Childbirth Education for Undergraduate Nursing Students: Midwifery Model of Care Immersion

If never specifically highlighted in the classroom, the midwifery model of care, which encourages the process of delivering an infant with minimal to no medical intervention, would remain unexplored by many nursing students. Vedam et al. (2018) found that midwifery involvement in the delivery process was associated with lower rates of obstetric intervention and fewer adverse neonatal outcomes. However, undergraduate nursing curricula continue to focus on complications and the associated interventions of labor and birth.

At the University of Alabama at Birmingham School of Nursing, prelicensure nursing students prior to completing their obstetric clinical rotation, concurrently enrolled in the maternal and newborn didactic course, attend a 2-hour learning experience titled Introduction to Labor and Birth. The midwifery model of care encourages continuous labor support from one experienced in providing such care (Bohren, Hofmeyr, Sakala, Fukuzawa, & Cuthbert, 2017). In keeping with this model, instructors use a combination of lecture, video, facilitated discussion with first-person storytelling, and hands-on strategies to enhance student learning. Faculty are experienced childbirth educators with backgrounds in this type of family-centered support during labor and birth. It exposes students to differing approaches to birth, provides them with tools for their obstetric clinical, and encourages them to explore the concept of labor and birth without medical intervention.

Prior to the activity, staff reconfigure the room to open up floor space and create an informal environment. Students bring pillows and blankets and wear comfortable clothes that allow movement. Students use space to sit picnic-style on the floor, where the instructors welcome lying down, laughter, and bare feet as long as students remain engaged and attentive. A verbal statement at the beginning of the session encourages students to buy in to the experience and embrace the opportunity to relax, learn from each other, and grow together.

The instructors guide students through a series of learning activities designed to engage visual, auditory, tactile, and kinesthetic learning styles. Students pair up to birth ping pong balls through latex balloon “uteri,” which visually demonstrates dilation and effacement. They stand, arms outstretched, and hold heavy textbooks or chairs while staring silently at a 60-second countdown to better appreciate contraction length and discomfort. Students nominate a fellow classmate, almost always male, to wear the empathy belly for approximately two thirds of the class while they learn, practice, and teach back breathing techniques and positions for optimal labor outcomes, including the use of birthing balls. A guided relaxation exercise concludes the learning session.

Instructors use feedback from a short anonymous evaluation presented at the activity’s conclusion to improve each semester. The results and responses continue to be overwhelmingly positive. From 276 evaluations, the course earned a 4.86 rating of a possible 5.0, the highest rating for overall course experience. Affirmative comments included, “This lecture was excellent. Fun, informative, and engaging. Don’t change a thing!” and “I thought it was a great balance of lecture, interactive segments, and video.” One student wrote a score of 6 of 5 for overall class impression, and another recommended a longer class as a suggested improvement. Constructive feedback, which resulted in revision, included adding visual diversity to the PowerPoint® presentation to promote racial and cultural inclusion. Excitingly, students have requested more time to practice the techniques they have learned, further substantiating their engagement with the content.

The faculty believes the course is successfully meeting its mission for student exposure to and appreciation for the midwifery model of care, which they may not experience during their clinical rotation. Obstetric rotations can be challenging to obtain. This activity may be used in lieu of clinical experience where obstetric rotations are limited or unobtainable. We hope to inspire students to educate themselves regarding evidence-based practice and strive to improve infant mortality rates worldwide.

References


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