# Brief Contents

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# Maternal & Child Health Nursing

## *Care of the Childbearing & Childrearing Family*

NINTH EDITION

Wolters Kluwer

Philadelphia • Baltimore • New York • London
Buenos Aires • Hong Kong • Sydney • Tokyo

Not authorised for sale in United States, Canada, Australia, New Zealand, Puerto Rico, and U.S. Virgin Islands.

*Vice President and Publisher:* Julie K. Stegman
*Director, Nursing Education and Practice Content:* Jamie Blum
*Supervisory Development Editor:* Staci Wolfson
*Development Editors:* Rachel Lucke and Linda Thomas
*Editorial Coordinator:* Sean Hanrahan
*Editorial Assistant:* Molly Kennedy
*Marketing Manager:* Brittany Clements
*Production Project Manager:* Barton Dudlick
*Design Coordinator:* Steve Druding
*Art Director, Illustration:* Jennifer Clements
*Manufacturing Coordinator:* Margie Orzech
*Prepress Vendor:* S4Carlisle Publishing Services

Ninth edition

AQ1



9 8 7 6 5 4 3 2 1

Printed in Mexico

**Library of Congress Cataloging-in-Publication Data**

Names: Silbert-Flagg, JoAnne, author. | Kennedy, Colleen E., editor.
Title: Maternal & child health nursing: care of the childbearing & childrearing family / JoAnne Silbert-Flagg; consulting editor, Colleen E. Kennedy.
Other titles: Maternal and child health nursing
Description: 9th edition. | Philadelphia: Wolters Kluwer Health, [2023] | Includes bibliographical references and index.
Identifiers: LCCN 2021054966 (print) | LCCN 2021054967 (ebook) | ISBN 9781975161064 (hardback) | ISBN 9781975161088 (ebook)
Subjects: MESH: Maternal-Child Nursing | Family Health | Holistic Nursing
Classification: LCC RG951 (print) | LCC RG951 (ebook) | NLM WY 157.3 | DDC 618.2/0231—dc23/eng/20211124
LC record available at https://lccn.loc.gov/2021054966
LC ebook record available at https://lccn.loc.gov/2021054967

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# Preface

This edition is my second revision of the textbook that is the legacy of Adele Pillitteri. As I have reviewed the submissions by the contributors, I feel that I am looking at it for the first time. It is probably a reflection of how much the world has changed and the words on the pages do not fully reflect the changing world. When life-changing events occur, one often wonders how much should be included in a textbook. Will it be forgotten by the time the students read this book?

It is clear that the COVID-19 pandemic will not be forgotten by anyone living through it. It will have an impact on the health of families and children for the foreseeable future: from the parent who gave birth with only one family member present, worried if they could breastfeed if they had COVID-19, to the children who interact with other children from a distance while wearing masks. As students progress through their nursing programs, I hope they realize how important their contributions as nurses will be to the health of the world, as evidenced by the global nature of this recent health crisis. If you choose to provide maternal and/or pediatric care as a nurse, your contribution to the healing of families may seem small, but collectively, they will make a difference. According to the *Journal of Pediatrics* (2021), from April 1, 2020, through June 30, 2021, COVID-19-associated deaths accounted for loss of parents and caregivers for over 140,000 children. Racial and ethnic disparities in these types of losses were extremely apparent; one in every 753 White children, one in every 412 Hispanic children, one in every 310 Black children, and one in every 168 American Native/Alaska Native children lost a parent or caregiver during this period. These losses are likely to have long-term impacts on the health of these children.

Together with the content experts who assisted in the revision of this edition, I have tried to ensure it is accurate and relevant for the prelicensure nursing student. Based on the recommendation of reviewers, many of the features that have evolved over previous editions continue to appear here with some new changes. As an instructor in the classroom of the content in this textbook, I am acutely aware of the pressure on faculty to present relevant and engaging information to their students. The instructor resources that accompany this edition have been expanded and will promote the acquisition of knowledge for the students and promote their critical thinking and lessen the time required for faculty preparation.

*Maternal & Child Health Nursing: Care of the Childbearing & Childrearing Family*, Ninth Edition, continues to present maternal–child healthcare not as two separate disciplines but as a continuum of knowledge. Care has been taken to eliminate redundant content. The book is designed for prelicensure nursing students to use either in a combined maternal–child health course or in two separate courses, regardless of the order of the content. It discusses current evidence-based practice related to family-centered maternal–child and pediatric care while also promoting a sensitive, holistic outlook on nursing practice. Basic themes include the experience of wellness and illness as family-centered events, the perception of pregnancy and childbirth as periods of wellness, and the importance of knowing normal child development in the planning of nursing care. Themes also reflect changes in healthcare delivery and the importance of meeting the needs of culturally diverse populations. Care has been taken to present cases with a gender-neutral approach and limit stereotypical family scenarios. With the pediatric content, you will notice there are no names, initials, or gender references to ensure the content is inclusive.

## The Changing Healthcare Scene

As this book is being published, Americans face many unknowns in healthcare as legislative changes are debated. Preventive healthcare during pregnancy and throughout childhood is crucial for our nation to survive and prosper. Many diseases and disabilities of adulthood are influenced by the care that pregnant women and their children receive. As healthcare in the United States continues to evolve and change, nurses will retain an integral role in ensuring preventive needs are addressed.

The new *Healthy People 2030* goals are referenced throughout this book. Care has been taken to include content that represents the diversity of the population with regard to race, ethnicity, sexual orientation, and gender identity. Goals for lesbian, gay, bisexual, and transgender (LGBTQ+) persons were added for the first time in 2020 and continue to evolve in the 2030 revisions. This edition sought to respond by addressing recommendations from The Joint Commission for cultural competency when caring for this population. Nurses are taking an ever-increasing role in the provision of healthcare for the maternal and child health population. As the population becomes more diverse, it is imperative that nurses understand the cultural beliefs of all individuals. Nursing care requires a greater focus on care planning, communication, evidence-based therapeutic interventions, and critical thinking.

Nursing issues that grow out of the current climate of change include:

- The accentuation of nursing care planning and the nursing process: The care planning process provides the structuring framework for coordinating communication

that will result in safe and effective care. By structuring the text to reflect this process, students can begin to conceptualize how they will use textbook knowledge in nursing practice to diagnose, plan, deliver, and monitor patients to maximize optimal outcomes. In addition, Nursing Process Overview boxes included at the beginning of each chapter provide a strong theoretical underpinning for nursing process and ways to use the nursing process in clinical practice.

- An emphasis on *Healthy People 2030* goals: As a way to focus care and research, national health goals have gained wider attention at a time when there is a greater need than ever to be wise in the choice of how dollars are spent. Students can familiarize themselves with how these goals can be applied directly to maternal and child healthcare by referring to the Nursing Care Planning based on *Healthy People 2030* goals displays that appear in each chapter.
- Incorporation of the Centers for Disease Control and Prevention (CDC) Maternity Practices in Infant Nutrition and Care (mPINC) Survey that supports hospital practices that create a supportive environment for breastfeeding prenatally and continue through discharge
- The necessity for nurses to be active participants in redefining quality in healthcare: A major way nurses can do this is by joining with the National Academy of Medicine (formerly the Institute of Medicine) to help define required competencies for practice. Included in each chapter are multiple-choice questions based on the Quality and Safety Education for Nurses (QSEN) competencies, so students can better envision how these competencies can be applied to practice.
- The importance of basing nursing care on evidence-based practice: The variety of new care settings, as well as the diversity of roles in which nurses practice, is reflected both in the proliferation of community-based nursing facilities and also in the increase in the numbers of nurse-midwives, women's health, pediatric, and neonatal nurse practitioners. This new edition places emphasis on the need for nurses to read and apply research to practice by demonstrating how recent research applies directly to a patient scenario woven throughout each chapter. In addition, boxes on Nursing Care Planning Using Assessment, Nursing Care Planning Based on Responsibility for Pharmacology, and Nursing Care Planning Using Procedures illustrate how medical science is applied to care.
- The need to coordinate care: With a growing ambulatory population, nurses assume the increasingly important role as coordinators for healthcare teams. Interprofessional Care Maps in each chapter demonstrate how the nursing process works for a specific patient throughout the care cycle.
- The responsibility of health teaching with families as a cornerstone of nursing: The teaching role of the nurse has greater significance in the new healthcare milieu as the emphasis on preventive care and short stays in acute care settings create the need for families to be better educated in their own care. Nursing Care Planning Based on Family Teaching displays present detailed health information for the family, emphasizing the importance of a partnership between nurses and patients in the management of health and illness. Nursing Care Planning to Empower a Family boxes provide students with the type of information families need to learn how to participate in and improve both family and individual health.
- The obligation to individualize care according to sociocultural uniqueness: This is a reflection of both greater cultural sensitivity and an increasingly diverse population of caregivers and care recipients. Greater emphasis is being placed on the implications of multiple sociocultural factors in how they affect responses to health and illness. Nursing Care Planning Tips for Effective Communication boxes give examples of ways to improve nurse–patient communication. Nursing Care Planning to Respect Cultural Diversity displays demonstrate solutions in areas of caregiving that differs among patients of various cultures.

## Organization of the Text

*Maternal & Child Health Nursing* follows the family from prepregnancy through pregnancy, labor, birth, and the postpartum period; it then follows the child and the family from birth through adolescence. Coverage includes ambulatory and inpatient care and focuses on primary as well as secondary and tertiary care.

The book is organized into eight units:

Unit 1 provides an introduction to maternal and child health nursing. A framework for practice is presented as well as current trends and the importance of considering childbearing and childrearing within a diverse sociodemographic and family/community context. This focus includes attention to health disparities and the provision of care in the home as well as the hospital setting.

Unit 2 examines the nursing role in preparing families for childbearing and childrearing and discusses reproductive and sexual health, the role of the nurse in genetic counseling, reproductive life planning, and the concerns of the subfertile family.

Unit 3 presents the nursing role in caring for a pregnant family during pregnancy, birth, and the postpartum period and serving as a fetal advocate. A separate chapter details the role of the nurse in providing comfort during labor and birth.

Unit 4 addresses the nursing role when a woman develops a complication of pregnancy, labor, or birth or has a complication during the postpartum period. Separate chapters address the role of the nurse when a woman has a preexisting illness, develops a complication during pregnancy or the postpartum period, has a unique concern, or chooses or needs a cesarean birth. A final chapter details care of the high-risk newborn or a child born with a physical or a developmental challenge.

Unit 5 discusses the nursing role in health promotion during childhood. The chapters in this unit cover principles of growth and development and care of the child from infancy through adolescence, including child health assessment and communication and health teaching with children and families.

Unit 6 presents the nursing role in supporting the health of children and their families. The effects of illness on children and their families, diagnostic and therapeutic

procedures, medication administration, and pain management are addressed, with respect to care of the child and family in the hospital, home, and ambulatory settings.

Unit 7 examines the nursing role in restoring and maintaining the health of children and families when illness occurs. Disorders are presented according to body systems so that students have a ready orientation for locating content.

Unit 8 discusses the nursing role in restoring and maintaining the mental health of children and families. Separate chapters discuss the role of the nurse when intimate partner violence or child maltreatment or mental, long-term, or fatal illness is present.

## Pedagogic Features

Each chapter in the text is organized to provide a complete learning experience for the student. Numerous pedagogic features are included to help a student understand and increase retention. Important elements include:

- **Chapter Objectives:** Learning objectives are included at the beginning of each chapter to identify outcomes expected after the material in the chapter has been mastered.
- **Key Terms:** Terms that would be new to a student are listed at the beginning of each chapter in a ready reference list. Terms are shown in boldface type where they are defined in the text. Definitions also appear online in the Glossary.
- **Chapter-Opening Scenarios:** Short scenarios appear at the beginning of each chapter. These vignettes are designed to help students appreciate that nursing care is always individualized and provide a taste of what is to come in the chapter. Throughout the chapter, open-ended and multiple-choice questions related to the scenario connect learning with patient care.
- **Nursing Process Overview:** Each chapter begins with a review of nursing process in which specific suggestions, such as examples of nursing diagnoses and outcome criteria helpful to modifying care in the area under discussion, are presented. These reviews are designed to improve students' preparation in clinical areas, so they can focus their care planning and apply principles to practice.
- **Nursing Diagnoses and Related Interventions:** A consistent format highlights the Nursing Diagnoses and Related Interventions throughout the text. A special heading draws the students' attention to these sections where individual nursing diagnoses and outcome evaluation are detailed for the major conditions and disorders discussed.
- **QSEN Checkpoint Questions:** Throughout the text, NCLEX-style multiple-choice QSEN Checkpoint Questions appear to help students check their progress and reward them for their comprehension. They relate the chapter-opening scenario to the six QSEN competencies: safety, quality improvement, evidence-based practice, team work and collaboration, informatics, and patient-centered care. Students can check their work by reading the answers provided in the Appendix.
- **What If… Questions:** These critical thinking questions, formatted to reflect NCLEX style, also appear throughout each chapter in the text. They ask readers to apply the information just acquired in the patient scenario presented in the chapter opening, thus maximizing learning and emphasizing critical thinking. Suggested solutions are supplied on thePoint.
- **Tables and Displays:** Numerous tables and displays summarize important information or provide extra detail on topics so that a student has ready references to this information.
  - **Nursing Care Planning Based on *Healthy People 2030* Goals:** To emphasize the nursing role in accomplishing the healthcare goals of our nation, these displays state specific ways in which maternal and child health nursing can provide better outcomes for families. They help the student to appreciate the importance of national healthcare planning and the influence that nurses can have in creating a healthier nation.
  - **Nursing Care Planning Tips for Effective Communication:** This feature presents tips to apply communication skills in practice and provides case examples of effective communication, illustrating for the student how an awareness of communication can improve the patient's understanding and positively impact outcomes.
  - **Nursing Care Planning Based on Family Teaching:** These boxes present detailed health teaching information for the family, emphasizing the importance of a partnership between nurses and patients in the management of health and illness.
  - **Nursing Care Planning Based on Responsibility for Pharmacology:** These boxes provide quick reference for medications that are commonly used for the health problems described in the text. They give the drug name (brand and generic, if applicable), dosage, pregnancy category, side effects, and nursing implications.
  - **Nursing Care Planning Using Procedures:** Techniques of procedures specific to maternal and child healthcare are boxed in an easy-to-follow two-column format, often enhanced with color figures.
  - **Nursing Care Planning Using Assessment:** These visual guides provide head-to-toe assessment information for overall health status or specific disorders or conditions.
  - **Nursing Care Planning: Interprofessional Care Maps:** Because nurses rarely work in isolation but rather as a member of a healthcare team or unit, Interprofessional Care Maps written for specific patients are included in each chapter to demonstrate the use of the nursing process, provide examples of critical thinking, and clarify nursing care for specific patient needs. These Interprofessional Care Maps not only demonstrate nursing process but also accentuate the increasingly important role of the nurse as a coordinator of patient care.
  - **Nursing Care Planning to Respect Cultural Diversity:** These boxes help students appreciate how care delivery should alter to meet the needs of each patient in a country that continually attracts immigrants from throughout the world.

  - **Nursing Care Planning to Empower a Family:** Because patient education is an important nursing responsibility, these boxes provide students with the type of information families need to learn how to participate in improving their health.
- **Unfolding Patient Stories:** Written by the National League for Nursing, these Unfolding Patient Stories are an engaging way to begin meaningful conversations in the classroom. These vignettes, which appear in relevant chapters, feature patients from Wolters Kluwer's *vSim for Nursing: Maternity and Pediatric* (codeveloped with Laerdal Medical) and DocuCare products; however, each Unfolding Patient Story in the book stands alone, not requiring purchase of these products.
- **Concept Mastery Alerts:** These Concept Mastery Alerts clarify common misconceptions as identified by Lippincott's Adaptive Learning Powered by PrepU.
- **Key Points:** A review of important points is highlighted at the end of each chapter to help students monitor their own comprehension.
- **Critical Thinking Care Studies:** To involve a student in the decision-making realities of the clinical setting, each chapter ends with an additional case scenario, followed by several thought-provoking questions. These could also serve as a basis for conference or class discussion. Suggested answers are supplied on thePoint.

## Teaching and Learning Package

### RESOURCES FOR INSTRUCTORS

Tools to assist you with teaching your course are available upon adoption of this text at http://thepoint.lww.com/SilbertFlagg9e.

- **Pre-lecture Quizzes:** These exercises ask students to recall information. Based on the main points of the chapter, each of the five true/false statements and five fill-in-the-blank questions will help you determine whether students have read the chapters. Answers are provided.
- **Assignments:** Grouped into Written Assignments, Group Assignments, Clinical Assignments, and Web Assignments, the Assignments package will give you a means to gauge students' understanding of the textbook material. The Assignments give students many chances to test their own knowledge of the chapter concepts as well as their developing critical thinking skills. Suggested Answers are provided.
- **Discussion Topics:** With these topics, you can initiate and foster classroom discussion or assign them for use outside the classroom. Each Discussion Topic is designed to help students make a connection between the textbook and application. Suggested Answers are provided.
- **E-Book:** Online access to the book's full text and images gives you an easy-to-transport format.
- **PowerPoint Presentations with Guided Lecture Notes:** The PowerPoint presentations provide you with visual aids to support your lectures or classroom lessons. The accompanying Guided Lecture Notes offer brief talking points you can use along with the presentations.
- **Test Generator:** The Test Generator lets you put together exclusive new tests from a bank containing hundreds of questions to help you in assessing your students' understanding of the material. Test questions link to chapter learning objectives. This test generator comes with a bank of more than 1,100 questions.
- **Image Bank:** Access to downloadable photographs and illustrations from this textbook offers you the ability to use them in your PowerPoint slides or as you see fit throughout your course.

## Resources for Students

Students can access all these learning tools using the code printed in the front of their textbooks by visiting http://thepoint.lww.com/Flagg8e.

- **NCLEX-Style Review Questions:** These *application-level* questions provide students the opportunity to test themselves on their ability to apply specific nursing actions based on what a nurse should know and what a nurse should do in a specific situation related to the chapter content. They also give students experience in answering questions of the type that will appear on the NCLEX.
- **Suggested Readings:** This list of journal articles provides students with the information needed to do more in-depth reading relevant to the topics included in the chapter.
- **Answers and Rationales:** Suggested Answers to the each chapter's What If… and Critical Thinking Care Study questions allow students to gauge whether they are on the right track by providing the main points that they are expected to address in answering these questions.
- **Patient Scenarios:** A patient care scenario details a full health history and examination findings pertinent to each chapter's content. Each scenario includes 25 related NCLEX-style questions to help students sharpen their skills and grow more familiar with NCLEX-type questions. Completing these exercises serves as an excellent review of the chapter content.
- **Journal Articles:** Updated for the new edition, online articles offer students the opportunity to read current research related to each chapter's material as available in Lippincott Williams & Wilkins journals.
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  - Developmental Tasks of Pregnancy: Third Trimester, Preparing for Parenthood
  - Scheduled Cesarean Birth
  - Assisting the Patient with Breastfeeding
  - Developmental Considerations in Caring for Children: Infants
  - Developmental Considerations in Caring for Children: Toddlers
  - Developmental Considerations in Caring for Children: Preschoolers
  - Developmental Considerations in Caring for Children: School Agers
  - Developmental Considerations in Caring for Children: Adolescents

- Care of the Hospitalized Child: Introduction
- Care of the Hospitalized Child: Medication Administration
- Care of the Hospitalized Child: Play
- Care of the Hospitalized Child: Pain Management
- Care of the Hospitalized Child: Parent and Family Participation

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# Acknowledgments

I would like to express my appreciation to the contributors of this edition. All of them have very busy personal and professional lives, yet they took the time and effort to update the content in their area of expertise through many revisions. With the added impact of the COVID-19 pandemic, this was an even greater burden than in the past.

I especially want to thank Colleen Kennedy, as her assistance with this edition was much greater than the last. As a certified nurse-midwife, Colleen provides excellent care to her patients. I witnessed this firsthand, as she was my daughter's provider for prenatal care in 2020, and I accompanied her on many visits. In addition to revising 13 chapters, Colleen took care to ensure that the maternal–child chapters were current and cohesive, revising and finalizing them.

I want to thank my family for their support and encouragement: my husband Jon, for never complaining about my editing late into the night; my daughter Jennifer, for contributing to the mental health disorder chapter, and my son-in-law Seb as well as their 20-month-old daughter Felicity (Fee); my son Chris; my daughter-in-law Melissa; and my 5-year-old grandson Andrew and 2-year-old granddaughter Samantha. My family has grown since the last edition and has kept me focused on why maternal–child nursing is such a special and personal field of nursing practice. To my stepchildren Sarah and her husband Michael, Daniel, Lauren, and Anna, even though I didn't give birth to you and wasn't in your lives in your early years, I have enjoyed watching you grow into responsible young adults these past 8 years. I thank Staci Wolfson, supervisory development editor, for her attention to detail in reviewing the chapters. I was fortunate to have a professional team at Wolters Kluwer who provided expert guidance during every step of this journey.

***JoAnne Silbert-Flagg*, DNP, CPNP, IBCLC, CNE, FAAN**

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Query Log

Job ID: Silbert-Flagg_177814
Chapter No: FM

| Query No | Query | Remarks |
|---|---|---|
| AQ1 | WK: Please check whether the copyright year is 2023 or should be 2022 | |
| AQ2 | Please provide department details for the following authors: “Rita Marie John, Laura Stinnette Lucas, Kimberly Haus McIltrot, Shawna S. Mudd, Saribel Garcia Quinones, Erin M. Wright” in Contributors section. | |
| AQ3 | We have used the affiliation details of the author “JoAnne Silbert-Flagg” here as given in the title page. Please confirm. | |
| AQ4 | Please provide department details for the following authors: “Mary Adams, Ann M. Bowling, Brenda Lennon, Laura Nold, Julia Payne, Angela Reynolds Sledge” in Reviewers section. | |
| AQ5 | Eighth Edition has been edited to read Ninth Edition here. Please confirm. | |

# 14

# Preparing a Family for Childbirth and Parenting

*E.G. is a 30-year-old who is pregnant with her second child. During her first pregnancy, she did not attend any childbirth classes and received an epidural for the birth. During a prenatal visit for her current pregnancy, E.G. tells you she would now like to have a more natural birth in a birthing center. She asks you for information on childbirth education classes. Her partner, J.S., a Navy Seal, wants E.G. to go to the hospital and have an epidural like the last time. He says, "The doctors know what they're doing. Just let them do their job." After further speaking with J.S., you discover he doesn't want E.G. to go through the pain of natural childbirth because he fears he may be out of town when she's in labor.*

*Previous chapters discussed normal reproductive anatomy and physiology and nursing care necessary during pregnancy. This chapter adds information about ways couples can make labor and birth a more satisfying experience. The information helps protect the mental as well as the physical health of both birthing patients and their children throughout the continuum of pregnancy, birth, and childrearing.*

**How can you help alleviate some of J.S.'s concerns and best advise the couple on preparations for childbirth?**

## KEY TERMS

**alternative birthing centers (ABCs)**
**birthing bed**
**birthing chair**
**birthing room**
**distraction**
**doula**
**effleurage**
**gate control theory**
**labor–birth–recovery–postpartum room (LBRP)**
**Leboyer method**
**psychoprophylactic**
**vaginal birth after cesarean (VBAC)**

## OBJECTIVES

**After mastering the contents of this chapter, you should be able to:**

1. Identify *Healthy People 2030* goals related to preparation for parenthood and how nurses can help the nation achieve these goals.
2. Assess the readiness of a couple for childbirth with regard to choice of birth attendant, preparation for labor, and birth setting.
3. Formulate nursing diagnoses related to preparation for childbirth and parenting.
4. Identify expected outcomes for a couple preparing for childbirth and parenting while helping them manage seamless transitions across differing healthcare settings.
5. Implement nursing care to assist a couple in selecting and preparing for an alternative birth setting such as a freestanding clinic or their home as well as support a patient during labor by controlled breathing.
6. Evaluate outcome criteria for achievement and effectiveness of care.
7. Describe common preparations for childbirth and parenting, including common settings for birth.
8. Using the nursing process, plan nursing care that includes the six competencies of Quality and Safety Education for Nurses (QSEN): patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.
9. Integrate knowledge of prepared childbirth with the interplay of nursing process, the six competencies of QSEN, and family nursing to promote quality maternal and child health nursing care.

BOX 14.1

### Nursing Care Planning Based on *Healthy People 2030* Goals

Preparation for childbirth classes supply information not only on how to prepare for childbirth but also on how to parent. A few of the *Healthy People 2030* goals that speak directly to such classes or counseling include:

- Increase the proportion of pregnant people who receive early and adequate prenatal care from a baseline of 76.4% to a target of 80.5%.
- Reduce cesarean births among low-risk patients with no prior births (Baseline only) (U.S. Department of Health and Human Services, 2020).

Nurses have a direct role in helping the nation achieve these objectives by participating as instructors in preparation for childbirth and parenting classes as well as teaching and supervising prenatal care.

As active consumers of healthcare, expectant families can find themselves faced with a wide array of choices for a childbirth experience and preparation for parenting. Three important decisions families need to make before labor include:

- Choice of birth attendant
- Choice of setting
- How much and what type of analgesic they want to use in labor

For example, a birthing patient may elect to have their family doctor, an obstetrician, or a nurse-midwife as their birth attendant. An intimate partner, other family members, friends, or a **doula** (a person experienced in childbirth who provides continuous emotional and physical support) may be chosen as a support person in labor. Additional decisions surround giving birth in a birthing center or a hospital with specially equipped birthing rooms (MacDorman & Declercq, 2019).

No matter what setting the couple choose, expectant parents are well advised to be as prepared as possible for the physical and emotional aspects of childbirth (Howarth & Swain, 2019). Box 14.1 shows *Healthy People 2030* goals related to preparation for childbirth and parenting.

## *Nursing Process Overview*

## FOR CHILDBIRTH AND PARENTING EDUCATION

### ASSESSMENT

Assessing each patient's or couple's readiness for decision making about childbirth as well as providing foundation information early in the process can help a patient or couple make plans for childbirth. Some couples have a clear idea of where and how they wish their child's birth to occur from the moment they realize they are pregnant. Others cannot even consider the actual birth until they have adjusted to the idea of pregnancy.

Childbirth education is not just for primiparas because if a patient expecting a second or third child has waited several years between children, they usually appreciate refresher information as much as a primipara hungers for new information. Whether a patient is a primipara or multipara, ask whether either they or their support person wants to attend childbirth or parenting courses. Provide appropriate information on what classes are available and how and when they should enroll.

### NURSING DIAGNOSIS

Nursing diagnoses tend to cluster around whether the patient or couple is sure of their decision about the birth setting and childbirth preparation. Examples include:

- Health-seeking behaviors related to learning more about childbirth and newborn care
- If there is a lack of a support person, the following diagnoses might apply:
  - Coping impairment related to lack of a support person
  - Anxiety related to absence of a significant other
- For a couple unable to make a decision about a childbirth setting, an appropriate diagnosis might be:
  - Decision-making conflict related to lack of information about advantages and disadvantages of various childbirth settings.
- If there are older children in the family, a nursing diagnosis might be:
  - Anxiety related to sibling role in pending birth event and sibling ability to welcome a new family member.

### OUTCOME IDENTIFICATION AND PLANNING

When planning with couples for labor and birth, goals that are set should seem both realistic and flexible. For example, the goal of preparation is to help couples make informed choices rather than to follow a rigid plan.

Not all patients want to go through labor without analgesia, so setting a goal to do so would be unrealistic for such a patient. The majority of patients, however, want to participate as fully as possible in their labor and birth experience, so setting a goal for them to do that would be very realistic. Some patients may be reluctant to attend a childbirth preparation course because of fear that attending will mean they are committing themselves to a medication-free birth. You can assure them that learning about medications or other methods to reduce the pain of childbirth does not mean they have to use one or the other of these methods. In the same way, patients who are certain they want medication before having taken a class will not be held to this afterward.

Refer couples to helpful websites and other resources when appropriate (see Chapter 9).

### IMPLEMENTATION

Be certain to provide a patient or couple with information on the benefits and drawbacks of birthing options without influencing them in a particular direction. To remain objective, examine your own attitudes, cultural influences, and values related to childbirth and explore how these beliefs might differ from those of your patients (Box 14.2). Referring couples to a childbirth preparation course can provide many answers for them in a sympathetic group setting, where feelings and anxieties can be shared. Be familiar with the content of courses available in your community so you can be certain

the courses you suggest are appropriate for individual couples and present adequate and accurate information.

Review the arrangements a patient needs to make for labor and birth at the midpoint of pregnancy. No matter how calm a patient seems when discussing these details, many patients experience some fear at the last minute and will forget what they need to do when labor begins. Be certain a couple has thought through arrangements for transportation to the hospital or birthing center and for childcare if they have other children at home. Be certain a patient who anticipates a home birth has organized their home and purchased supplies for birth well in advance of the expected due date.

### OUTCOME EVALUATION

Evaluate whether expected outcomes for childbirth education have been achieved during the last few prenatal visits. By this time, a patient or couple should know where the baby will be born and should have worked out transportation and childcare details. Encourage patients who will be coached through childbirth by their partners or another support person to continue practicing breathing and relaxation techniques together up to the time of birth so they do not lose these skills. A final evaluation as to whether the couple was satisfied with their birth setting or preparation choices takes place after the birth. Examples of expected outcomes that would demonstrate the success of interventions include:

- The couple states they feel prepared for childbirth.
- The patient feels confident about using breathing exercises for contractions as long as 70 seconds.
- The patient has made preparations for support by a doula during labor.
- The sibling expresses readiness to welcome a new brother or sister into the family.
- The couple states they were well prepared for birth and that it was both a satisfying and a growth experience for them.

*Concept Mastery Alert*

**Childbirth Classes**

Many people equate childbirth classes with "natural childbirth" and are fearful that by attending classes they are committing to a medication-free birth. However, these classes are designed to educate the parents so that they can participate in the birth to the extent desired.

## Childbirth Education

Although parenting is unarguably an important occupation, it is one of the few occupations that requires no formal education, no examination to test a person's ability to take on such a role, and no refresher course to ensure a parent is following healthy standards of childrearing. Assessing whether couples need preparation for childbirth or parenting classes or encouraging them to take one can therefore be extremely important to make childbirth a satisfying experience, to help a family bond with its new member, and to help couples become effective parents (Box 14.3).

BOX 14.2

### Nursing Care Planning to Respect Cultural Diversity

Whether couples want or are able to take a childbirth and parenting preparation course depends a great deal on cultural and socioeconomic factors and individual choices. In some cultures, for example, the advice of a friend or family member carries more weight than the advice of a professional healthcare practitioner. A very old cross-cultural belief is a knife placed under the mattress will "cut the pain" better than a labor education program, so you may need to advocate to allow this type of pain relief. Asking each patient separately whether they are interested in a course and being certain that patients are fully informed about the options available are two ways to be certain all patients receive as much advice and knowledge as they wish about childbirth.

Who the birthing people choose as a support person or coach in labor also differs depending on one's cultural background. Some would not think of choosing anyone but their male partner; whereas others' first choice would be a female relative or friend. Assess each couple individually to be certain cultural preferences such as these are respected.

Preparation for childbirth courses that teach this material should be individualized to meet the parents' needs. Classes should be personalized and structured for patients with special needs such as adolescents, working individuals, people who are physically challenged, or those experiencing a high-risk pregnancy. There also are classes available to help prepare siblings or grandparents learn more about their role. Birthing people having a **vaginal birth after cesarean (VBAC)** or who are having a scheduled cesarean birth can attend classes specially designed for them (Chen et al., 2018).

Childbirth education classes are an important part of antenatal care today because, with all the birth choices available, they fulfill an important need for education about labor and childbirth. As many as 75% of patients express fear or anxiety about what will happen in labor, so counseling can be very important to alleviate this fear (Demsar et al., 2018).

The overall goals of childbirth education are to prepare expectant parents emotionally and physically for childbirth while promoting wellness behaviors that can be used by parents and families for life. Birthing patients usually enjoy such classes because they offer them a sense of "family" if their intimate partner also attends as well as create a sense of empowerment or confidence that they will be knowledgeable enough to participate fully in their birth experience.

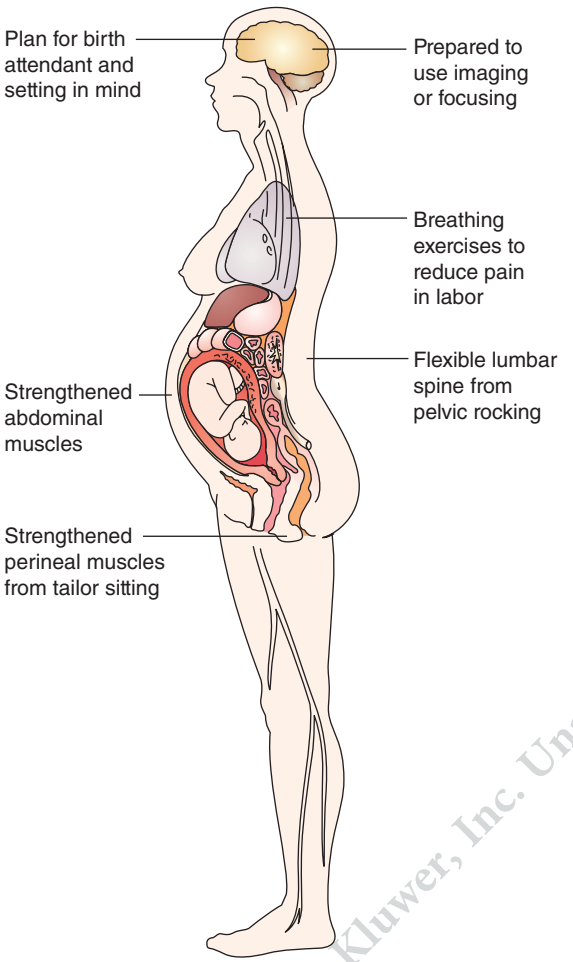
### CHILDBIRTH EDUCATORS AND METHODS OF TEACHING

Childbirth educators are usually healthcare providers who have a professional degree in the helping professions as well as a certificate from a course on childbirth education. They teach expectant parents about the physical and emotional aspects of pregnancy, childbirth, and early parenthood as

BOX 14.3

## Nursing Care Planning Using Assessment

### ASSESSING A PATIENT'S PREPARATION FOR LABOR




BOX 14.4

## Nursing Care Planning Tips for Effective Communication

You care for E.G. at a prenatal clinic visit. She is in the 24th week of an uncomplicated pregnancy.
**Tip**: Be an active listener as conversation often reveals that time or money concerns are the real reason a couple has decided not to attend a course. Because patients should have input into how much preparation they want to do for childbirth, it is easy to take a patient's answer at face value for not wanting to attend a class. Helping to investigate the many options is the beginning of problem solving.

**Nurse:** Have you signed up for a childbirth preparation class yet, E.G.?

**E.G.:** No.

**Nurse:** Don't wait too much longer. You're already in your sixth month.

**E.G.:** I don't really need to go to one.

**Nurse:** Why is that?

**E.G.:** Classes are at the wrong time. And cost too much.

**Nurse:** Let's work together to find a course that's right for you. We can use the internet to find out what options are available.



well as present coping skills and labor support techniques. Although childbirth education is an interdisciplinary field, it has historically been associated with nursing, and nurses play major roles in designing and teaching such courses. Most classes are taught in a group format, incorporating a variety of teaching techniques such as streaming videos or PowerPoint presentations, lectures, and demonstrations (especially for content on relaxation and breathing techniques). One of the most important aspects of these courses, however, is group interaction. Birthing couples enjoy the opportunity to share their fears and hopes about their pregnancy and upcoming birth with others as they learn together (Box 14.4).

## The Childbirth Plan

Most classes for expectant parents urge couples to make a written childbirth plan to include information such as their choice of setting, birth attendant, special needs such as the extent of family participation they wish during labor, birthing positions, medication options, plans for the immediate postpartum period, baby care, and family visitation—all measures to give them a better sense of control (Mirghafourvand et al., 2019).

Urge couples to make these decisions at least 1 month before the expected day of birth. If an expectant couple has a strong desire in a certain area, this gives them time to communicate their wish so it can be accommodated if possible. If plans are left to the last minute, the couple may find decisions determined by agency policy or the circumstances at the moment rather than by their input.

When talking to couples about their birth plan, be certain it includes flexibility and is centered on the ultimate goal of childbirth as well: a healthy baby and healthy parents. It should not be concentrated on a limited goal, such as not having fetal monitoring or using a particular birthing position. This is because in the event of a complication that requires an emergency cesarean birth, their preference to have the baby without anesthesia will need to be modified. Making a birth plan in a group setting has the advantage of allowing a couple to sort out their questions and feelings about what they want to consider in their plan as they share information with others. Box 14.5 is a sample birth plan.

## Preconception Visits

Preconception visits are specific visits for couples who plan to get pregnant within a short time and want to know more about what they can expect pregnancy to be like and what

BOX 14.5

## Birth Plan: E.G.

**Birth Attendants**

A.C., MD, and nurse-midwife K.B., or whoever is on call for the big day.

**Birth Setting**

Room Number 1 at Huntington Alternative Birth Center

**Support Persons**

My boyfriend J.S. and my sister A.G. My sister will serve as my doula.

**Activities During Labor**

I want to walk around or rock in the rocking chair or play Monopoly.
I want to use breathing exercises with contractions.
I want to wear my own nightgown and listen to my own music.
I want to wear my glasses, not my contact lenses.
I want to eat "anything chocolate" during labor.
I want to drink raspberry-flavored water to stay hydrated (partner will supply).
I want a walking epidural for pain as soon as I'm far enough dilated to have it.

**Birth**

Position for birth: on my side (no stirrups, please).
No episiotomy please.
J.S. wants to cut the cord.
I want my older son to watch if he wants to (my mother will babysit).
I want to cord bank a sample of my baby's blood.
I'm okay with circumcision.
I want the first voice my baby hears to be my voice, so no talking please while he's born.

**Postpartum**

I want to breastfeed immediately and exclusively (will probably need some help).
I want to use skin-to-skin care to keep the baby warm.
I want to room-in constantly.
J.S. wants to sleep over on bedside cot.

birth setting and procedure choices exist. These visits include recommended preconception nutrition modifications such as a good intake of folic acid (e.g., green leafy vegetables) and protein (e.g., meat, tofu, beans) and perhaps a prenatal vitamin during the time waiting to get pregnant to ensure a healthy fetus (Hawks et al., 2018). Box 14.6 lists questions that a couple might want to discuss about birth.

## Expectant Parenting Classes

Expectant parenting classes are designed for couples to attend early in pregnancy. They focus on the birthing patient's health during a pregnancy by covering such topics as the psychological and physical changes of pregnancy, pregnancy nutrition, routine health care such as dental checkups, and newborn care. A typical course plan for 8 weeks is shown in Box 14.7.

BOX 14.6

## Nursing Care Planning Based on Family Teaching

### CHOOSING A BIRTH SETTING

**Q.** E.G. and her partner J.S. ask you, "There are so many options available for a birth setting. How do we decide which one to choose?"

**A.** Choosing a birth setting is a personal decision. Some questions you might want to ask to help with the decision include:

- What type of healthcare provider do I want to supervise my prenatal care and labor and birth? Nurse-midwife? Family doctor? Obstetrician?
- What settings does a particular childbirth provider let me choose from? A birthing room? An ABC? My home?
- Will the same person be present at prenatal visits as for the birth? Does the setting offer preparation for childbirth or childrearing classes?
- Will I be allowed to choose a birth position? Will I have input into the amount of anesthesia used? Can a doula be with me in labor? Can administration of ophthalmic ointment for the baby's eyes be delayed so it doesn't interrupt bonding? Can I begin breastfeeding immediately? Will nurses who are supportive and informed about breastfeeding be available if I have a problem?
- Will the setting allow my support person to participate? Will they be allowed to stay with me throughout labor and birth? Could they cut the cord or help with the birth? Can older children participate? Can I record the birth on video or by photographs?
- Is early discharge available? Will a follow-up home visit be included in care?
- If I should have a complication during labor or birth, is there adequate equipment and personnel available for emergency care? If our baby should have a complication, is there provision for immediate emergency care or transport to a high-risk facility? Will my partner be able to go with the baby?

### *QSEN Checkpoint Question 14.1*

**PATIENT-CENTERED CARE**

E.G., 30 years of age, shows the nurse the birth plan that she has drafted. Which statement by her would help assure the nurse that she has a workable plan?

a. "I've written down everything I need to have to make labor a success."
b. "I didn't include anything my boyfriend wanted; I'm the one having the baby."
c. "My mother strongly suggested I ask for morphine like she did, so I'm going to add that."
d. "I've tried to keep it flexible because I know circumstances can change."

*Look in Appendix A for the best answer and rationale.*

BOX 14.7

**Sample Outline for Weekly Expectant Parents' Classes**

Lesson 1: Review of Physiologic Changes of Pregnancy and Fetal Growth
Lesson 2: Personal Care During Pregnancy
Nutrition, hygiene such as bathing, dental care, exercise, and rest
Lesson 3: Emotional Changes During Pregnancy
Lesson 4: Labor and Birth
The process of birth, exercises, breathing techniques, and medication in labor
Lesson 5: Plans for Birth
Birth settings available, supplies to take to birth settings, tour or film of a typical birth
Lesson 6: The Postpartum Period
Lesson 7: Infant Care
Nutrition and hygiene
Lesson 8: Reproductive Life Planning

Both members of a birthing couple are invited to classes; the curriculum is individualized for the group members and their needs, such as birthing people in the military position, sibling preparation, refresher classes for grandparents, classes for expectant adoptive parents, pregnant adolescents, or birthing patients with physical disabilities. If all the birthing people in the group already have children, for example, they may not need a tour of a maternity unit as part of the program; instead, they may want to learn what is new in baby food or child care. If all the participants in the class work at least part-time, discussion of "brown bag nutrition" and how to include rest periods during work hours might be most useful. If all the class members are teenagers, they may be most interested in what is going to happen to their bodies during pregnancy, or what sports are safe to continue. They may also need extended information on how to care for a newborn. They probably will also want a tour of the maternity unit (Fig. 14.1).

**Figure 14.1** An enjoyable part of a preparation-for-parenthood class is touring a maternity service. Here, parents plan for their visit to the hospital through a hospital tour.

## BREASTFEEDING CLASSES

Breastfeeding classes are designed to help birthing patients learn more about breastfeeding. Unless there is a medication or other medical contraindication, patients are generally encouraged to breastfeed and to continue to breastfeed for at least 6 months following their child's birth. Such classes cover the physiology of breastfeeding as well as the psychological aspects. Classes are often taught by a certified lactation specialist who is an expert on what problems new mothers are apt to encounter (see Chapter 19 for breastfeeding techniques) (Marinelli et al., 2019).

*What If... 14.1*

**E.G. tells the nurse her partner won't be coming to childbirth classes with her because, as a Navy Seal, he may be out of town when she's in labor. She asks the nurse if it is really important to have someone with her. How would the nurse best advise her?**

## PREPARATION FOR CHILDBIRTH CLASSES

Preparation for childbirth classes focus mainly on explaining the psychological and physiologic changes that occur with childbirth and ways to prevent or reduce the pain of childbirth.

Common areas taught include:

- Preparing the expectant couple for the childbirth experience
- Helping birthing patients become more informed about the options available for childbirth
- Explaining the role of both pharmacologic and nonpharmacologic methods of pain control that are useful for labor
- Helping increase the couple's overall enjoyment of and satisfaction with the childbirth experience

In addition to teaching about normal labor and pain relief, classes also include a number of exercises to ready the body for labor.

## EXERCISE DURING PREGNANCY

Encourage patients to maintain an active exercise program during pregnancy because such a program will both increase blood circulation to the fetus and help prevent excessive weight gain (Yu et al., 2017).

Patients should not, however, enroll or participate in a formal exercise program without their obstetric provider's approval. They should also not attempt to exercise if any of the danger signs of pregnancy are present and should never exercise to a point of fatigue (Box 14.8).

### Prenatal Yoga

Prenatal yoga classes are aimed at helping a birthing person relax and manage stress better for all times in life, not just pregnancy. Yoga exercises help maintain overall fitness by focusing on gentle stretching and deep breathing. They can also help a person experience high self-esteem as they master difficult levels or positions. Yoga breathing techniques are also useful in labor to help both relaxation and pain management (Bolanthakodi et al., 2018).

BOX 14.8

## Nursing Care Planning to Empower a Family

### EXERCISE GUIDELINES FOR LABOR PREPARATION

**Q.** E.G. asks you, "How can I be sure the exercises I'm doing to be ready for birth won't hurt me or my baby?"

**A.** Good rules to follow include:

- Always rise from the floor slowly to prevent feeling dizzy from orthostatic hypotension.
- To rise from the floor, roll over to the side first and then push up to avoid strain on the abdominal muscles or round ligaments because this can cause intense pain.
- To prevent leg cramps when doing leg exercises, never point the toes (extend the heel instead).
- To prevent back pain, do not attempt exercises that hyperextend the lower back.
- Do not hold your breath while exercising, because this increases intra-abdominal and intrauterine pressure.
- Do not continue with exercises if any danger signal of pregnancy occurs.
- Never exercise to a point of fatigue.
- Never practice second-stage pushing. Pushing increases intrauterine pressure and could rupture membranes.

Caution patients that as pregnancy progresses, it will become difficult to maintain yoga positions that involve balancing. Urge patients to use a chair or a wall for stabilization and to avoid twisting exercises late in pregnancy because when joints soften in preparation for labor, muscle or joint strain could occur.

## Perineal and Abdominal Exercises

Expectant patients can practice specific exercises to strengthen pelvic and abdominal muscles to make these muscles stronger and more supple for labor. If perineal muscles are supple, this allows for stretching during birth, reduces discomfort, and helps perineal muscles function more efficiently after childbirth, which helps reduce the possibility of urinary incontinence (de Freitas et al., 2019).

Beginning these exercises can start any time in pregnancy. Many exercises can be incorporated into daily activities so they take little time from a busy day. It is best, however, for a patient to set aside a specific time each day for practicing exercises; otherwise, participation may be sporadic. Initially, the exercise should be done only a few times and gradually increased with each session.

## Tailor Sitting

Although many people may be familiar with tailor sitting, they may have to be retaught the position so it is done in a way that stretches perineal muscles without occluding blood supply to the lower legs. A pregnant patient should put one leg in front of the other, not put one ankle on top of the other to avoid interfering with leg circulation (Fig. 14.2). Sitting in this position, they should then gently push their knees toward the floor until the perineum stretches. This is a good position to use to watch television, read, talk to friends on the phone, or file papers in a lower cabinet at work. Sitting in this position for at least 15 minutes every day allows the perineum to become so supple that the knees will almost touch the floor if pushed.

## Squatting

Squatting (Fig. 14.3) also stretches the perineal muscles and can be a useful position for second-stage labor and, like tailor sitting, should be practiced for about 15 minutes a day. For pelvic muscles to stretch, the feet are kept flat with the heels touching the floor. Incorporating squatting into daily activities such as picking up toys from the floor reduces the amount of time a person must devote to daily exercises.

## Pelvic Floor Contractions (Kegel Exercises)

Pelvic floor contractions (Kegel exercises) can be done easily during daily activities. While sitting at a desk or working around the house, a person can tighten the muscles of the perineum by doing Kegel exercises (see Chapter 12, Box 12.7). Such perineal muscle-strengthening exercises are helpful in the postpartum period to reduce pain and promote perineal healing. They also have long-term effects of increasing sexual responsiveness and helping prevent stress incontinence (Schreiner et al., 2018).

## Abdominal Muscle Contractions

Abdominal muscle contractions may help strengthen abdominal muscles during pregnancy, help prevent constipation, and help restore abdominal tone after pregnancy. Strong

**Figure 14.2** Tailor sitting stretches perineal muscles to make them more supple. Notice that the legs are parallel so one does not compress the other. A person could use this position for television watching, telephone conversations, or playing with an older child.

**Figure 14.3** Squatting helps to stretch the muscles of the pelvic floor. Notice the feet are flat on the floor for optimal perineal stretching.

abdominal muscles can also contribute to effective second-stage pushing during labor. Abdominal contractions can be done in a standing or lying position. A person merely tightens their abdominal muscles and then relaxes them. The exercise can be repeated as often as desired during the day.

### Pelvic Rocking

Pelvic rocking (Fig. 14.4) helps relieve backache during pregnancy and early labor by making the lumbar spine more flexible. It can be done in a variety of positions: on hands and knees, lying down, sitting, or standing. A birthing person arches their back, trying to lengthen or stretch the spine. The position is held for 1 minute and then the back is relaxed and hollowed. If a person does this at the end of the day about five times, it not only increases flexibility but also helps relieve back pain and make them more comfortable during the night.

### Birthing Aids

During early labor, a birthing person needs activities they could use for **distraction**, an activity that would help displace the feelings and thoughts around early labor symptoms. Each patient may have unique distractions such as playing cards or listening to specific music; further into labor, they should plan what could be used as a greater distraction for even stronger contractions such as singing out loud, having the support partner massage their back, or center intently on breathing exercises. Caution the support partner that by mid-labor, patients become so intent on the process of birthing that they no longer want to talk or joke.

In order to help fetal descent and help relieve pain, patients can use an exercise ball, a Jacuzzi tub, or change of position such as squatting, swaying with a partner, or rocking in a chair. These alternative pain and descent methods are discussed in Chapter 16 along with other measures that are useful in labor but don't involve practice during pregnancy.

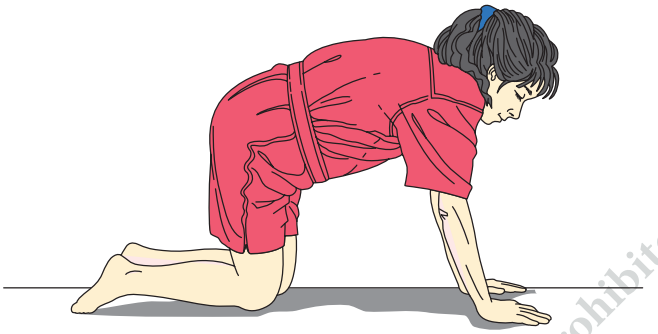


**Figure 14.4** Pelvic rocking is helpful for relieving backache during pregnancy and labor. To do this, the person first hollows the back and then arches it.

### *QSEN Checkpoint Question 14.2*

**SAFETY**

E.G. asks the nurse which type of exercise is best to strengthen her perineal muscles in anticipation of birth. Which of the following recommendations is safest and most effective?

a. Walk or jog 20 minutes daily at a fairly rapid pace.
b. Squat or tailor sit for 15 minutes out of every day.
c. Periodically bear down as hard as possible while holding her breath.
d. Lift both of her legs into the air while she lies on her back.

*Look in Appendix A for the best answer and rationale.*

## Methods to Manage Pain in Childbirth

Beginning in the 1930s, many specific methods for nonpharmacologic pain reduction during labor were developed. These included the Lamaze, Dick-Read, Kitzinger, and Bradley methods, all named after the professionals who developed them. More recently, childbirth education has moved away from a strict method approach like these to more eclectic ones, like hypnobirthing, birth class boot camps, and yoga-based birthing classes. Many educators teach a variety of approaches, including the use of complementary or herbal therapies.

Most approaches to reducing discomfort in labor are based on the following three principles:

1. A birthing person needs to come into labor informed about what causes labor pain and prepared with exercises used to minimize pain during contractions.
2. A birthing person experiences less pain if the abdomen is relaxed and the uterus is allowed to rise freely against the abdominal wall with contractions.
3. Using the gate control theory of pain perception, distraction techniques can be employed to alter how pain is received (Box 14.9).

### BRADLEY (PARTNER-COACHED) METHOD

The Bradley method of childbirth, originated by Robert Bradley, is based on the premise that pregnancy and childbirth are

BOX 14.9

## Gate Control Mechanisms to Reduce Pain

**Pain Flows Through Pathways Because:**

1. The endings of small peripheral nerve fibers detect a stimulus.
2. Small nerve fibers transmit the sensation of pain to cells in the dorsal horn of the spinal cord.
3. Impulses pass through a dense, interfacing network of cells in the spinal cord (the substantia gelatinosa).
4. Immediately, a synapse occurs in a motor nerve, and it initiates a response at the peripheral site. For example, a person touches a hot stove, the impulse travels to the spinal cord, immediately returns to the fingers, and the person jerks their hand away from the stove burner.
5. After this short-circuit synapse, the impulse then continues in the spinal cord to reach the hypothalamus and cortex of the brain.
6. The impulse is interpreted (e.g., the burner is hot) and is perceived as pain.

**Gate Control Theory Of Pain**

The gate control theory of pain perception refers to gate control mechanisms in the substantia gelatinosa that are capable of halting an impulse at the level of the spinal cord so the impulse is never perceived at the brain level as pain—a process similar to closing a gate. Techniques that can assist gating mechanisms include:

- *Cutaneous stimulation*. If large peripheral nerves next to an injury site are stimulated, the ability of the small nerve fibers at the injury site to transmit pain impulses appears to decrease. Therefore, rubbing an injured part or applying transcutaneous electrical nerve stimulation (TENS) or heat or cold to the site (cutaneous stimulation) are effective maneuvers to suppress pain. **Effleurage**, or light massage, also accomplishes this.
- *Distraction*. If the cells in the brain cortex that will register an impulse as pain are preoccupied with other stimuli, a pain impulse cannot register. Different childbirth classes use different breathing, vocalization, or focusing techniques such as imaging to accomplish this. Breathing techniques not only furnish distraction but can increase oxygenation to the mother and fetus.
- *Reduction of anxiety*. Pain impulses are perceived more quickly if a patient is anxious. The third technique of gating, therefore, is to reduce patient anxiety as much as possible. Teaching a patient what to expect during labor is a means of achieving this.

### *What If… 14.2*

**E.G. tells the nurse she does not intend to take a preparation for labor class because she wants to have epidural anesthesia as soon as she is admitted to the hospital in labor. Would the nurse advise her to attend a class?**

joyful, natural processes and that a patient's partner should play an active role during pregnancy, labor, and the early newborn period. During pregnancy, a birthing person performs muscle-toning exercises and limits or omits foods that contain preservatives, animal fat, or a high salt content. They reduce pain in labor by abdominal breathing. In addition, they are encouraged to walk during labor and to use an internal focal point as a disassociation technique. The method is used at specific centers in the United States and is used widely in Europe, so it may be a favorite method of a female immigrant. It is taught by certified Bradley instructors (Bradley et al., 2008).

## THE DICK-READ METHOD

The Dick-Read method is based on an approach proposed by Grantly Dick-Read, an English physician in the 1930s. The premise is that fear leads to tension, which leads to pain. If a birthing person can prevent fear from occurring or can break the chain between fear and tension or tension and pain, then they can reduce the pain of labor contractions. A person achieves lack of fear through education about childbirth, and achieves reduced pain by focusing on abdominal breathing during contractions (Dick-Read & Gaskin, 2013).

## THE PSYCHOSEXUAL METHOD

The psychosexual method of childbirth was developed by Sheila Kitzinger in England during the 1950s and was an extension of the Dick-Read method. The method stresses that pregnancy, labor and birth, and the early newborn period are some of the most important points in a person's life. It includes a program of conscious relaxation, active calming of the mind while in a state of discomfort, as well as levels of progressive breathing that encourage a patient to "flow with" rather than struggle against contractions (Kitzinger, 2011).

## HYPNOBIRTHING

Hypnobirthing is a method developed as an offshoot of the Dick-Read method as well. It is a form of childbirth education that helps pregnant people focus on meditative practices during contractions so that they stay relaxed and free of fear. This helps reduce pain with contractions and childbirth. It requires a daily commitment to meditation during pregnancy to be prepared for labor and birth (Uludag & Mete, 2020).

## THE LAMAZE PHILOSOPHY

The Lamaze method of prepared childbirth, a philosophy based on the **gate control theory** of pain relief, is a popular birth preparation class (Amis, 2010). The method is based on the theory that through stimulus–response conditioning,

birthing people can learn to use controlled breathing to reduce pain during labor. It was originally termed the **psychoprophylactic** method because it focuses on preventing pain in labor (prophylaxis) by use of the mind (psyche). The method was developed in Russia based on Pavlov's conditioning studies but was popularized by a French physician, Ferdinand Lamaze. Formal classes are organized by Lamaze International and the International Childbirth Education Association.

### *QSEN Checkpoint Question 14.3*

**INFORMATICS**

E.G.'s sister-in-law has referred her to a website that outlines the Lamaze method for labor and birth. What is the guiding principle of Lamaze childbirth?

a. Pain can be interrupted before it registers in the brain as pain.
b. Labor contractions are rooted in psychology, not physiology.
c. "Brown pain"–like labor contractions is unlike other forms of pain.
d. Labor contractions can be eliminated by learned mind control techniques.

*Look in Appendix A for the best answer and rationale.*

### PREPARATION FOR CESAREAN BIRTH

Some birthing people have contraindications to vaginal birth like a fetus in breech position, placenta previa, multiple gestation, or heart disease that prevents pushing during the second stage of labor. Additionally, some patients have sexual trauma history that prevents them from tolerating vaginal exams (Ananth et al., 2017). To ensure a safe birth, a cesarean birth may become necessary during labor. The specific preparations needed for a cesarean birth as well as a VBAC is discussed in Chapter 24.

## The Birth Setting

Apart from how to best prepare for labor, choosing a birth setting is another important decision that a couple needs to make during pregnancy (Phillippi et al., 2018). This decision depends on the patient's health and that of the fetus, the couple's preferences, and how much and what kind of supervision they want for the birth. Although hospitals are the usual site for birth today in the United States, that has not always been true. Up until the late 1800s, childbirth was conducted in the home setting with little pain relief. Analgesia or anesthesia for childbirth first became popular when Queen Victoria birthed Prince Leopold under chloroform in 1853. Although chloroform relieved pain, it complicated birth because not only were women asleep for one of the most memorable moments of their life but it also caused them to not be able to push effectively during the second stage of labor, thus making it necessary to use a lithotomy position, an episiotomy, and forceps for birth.

Part of the reason for giving so much anesthesia during birth can be attributed to healthcare providers misinterpreting the moment of birth as the time that produces the greatest degree of discomfort. As a result, patients were allowed to labor without pain medication and then were given anesthesia or analgesia right before the baby was born. Although the pain felt at birth is intense, it is over quickly, unlike the hours of labor that precede it, making birthing people often more comfortable during the actual birth than during the labor. Birth is also such an exhilarating time that the excitement of the moment and natural perineal anesthesia can mask pain.

Fortunately, based on patient's descriptions of the pain of childbirth, birthing practices have changed to better meet people's needs (DiTomasso, 2019). Nurses are in a strong position to advocate for making childbirth as "natural" a process as possible and conducted in the least restrictive setting possible, while still addressing a patient's desires for pain relief. At the same time, nurses have a strong responsibility to encourage parents to respect any restriction that will allow the birth to remain safe, which may include getting an epidural even if the patient did not initially desire one.

### CHOOSING A BIRTH ATTENDANT AND SUPPORT PERSON

In the United States, most births are supervised by an obstetrician, a physician specializing in labor and birth; a family practitioner; or a nurse-midwife (Martin et al., 2019). In addition to selecting who will medically supervise their baby's birth, many couples choose a doula, or a person specially prepared to assist with birth. Doulas can be especially helpful as support people because having such a person present frees the support person to enjoy the birth rather than feel occupied with coaching instructions. There is extensive research on improved outcomes in pregnancies with doula support; there are suggestions that rates of oxytocin augmentation, epidural anesthesia, and cesarean birth can all be reduced by doula support (Bohren et al., 2017). With specific education, many nurses are participating as either a doula or special support nurse to women in labor.

### CHOOSING A BIRTH SETTING

Birthing patients who are low risk for complications may choose hospitals, birthing centers, or their homes as settings for birth. Those who might have a complication are advised to give birth at birthing centers or hospitals. Those with high-risk pregnancies are advised to give birth in hospitals where more immediate emergency care is available.

#### The Hospital Birth

The maternity services of hospitals have changed a great deal in recent years, having been influenced by the Coalition for Improving Maternity Services (CIMS) and the Improving Birth Coalition. This organization rates birthing centers and hospitals on their initiatives to promote mother- and baby-friendly policies, where a birthing patient can:

- Experience a healthy and joyous birth, regardless of age or circumstances.
- Give birth as desired in an environment in which they feel nurtured and secure.
- Have access to the full range of options for pregnancy, birth, and nurturing the baby.
- Receive accurate and up-to-date information about the benefits and risks of all procedures, drugs, and tests suggested for use during pregnancy, birth, and the

### QSEN Checkpoint Question 14.4

**EVIDENCE-BASED PRACTICE**

Birth location is one of the most controversial aspects of childbirth. Many studies have been conducted to evaluate maternal and neonatal outcomes for planned hospital (PHos) and planned home births (PHBs). A systematic review was conducted of 14,637 PHBs and 30,177 PHos births and their outcomes. The results show that spontaneous delivery was higher and cesarean section was lower in the PHB group. Medical interventions and shoulder dystocia rates were lower in the PHB group. There were lower rates of postpartum hemorrhage in the PHB group as well. There were no differences in neonatal morbidity or mortality between the PHos and the PHB groups (Rossi & Prefumo, 2018).

Based on the previous study, what would the nurse like to see included in E.G.'s birth plan if she was now interested in a home birth?

a. "I want multiple options for pain control, including an epidural."
b. "I want to labor the same way that you see women do it on TV and in movies."
c. "I'm willing to try anything safe that will decrease my risk for cesarean section."
d. "I'm afraid I'll get dizzy if I try to sit up or stand during labor."

*Look in Appendix A for the best answer and rationale.*

postpartum period, with the right to informed consent and informed refusal.
- Receive support for making informed choices about what is best for themselves and their baby based on individual values and beliefs (CIMS, 2016).

To qualify as a mother-friendly hospital, a hospital should not have routine policies that include practices for such things as perineal shaving, admission enemas, withholding food or fluid during labor, rupturing membranes to hurry labor, or the use of continuous intravenous lines or constant fetal monitoring. It also should have low rates of episiotomies, induction for labor, and cesarean births. In contrast, it should also have a high VBAC rate (60% or more [CIMS, 2016]). Urge patients to ask their primary care provider if the hospital they recommend is rated as mother-friendly because this should influence both a couple's choice of a hospital and their birth attendant.

The major advantage of a hospital birth is that equipment and expert personnel are readily available if the patient, fetus, or newborn should have a complication. When hospital birth complication rates are compared to births at alternative settings, those who give birth in hospitals invariably have more complications. Remember, though, that patients at high risk for complications are encouraged to give birth at hospitals; so, of course, more complications will occur there.

A patient usually comes to the hospital when the contractions are approximately 5 minutes apart and regular in pattern. If preregistered at the hospital, they are admitted to a **birthing room** without any separation time from their support person. Birthing rooms are also called labor–birth–recovery rooms (LBRs) or **labor–birth–recovery–postpartum rooms (LBRPs)**. Such rooms are decorated in a homelike way, and couples can bring favorite music or reading materials with them to use during labor (Fig. 14.5).

Birthing patients are expected to use a prepared method of childbirth, with a minimum of analgesia and anesthesia (although an advantage of a hospital birth is that anesthesia such as an epidural is readily available if needed or desired). The support person or other family members can often stay throughout labor and birth, allowing a couple and their families to feel they have control over and can share in the birth experience. The bed is used as a labor bed until birth, when it is then converted into a **birthing bed**. The bed, when it is used for birth, has a removable lower third and stirrups that swing out from below the bed. This can be used when a patient is delivering in a lithotomy position, or when an obstetric emergency is identified. When the bottom of the bed is removed, there is easy access to the patient's perineum, where maneuvers can be completed to deliver the baby or aid in emergency care. Most patients are able to choose a birthing position: squatting, supine with head raised, or side-lying. A patient can choose to use a supine recumbent position (on the back with knees flexed) rather than a lithotomy position (legs elevated into stirrups) because such a position reduces tension on the perineum and is not only more comfortable but also may result in fewer perineal tears than with a lithotomy position.

**Figure 14.5** A birthing (Labor–birth–recovery or labor–birth–recovery–postpartum) room designed to maintain a homelike atmosphere in a hospital setting.

Following birth, additional cabinets in the room are opened and converted into a space for baby care. A support person can cut the umbilical cord, if desired. The birthing patient is encouraged to breastfeed immediately, if they are choosing to breastfeed. Some hospitals screen patients in early labor with an external monitor to evaluate both fetal heart rate and uterine contractions. If the fetal heart rate is good, monitors can then be removed and a simple Doppler monitor is used for periodic screening as labor progresses. This is called intermittent monitoring.

A **birthing chair**, a comfortable reclining chair with a slide-away seat that allows a patient to assume a comfortable position during labor and also furnishes perineal exposure so that a birth attendant can assist with the birth, could also be used (Fig. 14.6). The chair has the advantage of maintaining a patient in a semi-Fowler position, a position that acts with gravity and so may speed up the second stage of labor.

## Postpartum Care

Patients giving birth in LBRPs remain in the room with their families for the rest of their hospital stay. Those giving birth in birthing rooms may be transferred to a postpartum unit after birth, where they remain for the length of their hospital stay. Both LBRPs and postpartum units serve as "rooming-in" units in which the infant remains in the parent's room either constantly or for most of the day, whichever is the parent's choice. Urge a couple to keep their newborn with them as much as possible so they have ample time to become acquainted and learn their baby's cues for hunger. Newly postpartum patients can then breastfeed when the infant is hungry, not according to any schedule. There should be no restrictions on visiting for the primary support person; in many institutions, a rollaway bed can be provided so that the partner can remain in the room constantly. Traditionally, siblings and friends were allowed to visit as much as the mother chose. However, in the 2020 COVID-19 pandemic situation, many extraneous visitors were limited, and in very high risk areas, that included the mother's primary support person. Outside of pandemic conditions, multiple support people should be allowed to visit. Mother and infant usually remain in the hospital up to 48 hours after a vaginal birth and are then discharged home.

## Alternative Birthing Centers

**Alternative birthing centers (ABCs)** are wellness-oriented childbirth facilities designed to remove childbirth from the acute care hospital setting while still providing medical resources for emergency care should a complication of labor or birth arise. These settings are established inside, next door, or at least within an easy distance to a hospital. The primary birth attendants tend to be nurse-midwives. Because the facility is located outside an acute care setting, where infections abound, the risk of hospital-acquired infection for a birthing person is thought to be reduced. Those who deliver in ABCs are screened for potential complications before being rated as eligible for admittance. Because of this, the mortality rate of patients and infants is often lower in these out-of-hospital settings than in hospital settings.

Like hospitals, ABCs have LBRPs where a couple can invite support people and siblings to participate in the birth. In some centers, a central play area for siblings and cooking facilities are also available. ABCs encourage a birthing person to express their own needs and wishes during the labor process. A minimum of analgesia and anesthesia is provided, and the birth can occur in any position. The couple can bring their own music or distraction objects, and the partner can perform such tasks as cutting the umbilical cord if they choose.

Patients remain in an ABC from 4 to 24 hours after birth. Because minimum analgesia or anesthesia is used, the recovery is often quick after birth and the couple is ready to be discharged early. Box 14.10 shows an interprofessional care map illustrating both nursing and team planning for a birthing center experience.

## Home Birth

Home birth is the usual mode of birth in developing countries and is also a popular choice for birth in Europe; however, only about 1.6% of pregnant people in the United States choose this method (MacDorman & Declercq, 2019). Home birth may be supervised by a physician, but nurse-midwives are the more likely choice as a birth attendant in this setting. The Frontier Nursing Service of Kentucky is an example of an organization in the United States that championed an active and well-accepted program of home birth.



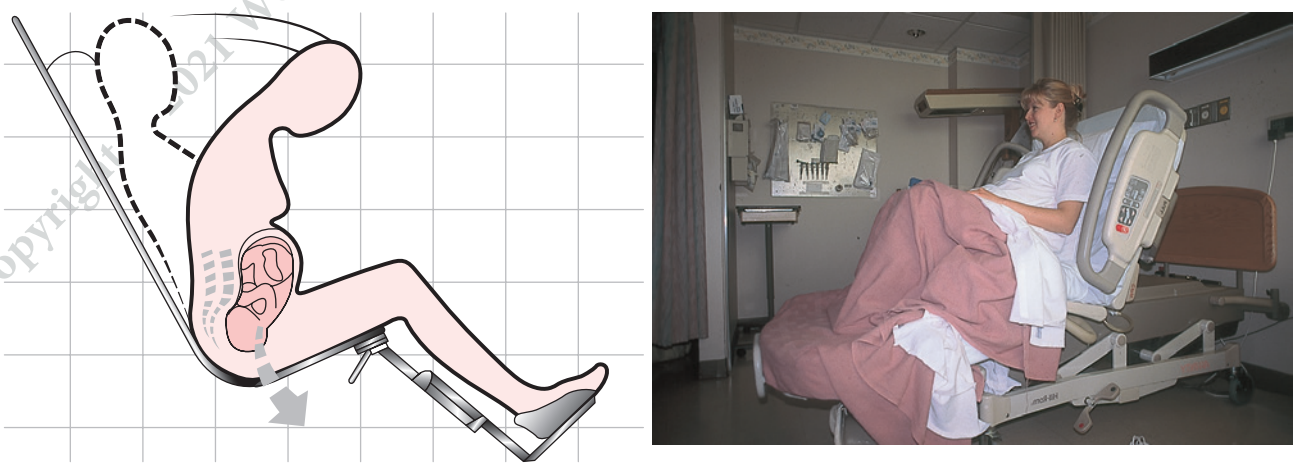


**Figure 14.6** **A.** A birthing chair allows a person to maintain a semi-Fowler position. **B.** A birthing chair used during labor. (© Caroline Brown, RNC, MS, DEd.)

BOX 14.10

## Nursing Care Planning

### AN INTERPROFESSIONAL CARE MAP FOR A FAMILY WHO DESIRES BIRTH AT AN ALTERNATIVE BIRTH CENTER

E.G. is pregnant with her second child. During her first pregnancy, she did not attend any childbirth classes and received an epidural for the birth. During a prenatal visit for this pregnancy, E.G. tells you she would now like to have a more natural birth in a birthing center. She asks you for information on childbirth education classes. Her partner, J.S., a Navy Seal, wants E.G. to go to the hospital and have an epidural like she did with her last pregnancy. After further speaking with J.S., you discover he doesn't want E.G. to go through the pain of natural childbirth because he fears he may be out of town when she is in labor.

**Family Assessment:** E.G. and J.S. live with 4-year-old J.J. in an apartment in central downtown. E.G. is a stay-at-home mom. Depends on J.S. for financial help.

**Patient Assessment:** Pregnancy progressing without evidence of problems or complications. Gravida 2, para 1, 24 weeks' gestation. Patient states she wants to use alternative birth center (ABC) but has not contacted one yet; reports concern over previous hospital birth of son. Wants son, J.J., now 4 years old, to be a part of new baby's birth. Her sister has volunteered to serve as a doula. Wants to walk during labor and have a ready supply of "anything chocolate" to eat. No childbirth education classes attended with previous pregnancy; not presently enrolled in any with this pregnancy.

**Nursing Diagnosis:** Decision-making conflict related to choice of birth setting and birth process

**Outcome Criteria:** Patient and partner state advantages and disadvantages of birth setting options and make final plans for birth and birth setting by 3 weeks' time.
Patient and partner verbalize goal of healthy mother and baby as motivation for choice of birth setting.

| Team Member Responsible | Assessment | Intervention | Rationale | Expected Outcome |
|---|---|---|---|---|
| *Activities of Daily Living, Including Safety* | | | | |
| Nurse | Investigate the type of birth facilities available in local area. | Review the requirements, advantages, and disadvantages for birth setting choices available. | Reviewing options allows the couple to make an informed decision appropriate for their needs. | Patient and partner state they have reviewed and understand options available to them. |
| Nurse | Ask couple if they have plans for child care of J.J. during labor. | Suggest that couple ask a family member to be caretaker for son during the birth. | A caretaker can enhance the experience for the older child by promoting a positive, family-centered event. | Couple states E.G.'s mother will serve as caretaker for J.J. |
| *Teamwork and Collaboration* | | | | |
| Nurse/ nurse-midwife | Assess what family expects of a doula for labor. | Review responsibilities of a doula with E.G.'s sister. | Doulas can offer strong support in labor; prearrangements help assure everyone has the same labor and birth goals. | Couple confirms they are pleased with sister serving as a doula. |
| *Procedures/Medications for Quality Improvement* | | | | |
| Nurse/obstetric care provider | Determine if there are any contraindications to active positioning such as walking or swaying during labor. | Educate patient about the few situations, such as placenta previa, that would contradict walking in labor. | Using active positions during labor, such as walking, has the potential to decrease the time of labor unless contraindicated. | Patient states she will be flexible with regard to wishes in labor based on her own and fetal safety but wants a site that welcomes active movement. |

(*continued*)

BOX 10.8

## Nursing Care Planning (*continued*)

| Team Member Responsible | Assessment | Intervention | Rationale | Expected Outcome |
|---|---|---|---|---|
| *Nutrition* | | | | |
| Nurse | Assess whether patient's chosen food option during labor is approved by chosen ABC. | Help patient modify her goals for nutrition during labor as appropriate based on facility requirements. | Because many choices for food exist, coordinating plans with the facility should result in less stress during labor. | Patient confirms eating chocolate is agreeable with chosen agency. |
| *Family-Centered Care* | | | | |
| Nurse | Obtain information about local childbirth education classes available. | Assist couple as necessary with selecting class that fits their resources. | Education can enhance the chances of a positive childbirth experience. | Patient attends the chosen childbirth preparation class before the 38th week of pregnancy. |
| Nurse | Assess if any classes for sibling preparation for birth are available in community. | Help couple plan for mother and son to attend class on sibling preparation for birth or meet with nurse for instruction. | Adequate preparation for all involved improves the chances of a positive experience. | Couple states they will either attend a class for sibling preparation or meet with nurse for information. |
| *Psychosocial/Spiritual/Emotional Needs* | | | | |
| Nurse/ nurse-midwife | Explore with patient and partner past experiences with childbirth and current expectations and beliefs. | "Debriefing" or encouraging couple to verbalize feelings about unsatisfactory experience helps to alleviate distress. | Verbalization of feelings permits a safe outlet for emotions. | Couple states their overall goal for childbirth is a safe one for mother and new child and so will be flexible if a complication arises. |
| *Informatics for Seamless Healthcare Planning* | | | | |
| Nurse | Assess if couple has any further questions about birth centers. | Ascertain couple has phone number for and directions to chosen birthing center. | Advance planning can help avoid increased stress at time of birth. | Couple states they are happy with birth setting decision and prepared to follow through on plans. |

### *QSEN Checkpoint Question 14.5*

**QUALITY IMPROVEMENT**

Suppose E.G. follows her boyfriend's wishes and decides on a hospital birth. What would be an advantage of hospital birth that can be cited to patients considering this birth setting?

a. She can give birth in a sterile environment.
b. Both labor and childbirth can generally be pain-free.
c. Extended high-risk newborn care is available.
d. Hospital care costs are lower than other settings.

*Look in Appendix A for the best answer and rationale.*

Most couples who choose home birth are well educated and from middle-income families. They choose home birth so that they are not separated from their family for even a short time; they can have their baby close by after birth to help integrate the child into the family; they can have more control over their childbirth experience; and they can give birth in familiar, low-cost surroundings.

Home birth can have a disadvantage in that it puts responsibility on the birthing couple to prepare the home for the birth and to give full care to the infant after birth. Some patients, however willing, may be unable to take on these roles because, passing through their first postpartum or "taking-in" phase, they may feel more comfortable maintaining a dependent-passive role than immediately taking responsibility for the infant's care. They also may feel exhausted

from their last weeks of pregnancy or they don't know the best recourse in a crisis situation.

To be a candidate for a home birth, a person:

- Should be in good overall health.
- Must be able to adjust to changing circumstances.
- Must have adequate support people to sustain them during labor and to assist in the care of the baby and newly postpartum patient for the first few days after birth.

People with any complication of pregnancy are not good candidates for home birth. Be certain that patients planning home birth know the following:

- Adequate equipment other than first-line emergency equipment will not be available.
- An abrupt change of goals may be necessary if a complication occurs.
- The couple may become exhausted because of the responsibility placed on them during labor or the postpartum period.
- They must be prepared to independently monitor the postpartum status.
- Interference with the "taking-in phase" may occur in the postpartum period because the patient must "take hold" rather than allow for a rest phase.

*Concept Mastery Alert*

**Home Birth Candidates**

The best candidates for home birth are healthy individuals who can adjust to changing circumstances and who have adequate support systems. A person who chooses home birth should be interested in learning all they can to prepare for the birth.

### CHILDREN ATTENDING BIRTH

Most birthing centers and some hospitals allow children to view the birth of a sibling. It is good advice to suggest that parents and siblings attend a class designed to prepare children to witness a birth beforehand to keep the event from becoming overwhelming. If children will be present, a person other than the main support person needs to be designated to provide entertainment, explanations, food, and a place for them to nap. This prevents the likelihood that a child who is without supervision during this time will remember the experience as one of rejection rather than an exciting, happy experience. The birthing person should not be expected to provide such supervision during labor because they will want to concentrate on distraction or labor management techniques.

Help couples to consider whether the birth experience will be a positive and enjoyable one for the family based on the sibling's developmental level and stage. Allowing a child to witness the birth of kittens or puppies might be an alternative way to expose the child to birth.

## Alternative Methods of Birth

In addition to varied settings, several methods of childbirth are popular. These include alternative birth methods such as the Leboyer method of birth, birth under water, and unassisted birthing.

### THE LEBOYER METHOD

Frederick Leboyer was a French obstetrician who postulated moving from a warm, fluid-filled intrauterine environment to a noisy, air-filled, brightly lit birth room creates a major shock for a newborn (Leboyer, 2009). With the **Leboyer method**, the birthing room is darkened so there is no sudden contrast in light; the environment is kept pleasantly warm, not chilled; soft music is played, or at least harsh noises are kept to a minimum; the infant is handled gently; the cord is cut late; and the infant is placed immediately after birth into warm bath water.

Some neonatologists question the wisdom of a warm bath because it could reduce spontaneous respirations and allow a high level of acidosis to occur. Delayed cutting of the cord supplies extra red blood cells to a baby and decreases immediate and long-term rates of anemia without increasing any adverse outcomes (Zhao et al., 2019). Certainly, soft music, gentle handling, and a welcoming atmosphere are important ingredients for all birth attendants to incorporate into birth. Providing dim lights (or at least not bright, glaring ones) and providing a warm temperature could be given more consideration in most institutions.

*What If... 14.3*

**E.G. wants to have a Leboyer birth. How would the nurse prepare her birthing room?**

### HYDROTHERAPY AND THE WATER BIRTH

Reclining or sitting in warm water during labor can be soothing; the feeling of weightlessness that occurs under water as well as the relaxation from the warm water both can contribute to reducing discomfort in labor. Using this principle, many birthing settings encourage laboring not only in warm showers or tubs but also giving birth in spa tubs of warm water (Cluett et al., 2018). Birthing couples need to ask if this will be an option at their birth setting if they are interested. One disadvantage is that because most patients expel feces from pushing in the second stage of labor, the water bath may become contaminated. Most people who choose underwater birth, however, enjoy the experience and are pleased that they chose this method (Lathrop et al., 2018).

### UNASSISTED BIRTHING

Unassisted birthing, freebirthing, or couples birth refers to giving birth without healthcare provider supervision (McKenzie et al., 2020). It differs from home birth because, using this technique, a couple or birthing person learns pregnancy care from reading books or articles found on the internet and then arranges to have the child birth at home, perhaps accompanied by family or friends, but without healthcare supervision.

Some people choose this method of birth because they believe birth is such a natural process that no medical supervision is necessary. Others choose it because they have no health insurance and so can't afford either a hospital or alternative birth setting (McKenzie et al., 2020). Unassisted birthing is potentially dangerous because, if a complication should occur, it may not be recognized that what is happening is serious until there is damage to the child or the self.

Even if it is recognized that a problem is occurring, there is a gap of time before emergency help can arrive to assist, which puts the birthing person or baby at risk for harm. Unassisted birthing is particularly dangerous if a person avoids prenatal care or depends solely on online information because they may be at high risk for a complication but not know it. Educating couples that not all online information is reliable and that supervised birth does not mean they have no choice in their care decisions, such as whether they want pain relief or to use a special position for birth, is an effective way to help them make safer choices about birth.

## People With Unique Needs

There are a number of people who have special needs related to preparations for childbirth.

### THE PERSON WITH A DISABILITY

Care of people with disabilities during pregnancy is discussed in Chapter 22. These special circumstances may require additional resources to prepare for labor and birth based on the unique concern. It may not be realistic, for example, for a person who has chronic back pain to practice pelvic rocking; a person with poor balance may not be able to practice squatting safely. A person who is immobile or is in a wheelchair may have difficulty attending a preparation class if the classroom is not located in a handicapped-accessible building. People with vision or hearing disabilities can have difficulty following classroom content. A highly stressed individual may not have the ability to concentrate on learning labor pain management techniques.

Encourage patients with special needs to think through any circumstance that will require special adaptation and be certain they include this requirement in their birth plan.

### THE PERSON WITH CULTURAL CONCERNS

Because the United States has such a diverse mixture of cultures, a preparation for labor and birth class can include people from a diverse mix of cultures. Urging them to share cultural traditions enriches discussions at such classes. Be certain to encourage patients who are worried that their cultural preferences will not be respected when they are in labor to discuss their concerns with their primary care provider at their next visit. A person who believes in circumcision as a religious necessity, for example, does not want to listen to a discussion on the pros and cons of circumcision. A person who wants to be fully clothed during labor may need to plan on bringing a nonrevealing gown to a birthing center, and they may not want to be offered showering or tub bathing as pain management because these will not respect modesty. Be certain patients include these special needs in their written birth plan so they are not overlooked by busy labor service personnel.

### THE PERSON WHO IS OBESE

There are varying levels of fitness at any size. Some people with a body mass index over 30 may have difficulty practicing exercises such as squatting or tailor sitting because these positions require balance, can put stress on the knees, and may cause fatigue easily. Overweight and obese birthing people should, however, have no difficulty preparing for labor by practicing controlled breathing or doing abdominal and perineal strengthening by doing exercises such as Kegel or abdominal contractions. Most methods to help with pain management, like birthing balls, birthing bars, and showers and tubs, will accommodate people of larger size. Encourage patients to add what will be important for them to do or not to do on their birthing plan, so that they remain active participants in the experience.

*What If... 14.4*

**The nurse is particularly interested in exploring one of the *Healthy People 2030* goals with respect to preparation for labor (see Box 14.1). What would be a possible research topic to explore pertinent to this goal that would be applicable to J.S. and E.G. and that would also advance evidence-based practice?**

## KEY POINTS FOR REVIEW

- Couples should be encouraged to make a flexible childbirth plan early in pregnancy, which includes a birth attendant, setting, desired method of pain management, and any special wishes.
- Common exercises taught in pregnancy to strengthen perineal muscles are tailor sitting, squatting, and Kegel exercises. Abdominal muscle contraction and pelvic rocking exercises both strengthen the abdominal muscles and help relieve backache.
- Types of childbirth preparations include the Bradley (partner coached), Kitzinger (psychosexual), Dick-Read, and Lamaze methods.
- Classes for expectant parents provide information on pregnancy, birth, and child care.
- Common sites for childbirth include hospitals, ABCs, and home settings.
- Couples should determine if their preferred birth setting is rated as mother-friendly before choosing a birth site.
- Considering childbirth as one of the biggest events in a person's life should help in planning nursing care that not only meets QSEN competencies but also best meets the family's total needs.

## CRITICAL THINKING CARE STUDY

B.S. is a 28-year-old having her first baby. She has worked as a nurse on a labor and delivery service for the past 3 years. She didn't take a preparation for childbirth class because she felt that no material would be presented that she didn't already know about. She doesn't feel she needs a doula because she has had so much experience with patients in labor. Her partner will be with her during labor.

1. B.S.'s partner asks you at a prenatal visit if he should time contractions in labor with his watch or by the wall clock. Also, he asks if it will be all right if B.S. drinks

coffee during labor. Why do you think he's asking so many basic questions?

2. B.S.'s mother tells you she knows she can't be with B.S. in labor, but she wants special permission to hold her new grandson before he's taken away to a nursery. She also wants to make it clear she needs to do that before her ex-husband or his "fluffy" girlfriend have a chance to hold the baby. Does the mother understand the options available to B.S. in a mother-friendly hospital?
3. B.S. doesn't seem to have shared much information about labor with her family. Can you assume this is because she's so independent that she wants to manage her labor by herself, or would you worry she doesn't have a strong support system?

## RELATED RESOURCES

Explore these additional resources to enhance learning for this chapter:

- Student resources on thePoint®, including answers to the "What If…" questions
- Adaptive learning powered by PrepU at http://thepoint.lww.com/prepu

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