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Birth Trauma Education

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Birth Trauma Education

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BACKGROUND

- What is birth trauma?
 - Birth trauma is considered an event during the labor and delivery process that involves actual (or perceived) serious injury to the mother or her infant. The birthing woman (and/or her partner) may experience intense fear, hopelessness, loss of control and horror (Beck, 2004)
- Triggers for this project
 - Personal experiences with patients
 - Lack of research in this field

PICO

- **PICO QUESTION: Does education on birth trauma** increase labor and delivery nurses' knowledge and ability to identify patients at a high risk of experiencing birth trauma and postpartum PTSD?
- P Labor and Delivery Nurses
- I Educational Powerpoint about Birth Trauma
- C No Education on Birth Trauma
- O –Knowledge of birth trauma

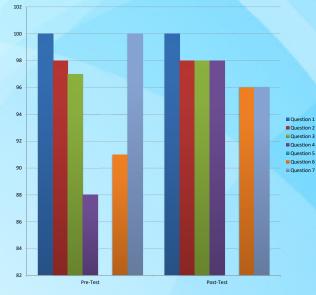
EVIDENCE

- 2 17% of postpartum patients meet full criteria for PTSD (Balbi et al. 2019)
- 33 45% of patients describe their births as traumatic (Balbi et al. 2019)
- Powerpoint presentations work! 60% of nurses reported increased knowledge when presented with a Powerpoint and pre/post test in a study of NICU nurses
 - Additionally 63% of participants reported increased comfort levels when treating patients after receiving a Powerpoint presentation (Hastriter & Potthoff, 2020).

OUTCOMES

- A total of 23 people completed the pre-test and 17 people completed the post test
 - The graph below represents the percentage of participants who got each question correct.
 - Question 5 was not included because the testing application did not correctly calculate the scores. That question was eliminated from the calculations when calculating the final averages to prevent the data from being incorrect.
- The questions of the pre and post test focused on assessing participants knowledge of
 - Birth trauma background
 - Birth trauma risk factors
 - Defining criteria for Postpartum PTSD
 - The implementation of the 3 E's which is a strategy that nurses can use to help prevent birth trauma and postpartum PTSD
- The pre-test average percentage correct was 95.6%. The post test average percentage correct was 97.6%. On average, participants improved their scores following the viewing of the educational PowerPoint on birth trauma.
 - · The most notable areas of improvement were found in identifying the DSM's criteria for postpartum PTSD (question 4) and the benefits of a communication strategy called the 3 E's (question 7).

Birth Trauma Pretest and Post Test Comparison by Question



IMPLEMENTATION

- Step 1: An educational Powerpoint was created that detailed the risk factors and warning signs for birth trauma and how nurses can aid their patients should they see any warning signs
- Step 2: A pre and post test was created to assess the labor and delivery nurses knowledge about birth trauma both before viewing the PowerPoint and after.
- Step 3: The materials were sent out to the labor and delivery staff at Lehigh Valley Cedar Crest and Muhlenberg via email to complete.

NEXT STEPS

- Even before viewing the educational Powerpoint, it is clear that the labor and delivery nurses at LV Cedar Crest and Muhlenberg have a strong knowledge of birth trauma and how to identify patients at risk for experiencing birth trauma. However, their knowledge base did grow after viewing the Powerpoint.
- In the future, nurses should implement a simple debriefing question post-delivery to assess for any signs of birth trauma. This will allow for open communication between the nurses and their patients
- Should signs of birth trauma be observed, the nurse should also make the provider aware so that they may assess that patient as well. This will help with diagnosing postpartum PTSD in the weeks and months following their delivery.

REFERENCES Ayers, S., Bond, R., Bertullies, S., & Wijma, K. (2016) The aetiology of post-traumatic stress following childbirth: a meta-analysis and theoretical framework. Psychological Medicine, 46(6), 1121-1134 doi: 10.1017/s0033291715002706 Balbi, A., Gak, A. Ha, K. (pda), S. Lee, D. Postlewaite, R. Turner A. (2018) Identifying and Response to Psycholigical Obstetric Trauma (Powerpoint Stefes)

- (Howerpoint Succes) Beck, C. T. (2004) Birth Trauma Nursing Research, 5391), 28 35. doi:10.109700006199-200401000-00005 Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Trauma. Association of Women's Health, Obstetric and Neonatr Besch, K (2017). Lessening the Risk of Birth Risk of
- http://likebiliconinections.org/2017/03/1tcessenue_thetasco-contratuums.
 http://likebiliconinections.org/2017/03/1tcessenue_thetasco-contratuums.
 Hashiter, A. L. & Pottoff, M. (2020) Development of an educational resources to increase nursing staff knowledge about adree management in the neonatal intensive care unit. *Journal of Neonatal Nursing*, 26(1), 53 56, doi: 10.1016/j.jm021010.07009
 Yiddz, P. D., Ayers, S. & Phillips, L. (2017). The prevalence of posttaumatic stress disorder in pregnancy and after birth: A sy and meta analysis. *Journal of Alkecel Bolarder*, 20(6), 444-46. doi:10.1016/j.jad2016.1009



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