PQCNC

SIVB Learning Session 1

Patient and Family Perspectives and their connection to Increasing the Vaginal Birth Rate

The Assignment:
Patients come to our units to deliver their babies with a range of needs, expectations, knowledge, desires, and fears.
Explore how you do and should respond to patients who come to you with expectations that may not fit the "culture' of an L&D unit, specifically in terms of the following topics:

- Doulas
- Requests for Primary Elective C/S (prior to or during labor)
- Patient Cannot Speak English
- Birth Plans
- Normal Culture
- Informed consent
- Family involvement on Labor & Delivery
- Patients from cultures different from your own

Consider the following:

- *How can you incorporate the patient's perspective into your services? Why is this an important consideration? How does it relate to increasing the rate of vaginal birth?*
- Think in terms of these questions:
  - *Knowing what you know about hospitals, what woulod you want if you were the patient?*
  - *What would you change about the way care is provided on your unit?*

Brief summary of group discussions follows:

Doulas:

How can your team incorporate the patient's perspective into your services?

We have a notebook in Labor and Delivery that includes the names and information (credentials contact information) for all the doulas who work in this area. If a patient should request a doula when she comes to L&D we can give the patient the notebook and they can contact a doula to work with them.

We have a nurse liaison who works with the doulas. Each doula named in the notebook has gone through an orientation with the nurse liaison which includes the orientation to the unit (physical layout, routines, policies regarding visitation, FHR monitoring, etc.) The doulas and the nurse liaison also have group meetings as needed.

When a doula comes to work with a patient on the unit she must register (notebook at the unit desk), must wear a name tag with name and identifying her as a doula and the DONA doulas wear purple vests.

So from the patient's perspective doulas are available even if they have not made arrangements prior to birth and they are oriented to the unit and know the routines. The Patient does feel that a doula is a real support to them and can assist them through a shorter, less traumatic labor.

Evidence should that the doula assistance can decrease pain, length of labor and cesarean section rate.

Knowing what you know about hospitals, what would you want if you were a patient?:

- I would want to know:
    - That doulas are welcomed and their work is supported by the hospital.
    - How many support persons are allowed for labor, delivery, c/sections
    - one on one support is available from a nurse or doula- and they are knowledgeable about and will encourage me to use technique that will help to reduce my pain, will support my wishes and advocate form my birth plan
    - The midwife or MD is open to following my birth and will discuss plan with me
    - What is availability of epidurals and what is % patients that get epidurals
    - What is hospital % of Cesarean births/VBACs/epidurals
    - Childbirth education classes available
    - What are polices on FHR monitoring, IVs, ambulation, availability of water birth, birth balls, other equipment
- Doulas need to know the answers to all the above in their orientation and could answer these questions prior to delivery.

What would you change about the way care is provided on your unit?

- Doulas would want to be allowed to accompany the patient where she is receiving care: OP, C/S prenatal tests. Doulas do not want to be looked at/counted as a support person in the visitor number
- Figure out a way to individualize number if support persons for laboring/delivering patients- problem patients do not always know how many they want—can change mind when in labor and do not know how to convey that change.

Requests for Primary Elective C/S (prior to or during labor)

- One way to incorporate the patient's perspective into our services is to talk to the patient. When they are admitted, or when they come to triage (which would be even better), we should discuss their birth plan with them. Even if they don't have a formal birth plan written, all patients have some idea of what they expect their labor and delivery experience to be like. I think it would help to make a point of talking to them about this and know ahead of time what they would like or let them know what is available to them (walking, tubs, birthing ball etc.) If a patient feels more in control of the situation and know they have other options, they may not be as quick to decide upon an elective C/S. I also think it is important to make sure the patient is making an educated decision and not just a decision.
- Ideally, this information and education would begin in the office. Or, at least when the patient is first seen at the hospital.
- If I were the patient, and could change something about the way care was provided, I would want the nurses and providers to educate more. I would want them to be more at the bedside supporting labor and giving encouragement to the patient. Make sure that the patient knows that it would be normal for an induction to take 3 days. I would want them to know that you have to be in labor before you can call it failure to progress. I would want them to know that post-dates are 41 weeks, not 39+1. I would want the patient to know that there are options for labor, they don't have to be induced, and they don't have to have a C/S just because the physician mentions it.

How can your team incorporate the patient's perspective into your service? Why is this an important consideration? How does it relate?

Patient education in the prenatal setting is an important element in understanding the patient's perspective and shaping her perspective on c-sections. Giving clear criteria for when a c-section is indicated prenatally, before labor and during labor can help the patient know what to expect and anticipate what will happen in the decision making process. Ensuring that the patient understands that having a vaginal delivery is the safest and best for her and her baby. Development of tools to enhance communication of these concepts, including complications related to a surgical delivery, impact on future pregnancies, and recovery issues can be very effective.

Nursing education on supporting labor and vaginal birth is also key to this issue. Nurses need to be trained on how to best support the patient and family who desires a surgical delivery before and during the labor phase. How she reacts to and deals with this request will significantly effect how successful the health care team is at supporting vaginal births. Customer satisfaction is a focus of all delivery services and must be considered. A collaborative team approach along with a strong educational approach will allow for both the desired excellent patient experience and the intended support for a vaginal delivery.

Intrapartum techniques to ease frustration and fatigue include evaluating pain management, plan of care, address their specific concerns such as fear, pain, concern for poor outcomes, and infant care and bonding etc.... Other techniques in appropriate situations could be allowing for time for rest, ambulation, shower, meals, water therapy, massage, positioning, and other alternative interventions.

Knowing what you know about hospitals, what would you want if you are a patient?

We would want a collaborative medical team of physicians and nurses that listened to our concerns and could think outside the box for ways to meet our desired plan of care while sharing the same goals. Keeping patient safety a priority and a broad perspective of the impact that plan of care decisions have on the future. We would want to be well informed of all options of the plan of care including the decision making process and reasons certain decisions are made such as when a c-section is or is not necessary. Accessibility of our care providers such as anesthesia, primary MD, NICU team, nursing management is important.

What would you change about the way care is provided on your unit?

We would like an enhanced collaborative approach to processes that already exist. Participate in mock situational training for dealing with difficult patients and unusual requests. Provide additional tools and strategies for education and labor care options. Provide improved prenatal teaching to better inform our patients on the impact that c-sections have on their future health and future pregnancies.

I. *Patient perspective/intentions*

- Clarify/listen to patient's reasons for wanting c-section; educate about risks and benefits of vaginal delivery vs. c-section; dispel myths.
- Education all through pregnancy (or before)
- Stress/clarify outcome desired
- Important because patients talk to each other; health of mom and baby may be adversely affected long-term
- Hopefully mom chooses vaginal birth
- Respect patient decision regardless

II. *Practice changes*

- Early education to general public as well as patient/family
- Bargain with patient – try this for _____ and then we'll reassess
- Educate all patients regardless of parity
- Tell the why's as well as the what's
- Educate that c-section is major surgery with risks; may affect bonding, breastfeeding, future delivery options
- Get away from "Burger King baby" syndrome – all planned, social event
- Concern about HCAPS – if negative, it's OK to be different if you have the patient's best interests/health care as goal

Patient Cannot Speak English

- Be culturally sensitive to the patient's birth expectations through hospital approved interpreter
- Include family/support people in the plan of care
- With the interpreter, discuss goals of labor and birth
- With patient's preferred method of learning – give written materials in preferred language
- At this facility, an important change would be an in-house Spanish interpreter 24 hours/7 days a week. Availability of other language interpreters to come to the hospital and be at the beside.
- To increase the rate of vaginal birth, these would increase the woman's understanding and participate in the birth process, i.e. out of bed, moving, position change frequently.

How changes could impact support for vaginal birth:

Communication! If we can effectively communicate we can improve pt education, we have large percent of non-English speakers, would help us admit appropriately and not too early. We do have Hmong patients who refuse c-sections even with previa…that is a non English group that is challenged in other ways.

Knowing what we know about hospitals what would we want:

We would want translators, we would want family with us in labor, we would want consents in our language.

What we would change about our unit:

- We would have live translators rather than phone translators.
- We would have assignments changed to have bilingual nurses with patients who need them
- Use language line, assessment – what are their expectations? It is important to know what the patient's expectations are. It is respecting their rights. You know what the patient's desires are and can advocate for them, educate if you know their expectations.
- An in-house interpreter, care providers that speak my language, material in my language, education prior to admission
- Position for employee for second language for interpretation, increased resources for staff.

Birth Plans

- Proactively provide the patients with birth plan templates. Try to accommodate these plans as long as safe care can be provided. If we're not able to meet certain needs, we must provide a rationale. If the providers and the patient are on the same page regarding the patient's planned birth experience, then everyone is working toward the same goal. This will reduce the chance of a deviation to the plan, i.e.. C/S in some cases.
- A home-like birth with the safety that a hospital birth provides with your wishes and desires met if at all possible.
- Begin providing the patients with the birth plan templates. Try to change the culture (nursing and medical) about the stigma of having a birth plan.
- Clarify the patient's expectations (Ex. "meconium spread on baby" – patient meant vernix spread on baby)
- Compromise on realistic and non-realistic expectations
- Try not to refer to policies
- Come up with alternatives, don't say specifically "no"
- Early discussion
- Gives patient some control, gain trust of providers because they respect their wishes which in turn decreases some anxiety
- Nursing could be a stronger advocate due to "list" of patient's expectations Relinquish some control from nursing standard
- Website with drop-down boxes on the facility's webpage to help better facilitate desires for birth plan at that institution
- As the patient, would like to work in conjunction with the provider on my birth experience

- Encourage flexibility with patient
- Be respectful of the patient's wishes and be supportive without compromising care of mom and baby
- May increase rate of vaginal delivery by mom feeling she has some control of labor and not just being "treated" by a set way of care
- As a patient, I would want education. I would want the nurse to explain any pros and cons and offer medically sound advice using professionalism.
- Have all nurses be on the same page and all providers work with the nurses having similar goals

Normal Culture

- We will utilize a birth plan in a new way based on the answer to the question being that our patients do not always know what they want or may not communicate what they need.

Informed consent

- Important to understand patient's perspective and our perspective
- Why do they have the perspective they have?
- If patients are better educated about elective induction of labor, c-section and Pitocin, they would be less likely to be induced
- We should have consent forms for induction of labor and Pitocin
- Informed consent should ALWAYS be a conversation, not just giving papers to the patient

Family involvement on Labor & Delivery

- Incorporate patient perspective by asking patient what she prefers – "all her family" or only the one she really wants. Sometimes families are supportive for vaginal births and sometimes they create doubt and tension that can lead to a demand for cesarean.
- For patient safety only allow one or two support people in the room for delivery.
- Better hygiene for family members who "visit" in Labor & Delivery

Patients from cultures different from your own

- Assessing what cultural expectations they have surrounding birth
- Give information/education while respecting cultural norms

- Increased patient education leads to increased patient satisfaction and decreased patient anxiety = better outcomes (fewer c-sections)
- Tours to increase trust and build relationships
- Increase nursing education about different cultures
- Competent in-house interpreters for predominant language
- Classes for nurses
- Increase respect for individualized differences, birth plans, etc.
- What would we want?
- Clear communication in language we speak.
- Be able to have some control – amount of people in room, who they are, adequate choices.
- More information and options leads to increased patient choice.
- Respect for cultural choices – incorporated into plan of care.