

Nursing Interventions in Labor and Delivery: Quality Improvement

Erica Stevenson

Lakeview College of Nursing

N434: Evidence-Based Practice

Travis Whisman, MSN, RN

September 14, 2024

Nursing Practice Guidelines in Labor and Delivery: Quality Improvement

Quality improvement is a key factor in providing the most accurate and evidence-based practices in nursing care to maintain the safety and quality of care given (Quality and Safety Education for Nurses [QSEN], 2020). Quality improvement is a process in which prior data is evaluated and monitored to determine the efficacy of practices and, in turn, develop improvements to these practices to maintain quality (QSEN, 2020). It is a continuous process that allows for new evidence-based practices to be implemented, gives nurses and practitioners the ability to suggest changes to these practices, and leaves room for new and better research into these practices to occur for improvement to the healthcare system and the outcome of practices (QSEN, 2020). Additionally, quality improvement allows nurses to identify areas of care that need further research to improve practices (QSEN, 2020). By identifying these gaps in care, nurses can appreciate changes to care and the improvement of processes that affect their daily care practices (QSEN, 2020). Nurses play an important part in preventing poor patient outcomes and complications. In labor and delivery units, nurses maintain a large amount of autonomy, and therefore their interventions and practices have an even greater impact on the outcomes of their clients. Implementing practices to protect the safety and quality of the care given to laboring patients is of utmost importance for reducing complications.

Article Summary

The role of nurses is important in preventing birth trauma and improving outcomes of laboring patients. This is done by understanding the need for and improving processes related to nursing care. In this article, clinical practice guidelines (CPGs) for nursing interventions and practices in the second stage of labor were evaluated for efficacy in reducing poor outcomes

(Waller-Wise et al., 2020). The article details the complications associated with the second stage of labor, such as increased incidence of cesarean sections, the need for vacuum or forceps-assisted births, and perineal trauma (Waller-Wise et al., 2020). This study implemented CPGs used in Canada in a southeastern United States labor and delivery unit on laboring mothers greater than 34 weeks' gestation, including positional changes of the mother, allowing for passive fetal descent, delayed pushing, and upright pushing (Waller-Wise et al., 2020). They studied 157 laboring mothers before the implementation of the CPGs and 117 after to determine how effective the CPGs were (Waller-Wise et al., 2020). After comparing the two groups, it was found that the CPGs had statistically significant effects on the reduction of complications, with a decrease in cesarean sections, fewer vacuum-assisted births, and a decrease in reported perineal tears from both traumatic tearing and surgical episiotomies (Waller-Wise et al., 2020).

Introduction

This study examines the efficacy of clinical practice guidelines in nursing practice and how the implementation of evidence-based practices may improve the care given and outcomes for laboring mothers. The purpose of this article is to evaluate evidence-based practices to determine if CPGs in nursing practice will decrease the rates of complications during the second stage of labor (Waller-Wise et al., 2020). This project is related to nursing practice as it evaluates guidelines and interventions for labor and delivery nurses to utilize that may improve the outcomes of their laboring patients. Additionally, it provides the groundwork for higher-level quality improvement initiatives and encourages further research into the implementation of clinical practice guidelines in labor and delivery units.

Overview

This article is directly related to nursing interventions in labor and delivery as it evaluates practices for better care and monitors the outcomes of these practices on laboring patients (Waller-Wise et al., 2020). In labor and delivery, nurses have a high level of autonomy of practice during the laboring process. Because of this, their actions and interventions can directly impact the outcome of the patients, possibly leading to preventable medical interventions and poor outcomes. By evaluating the practices and interventions used by these nurses, better outcomes can be reached, safer care may occur, and the quality of the care given by nurses may be improved. This article directly relates to quality improvement as it recognizes the role of process improvement in the daily lives of healthcare professionals and seeks information about the outcomes of care for laboring patients (QSEN, 2020). It also helps to provide avenues for further research into the efficacy of CPGs in labor and delivery units and can be used to develop improvements to these guidelines (QSEN, 2020).

Quality Improvement

This quality improvement effort can be utilized in labor and delivery units and birth centers, specifically for patients actively in labor. In the pre-implementation stage, data on the outcomes of current practices would be needed. Education regarding the clinical practice guidelines to be implemented would be necessary to prepare nurses for the changes and to maintain adherence to these practices. In the intra-implementation phase, staff support and access to tools for the interventions are needed. The support of the organization by providing additional staff and nurse-to-patient ratios that allow nurses to utilize these practices must be ongoing. In the post-implementation period, data must be collected to evaluate the efficiency of the guidelines. Support from the organization to either continue the CPGs or to do additional research must be attained.

The changes to practice identified in this article could have major impacts on the healthcare system relating to laboring patients. Financially, the reduction of cesarean sections, decreased need for surgical intervention, and utilization of fewer instruments ultimately saves the hospital money. However, the initial cost of education and providing extra staff may increase costs. Patient satisfaction may be positively impacted, as easier labor and less painful postpartum healing will be achieved (Waller-Wise et al., 2020). Patient safety will also be increased as the risk of infection from surgical wounds or tears is reduced, and the rates of complications are reduced (Waller-Wise et al., 2020). Nursing satisfaction and safety will also be impacted as better staffing, easier access to resources and education, and safer guidelines that protect practices will be implemented (Waller-Wise et al., 2020).

References

Quality and Safety Education for Nurses. (2020). QSEN institute competencies.

<https://www.qsen.org/competencies-pre-licensure-ksas>

Waller-Wise, R., Lewis, S., & Williams, B. (2020). A Quality Improvement Project utilizing a clinical practice guideline in women during second-stage Labor. *The Journal of Perinatal Education*, 29(2), 72–82. <https://doi.org/10.1891/j-pe-d-19-00014>