CODE LABOR: An Evidenced Based and Interdisciplinary Approach to Managing Women Experiencing Precipitous Labor Outside the L&D Unit

Rachel Smedley, DNP, RN

BACKGROUND
- Precipitous delivery refers to childbirths that occur within 3 hours of the commencement of labor
- 3.9 million childbirths occurred in the U.S. in 2016
- 80,000 of those deliveries were precipitous
- Limited knowledge and confidence reported from emergency department (ED) nurses regarding care of women experiencing precipitous labor and delivery
- Errors in communication and improper teamwork reported to cause 70% of adverse obstetrical events
- Lack of organizational policy directing care of women experiencing precipitous labor and delivery outside of the labor and delivery (L&D) unit

PURPOSE
To address obstetrical (OB) and ED nurses’ knowledge gaps regarding the care of women experiencing precipitous labor outside of the L&D unit by introducing an evidence based and interdisciplinary organizational policy that directs the patients’ care.

Goals
- Increase interdepartmental, interdisciplinary nurse to nurse communication and collaboration
- Improve care of women experiencing precipitous labor and delivery
- Improve maternal/newborn outcomes with practice change
- Improve patient satisfaction

FRAMEWORK
- Twelve educational sessions were presented to discuss the management of women experiencing precipitous labor and delivery outside of the L&D unit
- Pre- and post-tests administered
- Data collected re: staff comfort with caring for women experiencing precipitous labor and delivery and perceived level of communication with colleagues on other nursing units

Educational sessions developed and promoted existing knowledge and encouraged additional learning regarding care of women experiencing precipitous labor and delivery by the CODE LABOR Policy and the CODE LABOR Care Pathway.

Implementation of the project led to the development of the CODE LABOR Kit (items necessary for the delivery of a fetus) to be placed along with a precipitous delivery tray.

METHODOLOGY
- A sampling of 57 Registered Nurses (RNs) working in Labor and Delivery and Emergency Department settings.
- Average ages of participants were 31-40 years (SD=5.9) and an average of 5-10 years (SD=7.5) in bedside nursing.

RESULTS
- Paired t-test analyses revealed that statistically significant learning-occurred with p value < 0.5.
- Post-test data revealed improved feelings of interdisciplinary communication and collaboration between the OB and ED nurses
- Post-test data revealed improved comfort levels while caring for a woman experiencing precipitous labor and delivery outside of the L&D unit.
- Data specific to the OB unit were evaluated for process improvement related to patient experience as reported by patient observation. Published fourth quarter 2018 data disclosed an 84.3% satisfaction rate of nurse to patient communication and a 75.4% recommendation of the hospital to friends and family (n=17). First quarter 2019 data revealed an 80.2% satisfaction rate of nurse to patient communication and 71.7% that would recommend the hospital to friends and family (n=10).

CLINICAL RELEVANCE
- CODE LABOR is an organizational policy that increases communication and collaboration between the ED and OB nurses.
- The components of the CODE LABOR Policy, the CODE LABOR Care Pathway, and the CODE LABOR Kit can be valuable tools to increase
  o OB assessment skills
  o Critical decision making processes
  o Collaborative communication
  o Teamwork
  o Maternal/Newborn Outcomes
  o Patient satisfaction
- The CODE LABOR Policy can establish a new culture of caring for the OB patient in settings outside the L&D unit.
- CODE LABOR can easily be adapted for use in other healthcare facilities

CONCLUSION
Clinical administrators and nurses working in the OB and ED units must fully harness the guidelines set forth by the CODE LABOR Policy to continue to capture knowledge gaps and improve interdisciplinary communication and teamwork.

Practicing obstetricians should be included in the education processes.

Continued dissemination and sustainability of the project will be managed by the organization’s internal learning management system.

Contact Rachel Smedley, DNP, RN
Email: rysmedley@jsu.edu
Phone: (256) 458 - 4677