BACKGROUND

- ≻Fall 2017, The Department of Obstetrics and Gynecology (OBGYN) at Vanderbilt University Medical Center (VUMC) joined the American College of Nurse-Midwives (ACNM), Healthy Birth Initiative on Reducing Primary Cesareans (RPC) and chose *Promoting Spontaneous Progress in Labor* bundle to reduce the primary cesarean rate.
- >Upright positioning/ frequent maternal position changes was an important initiative implemented by the RPC committee to promote normal labor progress.
- \triangleright An education program was developed utilizing peer mentoring techniques to provide new skills on labor positioning

PURPOSE/OBJECTIVES

Purpose

> This project evaluated a peer mentoring/training program with labor and delivery clinicians to assess perceptions of benefit and application of new techniques for labor positioning.

Objectives

- To evaluate professional staff's implementation and uptake of the labor positioning techniques, including the use of childbirth tools (specifically peanut ball, birthing ball and rebozo cloth).
- > To determine if clinicians have continued to utilize peer mentoring/training to reinforce labor positioning techniques, and their perceptions of value, acceptance, and use among the staff.

METHODS

Project Design

- > This project was an evaluation of the peer mentoring/training program conducted in 2020 on a labor and delivery unit.
- > A validated and reliable survey tool was adapted to assess value and uptake (Acceptability [AIM], Appropriateness [IAM] and Feasibility [FIM]) of the program and determine changes that may or may not need to be done.

Implementation

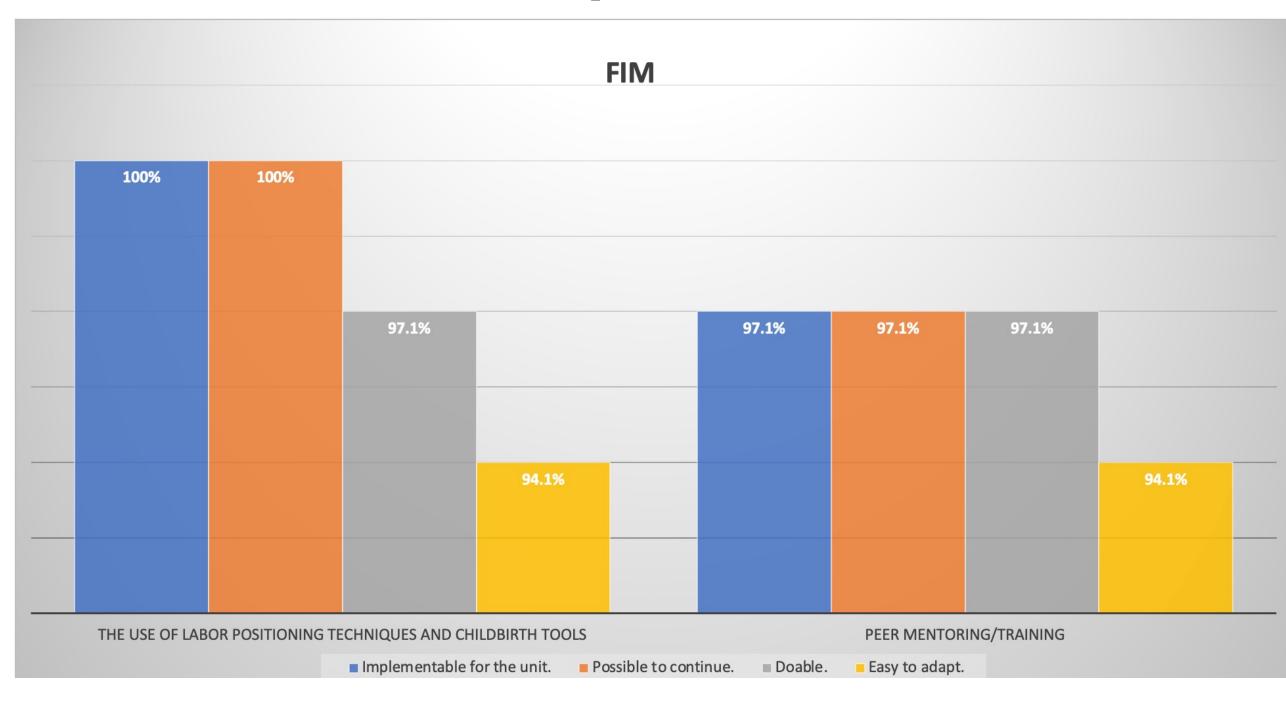
- > A survey was used to assess the effect of the informal and formal sessions on perceptions, clinical use, and value among labor and delivery professional staff and to evaluate unit uptake.
- > The survey was built in the Research Electronic Data Capture system (REDCap®) for dissemination.
- > The survey was used to assess unit acceptance and value of labor positioning techniques and use of childbirth tools, peer mentoring program and whether the labor and delivery professional staff have continued to spread knowledge among new labor and delivery RESEARCH POST professional staff members.

Program Evaluation of Peer Mentoring/Training for Labor Positioning Techniques: Pilot Study

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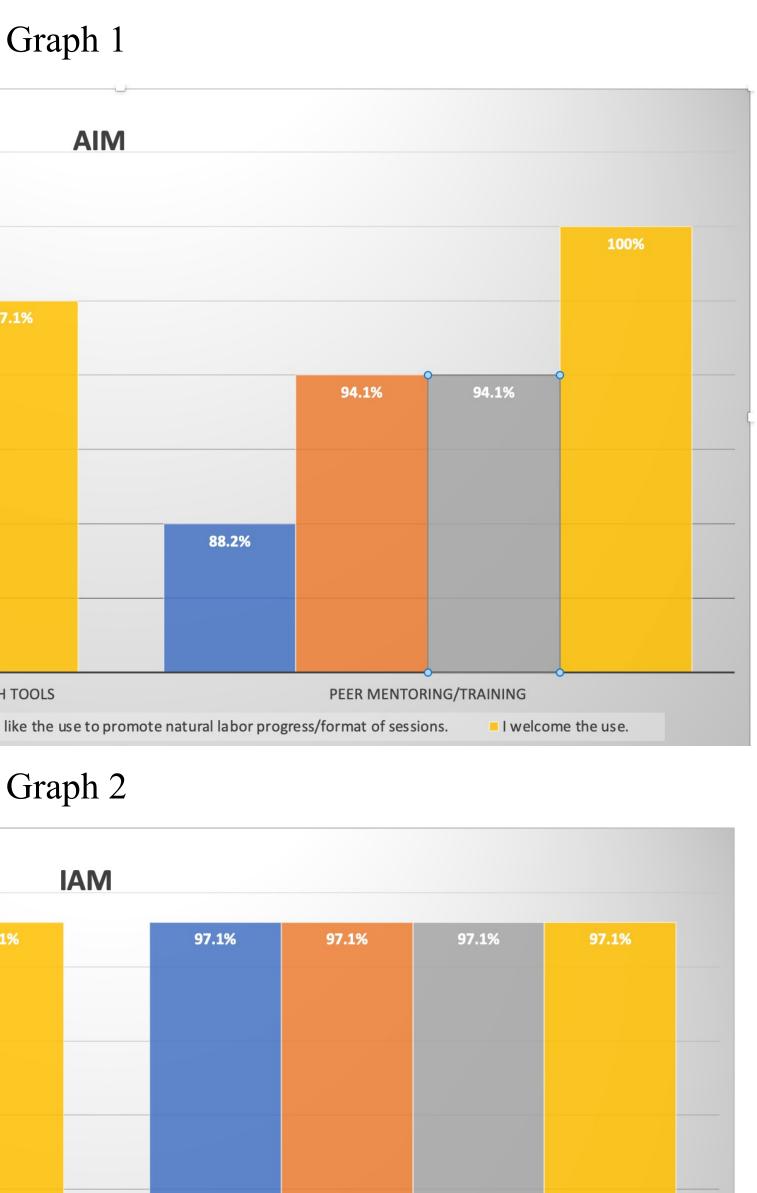
Vanderbilt University School of Nursing

Graph 1 94.1% HE USE OF LABOR POSITIONING TECHNIQUES AND CHILDBIRTH TOOLS Graph 2 IAM HE USE OF LABOR POSITIONING TECHNIQUES AND CHILDBIRTH TOOL Graph 3



GRAPHS

Graph 1: Acceptability (AIM) of the use of Labor Positioning Techniques and Childbirth Tools and Peer Mentoring/Training **Graph 2:** Appropriateness (IAM) of the use of Labor Positioning Techniques and Childbirth Tools and *Peer Mentoring/Training* **Graph 3:** Feasibility (FIM) of the use of Labor Positioning Techniques and Childbirth Tools and Peer Mentoring/Training



- PEER MENTORING/TRAINING

- feasibility of intervention
- across the participants (94-100%).
- There were no associations found.
- labor progress.



RESULTS

>Participants rated labor positioning techniques/use of childbirth tools in active labor and peer mentoring/training on labor and delivery highly regarding acceptability of intervention, intervention appropriateness and

>Overall, the implementation and unit uptake of the use of labor positioning techniques and childbirth tools was found to have a high level of agreement

>Participants reported a high rate of continuing to utilize peer

mentoring/training to reinforce labor positioning techniques demonstrated by the result of 52.9% (n=18) of the 34 survey respondents reported engaging in peer mentoring/training on the unit since the initial peer sessions offered.

> These items were analyzed for association with participant provider type, highest degree attained, years in current role, years with VUMC labor and delivery, and source of labor positioning and use of childbirth tools training.

CONCLUSIONS

Continued support of the use of labor positioning techniques and childbirth tools is imperative for VUMC to reduce the primary cesarean rate and continue with the efforts of the RPC committee.

► With peer mentoring/training, this project demonstrated a change in unit culture towards accepting and valuing new techniques to promote normal

IMPLICATIONS

> The evaluation of the peer mentoring/training and use of labor positioning techniques/childbirth tools allows for insight for further educational opportunities among the L&D professional staff.

> Expansion of topics through the model of peer mentoring/training can be improved with greater availability of scheduled sessions and added structure to one-on-one sessions on the unit.

