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Special Call: Improving Care for Women Facing the End of a Desired Pregnancy: Nurses' Perceptions and Care of Women on a Labor & Delivery Unit

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Authors

Lechert, Taylor A
O'Shea, Ashlea D
Williamson, Emily M

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Special Call: Improving Care for Women Facing the End of a Desired Pregnancy: Nurses' Perceptions and Care of Women on a Labor & Delivery Unit

UCI Sue & Bill Gross School of Nursing

Taylor A. Lechert, Ashlea D. O'Shea, Emily M. Williamson
Faculty Mentors: Dr. Robert Bristow, Dr. Tabetha Harken, Dr. Julie Rousseau, Dr. Heike Thiel de Bocanegra, Kelly Ward



UC Irvine Health



Introduction

- Approximately 3% of all pregnancies are affected by fetal anomalies; consequently, mothers face the difficult decision of whether to continue or terminate their pregnancy (Center for Disease Control, 2008).
- An estimated 47% – 90% of women choose to terminate these pregnancies (Kerns et al. 2012).
- Induction of labor in cases of fetal demise is thought of as less controversial than induction termination, but nurses may resist and even refuse to care for women in these cases (Lipp, 2008).

Purpose

- Execute an analytical review of literature concerning perinatal loss and bereavement care pertaining to nurse attitudes, education, and conscientious objection
- Develop research tools to explore the views and perceptions of labor & delivery (L&D) nurses on intrauterine fetal demise (IUFD) and induction termination:
 - 1) Interview guideline for key informants
 - 2) Survey tool for demographics and quantitative data
 - 3) Qualitative question set for 1:1 interviews

Review of Literature

Databases: CINAHL, Google Scholar, TripPro, PubMed

Key Words: Included women's health, pregnancy, termination, bereavement, nursing care, nursing attitudes, barriers to care, conscientious objection, and ethical conflict
Limits: English, peer-reviewed academic journals published between January 2004 – March 2017

Inclusion Criteria:
 Main outcome measured: nursing education deficits, conscientious objection, and nurses' attitudes resulting in barriers to care (n=63)

Exclusion Criteria:
 Focus was solely on physicians, physician's assistants, nurse practitioners, or nurse midwives (n=48)

Fifteen articles selected for review

References

- Centers for Disease Control and Prevention. (2008). Update on overall prevalence of major birth defects--Atlanta, Georgia, 1978-2005. *MMWR. Morbidity and Mortality Weekly Report*, 57(1), 1.
- Kerns, J. L., Swanson, M., Pena, S., Wu, D., Shaffer, B. L., Tran, S. H., & Steinauer, J. E. (2012). Characteristics of women who undergo second-trimester abortion in the setting of a fetal anomaly. *Contraception*, 85(1), 63-68.
- Lipp, A. (2008). A review of termination of pregnancy: Prevalent health care professional attitudes and ways of influencing them. *Journal of Clinical Nursing*, 17(13), 1683-1688.

Design & Methods

Review of Literature Main Findings

- **Conscientious objection** is balanced with patient care through appropriate staffing, arrangement of care, and clear delineation of nurse values
- Nurses feeling unprepared; there is lack of hospital-based **education** and support
- Nurses struggle to navigate personal and professional ethical conflicts: **nurses' attitudes** vary case-by-case, but can create barriers to service such as compromised patient care

Key Informant Interview Themes

- **Institutional barriers to patient care**
 - Staffing and scheduling insufficiencies
 - Lack of education for nurses: currently only mandatory for newly graduated registered nurses
- **Conscientious objection as an ethical dilemma leading to inadequate care**
 - Fetal anomalies are more commonly a gray area for nurses handling induction terminations
 - Nurses refuse to provide adequate care, but do not formally opt out of caring for that patient
- **Culture of judgment**
 - Termination is controversial: Nurses have expressed "judgmental, unprofessional comments" directly to patients
 - Need to set aside judgment to care for patients: "I am not pro-choice, I am not pro-life—I'm pro-patient"

Survey Tool: Sample Quantitative Data

- Collected experience and demographic information
- Measured
 - Awareness of bereavement care in relation to job duties
 - Preference for or against caring for patients experiencing perinatal loss
 - Comfort level caring for these patients
 - Perceived competence in caring for these patients
 - Assessment of training and education opportunities

Interview Tool: Sample Qualitative Data

- Background, trajectory, work experience
- Patient care and perinatal loss
 - What makes patient care for perinatal loss difficult?
 - Were you asked to clarify your values upon being hired regarding perinatal loss?
- Reflections on perinatal loss and self-care
 - How do you balance personal beliefs with patients' decisions?
 - How is self-care promoted and supported within the department?
- Organizational culture regarding perinatal loss
 - How are perinatal loss patient assignments made?

Pilot Findings

Five Main Themes

Conscientious objection clarification

- Nurses hired around the same time had vastly different knowledge and experience with the opting out process

Insufficient knowledge and training

- In the survey, all respondents expressed the need for additional education, support, and training for perinatal bereavement care

Nurse attitude and patient care

- When nurses express judgmental, unsupportive statements to patients, it causes distrust in future nurse-patient relationship
 - "[the previous nurse] had very strong beliefs about [the termination]...she had made it clear...that she was against it...[the patient] felt like I was already...against her."
- Providing unbiased patient care
 - "I try...to keep my feelings...out of it. And just be there for them...I understand that I'm there to take care of every single patient equally."

Workload and balancing assignments

- Difficult to balance perinatal loss cases with standard L&D cases
 - "...it's harder I feel emotionally...because...you're celebrating and happy and excited...versus...this other person, [the baby] is part of their family but it was...cut short."
- Nurses who provide induction termination care express feeling "overwhelmed" with the number of assigned loss cases

Lack of institutional framework for emotional support

- All respondents shared strong emotions during interviews, indicating past cases still strongly impact nurses
 - "If there's a way for nurses to talk about their experiences, I think that would be really helpful. I think that's a big missing piece because we definitely have caregiver fatigue."

Conclusions and Implications

Preliminary Recommendations for Nursing Team and Patient Care Improvements:

- Provide opportunities for nurses to process experiences of bereavement care
- Equalize patient care assignments in order to distribute the perinatal loss cases more evenly across the nursing team
- Ensure 1:1 nurse-to-patient ratio for perinatal loss cases
- Plan anticipatory staffing to ensure that a nurse comfortable with loss cases is always present
- Guarantee uniform processes and mandatory training regarding
 - Conscientious objection
 - Values clarification
 - Bereavement care

Future Research Plans:

- Continue the research interviews to identify barriers and specific factors needed to improve nursing care to patients experiencing IUFD and induction termination on L&D units

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