon admission and per unit policy throughout the labor and birth process.^{3,4}
- Receives information about non-pharmacologic pain management and assistance with comfort and coping.
- Is assessed for preferences related to comfort and coping, including intended use or nonuse of pharmacologic pain management.
- Engages in shared decision making about whether and when to use pharmacologic pain management based on possible harms and benefits and the woman's conditions, values, and preferences.⁹⁻¹¹

Reliable Delivery of Appropriate Care

Every woman whose current intention is to labor without pharmacologic pain management

- Receives encouragement to remain upright during labor and birth as desired and is encouraged to ambulate and change positions without restriction during labor.^{12,13}
- In active labor receives continuous labor support by a midwife, nurse, and/or doula.^{1,5,6}
- Has access to a range of non-pharmacologic comfort measure options, including hydrotherapy, transcutaneous electrical nerve stimulation (TENS), massage, birth balls, and relaxation techniques.⁷
- Receives clear communication that includes her partner and family in the process of shared decision making.^{9,10}

Recognition and Response

Every woman who is not coping or who intends to use pharmacologic pain management

- Receives non-pharmacologic comfort and support measures until pharmacologic pain management is in place and as a complement to pharmacologic pain management as needed.⁷
- Along with her partner/support companions continues to receive emotional, physical, and informational support and advocacy.²
- Continues to be assessed for comfort and coping (rather than pain) regularly throughout labor.^{3,4}
- Continues to be encouraged to move and change positions within bounds of safety.^{14,15}

Reporting/Systems Learning

Every unit

- Documents annual nurse competency in use of labor support and non-pharmacologic comfort and coping measures.⁵
- Provides ongoing/continuing staff education related to labor support and non-pharmacologic comfort and coping measures on an annual basis. New staff receive training in providing labor support in four recognized categories: physical support, emotional support, advocacy, and informational support within 60 days of hire.^{2,5}
- Documents labor support in four recognized categories in patient electronic health record.²
- Collects data on the number of women who receive narcotic, nitrous oxide, or epidural pain relief.
- Implements maternal experience surveys that include questions regarding comfort and coping in labor.¹⁶

References

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