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Workplace Challenges

The Impact of Personal Beliefs and the Birth Environment

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ABSTRACT

This article reviews 2 workplace challenges faced by the perinatal nurse: the impact of personal beliefs and issues within the birth environment. It also explores how these challenges inform the birth practices of the perinatal nurse. The methods employed for this review are focus groups and a concept analysis. Two focus groups ($n = 14$) and a concept analysis based on a process defined by Walker and Avant provided a set of birth practices performed by the perinatal nurse who facilitates normal birth. Assertiveness was identified as a primary attribute of the perinatal nurse and several suggestions are identified as empirical referents or methods of measuring the abstract concepts, to identify the workplace challenges of the perinatal nurse. Development of effective processes, designed to overcome the many challenges facing the perinatal nurse, will assist in improving perinatal care for women and newborns.

Key Words: beliefs, birth environment, measurement, normal birth, perinatal nurse

The perinatal nurse is uniquely positioned to have a significant influence on care provided in the hospital setting during the labor and birth process and, therefore, impact birth outcomes. In the United States, the hospital perinatal nurse is present with a family for the majority of the labor and birth process. In 2014, 3 988 076 births occurred in the United States.[1] Of all births, 98.5% occurred in a hospital setting.[1] All hospital settings employ the perinatal nurse to assist women in labor during the birth process. Therefore, it can be said that all hospital births in the United States are influenced by the practice of perinatal nursing. But what impacts this influence and how does it differ among perinatal nurses and varied birth settings?

Care provided by the perinatal nurse is influenced by many challenges in the workplace. These challenges may be external and out of the nurse's control or internal, possibly within the nurse's control. External challenges include the elements within the physical birth environment (ie, birth practices, policies that guide care, staffing, staff communication, and relationships including peer pressure). Internal challenges include personal assumptions, attitudes and beliefs related to birth practices, self-efficacy, nursing knowledge, and awareness of current evidence related to birth practices. Challenges, whether internal, external, or a combination of both, impact the care provided to laboring women by the perinatal nurse.

The purpose of this scholarly work was to explore 2 workplace challenges that impact perinatal nursing practice: (1) personal beliefs, an internal challenge, and (2) the birth environment, an external challenge. The article also explores how these challenges inform the birth practices of the perinatal nurse. The concept of personal beliefs is defined by Schwitzgebel[2] as an individual's attitude when something is considered to be the case or regarded as true. Beliefs are formed by direct observation, acquired indirectly through exposure to the object of belief and from within through the process of inference.[3] Inference involves developing a belief informed by personal values.[3] According to the Theory of Planned Behavior,[3] an individual's personal beliefs dictate behavior. A belief system related to birth practice is developed and refined through knowledge acquisition, cultivating professional behaviors,

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interactions within the birth environment, exposure to a variety of birth practices, and reflection on the value of nursing.[4] A personal set of beliefs related to birth practice establishes accountability to peers, patients, and society at large while also providing meaning to the work of the perinatal nurse within the context of the birth environment.

The birth environment is not solely the physical space in which a family gives birth but also includes the type of birth practices occurring within and the positive and negative relationships of all who interact within the environment. In the United States, planned births occur in the following birth environments: the hospital setting, the home, and the free-standing birth center.[5,6] In this article, birth practices discussed are associated with the hospital setting.

REVIEW OF LITERATURE

To explore the impact of 2 workplace challenges on the perinatal nurse, an extensive review of the nursing, medical, midwifery, anthropologic, and philosophical literature was accomplished. Databases used included CINAHL, PubMed, and the Cochrane Library. Key words included philosophy, values, beliefs, nursing practice, intrapartum, normal birth, medicalized birth, birth environment, and birth setting. Quantitative and qualitative studies were included as were literature from the United States and other developed countries. The literature reviewed is presented in 2 sections: (1) beliefs related to birth and (2) birth environment. The birth environment section is further divided into the categories of physical space, birth practices, and peer pressure.

Beliefs related to birth

Several studies were identified, which focus on the connection of the birth practice of the perinatal nurse and belief systems related to birth.[7–13] Davies and Hodnett[7] found that high self-efficacy ratings regarding normal birth practices, such as labor support, may not be linked to implementation of these practices. The structured nature of medicalized birth makes it difficult for practitioners to trust the birth process.[14] When birth does not occur in its natural, unaltered state, medical interventions are more commonly viewed as necessary. This structured nature of medicalized birth, encountered frequently by the perinatal nurse in the United States, may cause personal conflict as birth practices may be in opposition to personal belief systems. Armstrong[15] found that the nurse's inability to provide care based on a specific belief system was related to a feeling of lack of power within the birth environment.

Several published definitions exist for normal labor and birth and are represented in Table 1. Only one definition was published by a professional healthcare organization in the United States.[16] This definition resulted from a modified Delphi approach of individuals ($n = 21$) and midwifery organizations ($n = 3$) that identified a definition of normal physiologic birth and the practices that supported it.[17] The definitions, cited in Table 1, provide measurable attributes for the labor and birth process as it relates to normal birth including (a) gestational stage; (b) onset of labor; (c) type of birth; (d) lack of complications in the antepartum, intrapartum, or postpartum periods; (e) the practice of skin-to-skin contact; and (f) breastfeeding. Some of these published definitions have further identified factors that facilitate normal birth and those that hinder normal birth.

Birth environment

Organizations hold collective beliefs, values, and standards. These collective beliefs provide the foundation for the work that is accomplished within the organization. Three cultural elements—artifacts, espoused values, and assumptions—also occur within organizations.[18] Artifacts include readily visible characteristics of the organization such as dress, policies, workflow, and administrative hierarchy. An organization's philosophy, mission, and strategic goals comprise the espoused values held within. Finally, the assumptions of an organization are the beliefs and values that guide the work accomplished by the organization. It is important to understand that these assumptions are rarely visible and may be different from espoused values. In addition, the organizational structure or culture that surrounds birth can influence birth practices, the relationships of stakeholders within the organization, and patient outcomes associated with the organization.

Physical space

The location of the birth impacts the implementation of birth practices. Graham et al[9] found that central fetal monitoring used in the hospital intrapartum unit decreased the amount of time the perinatal nurse spent at the bedside, therefore, reducing the amount of time spent providing intermittent fetal monitoring and labor support. In this study, technology within the physical space impacted nursing care, specifically birth practices associated with normal birth such as labor support and intermittent fetal monitoring.

Birth practices

In a study by Parrat and Fahy,[19] practices that restrict a patient's sense of control in hospital settings were found to negatively affect a laboring woman's sense of safety

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Table 1. **Definitions of normal labor and birth outlined by professional organizations and through the research process**

Source	Primary perspective	Country of origin	Definition of normal labor and birth	Facilitating factors	Hindering factors
International Confederation of Midwives[32]	Midwifery	International	A unique dynamic process in which fetal and maternal physiologies and psychosocial contexts.Normal birth is where the woman commences, continues, and completes labor with the infant being born spontaneously at term, in the vertex position at term, without any surgical, medical, or pharmaceutical intervention.	Not identified	Not identified
A Concept Analysis of Normal Birth, G. Anderson[33]	Midwifery	Northern Ireland	The elements of normal birth identified were that it is a physiological process, does not include interventions, partnership with the laboring woman is required and she is in control, it is an empowering process and midwives are considered the experts of normal birth.	A healthy woman, an uncomplicated pregnancy, a singleton pregnancy, a vertex presentation, labor that occurs spontaneously between 37 and 42 wk	Any intervention that changes the course of a spontaneous labor
Society of Obstetricians and Gynaecologists of Canada[34]	Midwifery, obstetricians	Canada	A normal birth is spontaneous in onset, is low risk at the start of labor and remains so throughout labor and birth. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. Normal birth includes the opportunity for skin-skin holding and breastfeeding in the first hour after the birth.	Not identified	Not identified

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Table 1. **Definitions of normal labor and birth outlined by professional organizations and through the research process (*Continued*)**

Source	Primary perspective	Country of origin	Definition of normal labor and birth	Facilitating factors	Hindering factors
World Health Organization[35]	Midwifery, obstetricians	International	Normal birth is spontaneous in onset, low-risk at the start of labor and remaining so throughout labor and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth mother and infant are in good condition.	Birth plan, risk assessment of pregnancy, prenatal care including emotional care; oral fluids during perinatal period; informed choice of birth environment; respect of patient privacy; empathic support or emotional care; respecting woman's choice of support persons; informational support; nonpharmacological pain relief methods; intermittent fetal monitoring, including auscultation; freedom of position and movement in labor; encouragement of nonsupine positions; prophylactic oxytocin in third stage; sterile cutting of umbilical cord; prevention of newborn hypothermia; early skin-to-skin contact; routine examination of placenta	Routine enema, pubic shaving, IV infusion, insertion of prophylactic IV cannula, and use of supine positions; rectal examinations; pelvic x-rays; administration of oxytocin before birth if their effects cannot be controlled; routine use of lithotomy position; closed glottis pushing; massaging and stretching perineum during the second stage; use of oral ergometrines in the third stage; routine use of parenteral ergometrines in the third stage; routine use of lavage of the uterus postbirth; routine manual exploration of uterus postbirth
The Royal College of Midwives, The Royal College of Obstetricians and Gynaecologists, and The National Childbirth Trust[36]	Midwifery, obstetricians	United Kingdom	Normal birth occurs without induction, without the use of instruments, not by cesarean section and without general, spinal, or epidural anaesthetic before or during delivery.	Not identified	Not identified

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Table 1. **Definitions of normal labor and birth outlined by professional organizations and through the research process (*Continued*)**

Source	Primary perspective	Country of origin	Definition of normal labor and birth	Facilitating factors	Hindering factors
American College of Nurse-Midwives, Midwives Alliance of North America, & National Association of Certified Professional Midwives[16]	Midwifery, obstetricians	United States of America	Normal physiologic labor and birth is powered by the innate human capacity of the woman and fetus. It includes biological and psychological conditions that promote effective labor; it results in vaginal birth of both the infant and the placenta. There is physiological blood loss. The newborn transitions best through skin-to-skin contact and close mother/infant contact during the postpartum period, which is facilitated by early initiation of breastfeeding.	Laboring woman is healthy, physically fit, determined, knowledgeable about birth, fully informed and access to a supportive birth environment and a birth attendant; the birth attendant is knowledgeable about normal birth practices, committed to shared decision making, and provides care in a birth environment supportive of normal birth; birth environments that have access to midwifery care provide adequate time for shared decision making, provide freedom of movement during labor and birth, provide comfort, dignity, privacy and respect for cultural needs	Induction or augmentation of labor; unsupportive environment; time constraints; nutritional deprivation; analgesia and anesthesia; episiotomy; operative birth to include cesarean; immediate cord clamping; separation of mother and infant; an environment where the mother feels threatened
Normal Labour: A Concept Analysis, D. Gould[37]	Midwifery	London, England	Measureable parameters, which define normal labor include no problems in the pregnancy; spontaneous onset by 37–43 wk gestation; a singleton fetus presenting by the vertex; clear amniotic fluid, onset of regular, progressively stronger, more frequent uterine contractions; progressive effacement and dilation of the cervix; bulging forewaters under pressure from contractions; mother and baby show no abnormality; progressive fetal descent through birth canal resulting in a spontaneous vaginal delivery of live healthy baby; complete expulsion of the placenta and membranes	Maternal movement	Not identified

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Table 1. **Definitions of normal labor and birth outlined by professional organizations and through the research process (*Continued*)**

Source	Primary perspective	Country of origin	Definition of normal labor and birth	Facilitating factors	Hindering factors
Development of the Intrapartum Nurses' Beliefs Related to Birth Practice Scale, E. Adams and D. Sauls[24]	Nursing	United States of America	From the perspective of perinatal nurses, normal birth is a physiological life event that is unique to each laboring woman. The perinatal nurse who provides care during a normal birth is trusting of the birth process, provides patient advocacy, is respectfully assertive, and has high self-efficacy related to the interventions necessary to promote normal birth. Liberal use of labor support techniques dictates that the perinatal nurse spends the majority of time at the patient's bedside. Normal birth is associated with positive maternal, fetal, and neonatal outcomes	Nursing skills: trust in the birth process, patient advocacy, assertiveness, self-efficacy, and the use of labor support techniques	Not identified in the definition

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and ability to focus significant energy on the labor and birth process. For example, if the laboring woman is not given the choice of ambulation at will, her sense of control is altered and her energy resources needed for labor are diminished. Guiver[14] found in a qualitative study informed by 9 midwives from England that years of midwifery experience within an environment supporting normal birth affected both the midwives' birth practices and the philosophy of birth that guided care. It must also be recognized that due to underlying assumptions within the birth environment and despite personal beliefs about birth practices, the perinatal nurse may be hindered from implementing normal birth practices due to lack of autonomy and lack of skills in assertiveness.[12,20]

Peer pressure

Peers of the perinatal nurse may influence birth practices and the timing of implementation.[12,14,20] Peer pressure can also be thought of as herd mentality. If the masses are behaving in a particular manner, it may be difficult for the perinatal nurse to take a different stand and move in an opposing direction. Blaaka and Schauer[21] and Downe et al[10] identified a clash of beliefs that is created when caregivers, including perinatal nurses, try to maintain a belief in normal birth while managing the expectations of others who believe in medicalized birth. This clash may create a lack of incentive to implement the birth practices associated with normal birth in an effort to maintain a neutral position and decrease controversy among coworkers.

This search revealed 2 belief systems related to birth practices existing across healthcare disciplines and in society in general: (1) medicalized birth and (2) normal birth and identified specific elements of the birth environment, which impact patient care. It also revealed that there is a synthesis of beliefs and elements within the birth environment that inform healthcare provided during birth.[14]

METHODS

Krueger and Casey[22] state that focus groups are systematically planned group discussions, which seek opinions regarding defined areas of interest from carefully selected individuals. Two focus groups were established to elicit the expert opinion of perinatal nurses concerning beliefs related to birth, the practices of perinatal nurses, and explore issues and workplace challenges related to the birth environment. Data obtained from the review of literature and the focus groups facilitated a concept analysis to explore the concept of normal birth as it relates to the practice of the perinatal nurse and further identified workplace challenges within the birth environment. The concept analysis is a scholarly strategy used by researchers exploring meaning within abstract concepts. The process is a rigorous review of linguistic examples in the literature.[23]

Focus groups

Population

Focus groups were conducted at a national convention of perinatal nurses ($n = 4$) and at a large, tertiary-care hospital in the Southeast United States ($n = 10$). Participants were experienced perinatal nurses who were currently working on intrapartum units in a hospital setting. Every participant (100%) had more than 5 years of experience as a perinatal nurse. When both groups were combined, 60% had a bachelor of science degree in nursing, 39% had an associate degree in nursing, and 1% had a master's of science degree in nursing.

Data collection and analysis

A semistructured interview guide was used to explore personal beliefs of the perinatal nurses and issues related to clinical birth practice and the birth environment. Responses to questions were recorded, transcribed, categorized, and coded and content analysis was conducted to develop findings.

Concept analysis

The concept of normal birth as it relates to the perinatal nurse was explored by conducting a concept analysis. Walker and Avant's[23] process was used. This process is dynamic and results in definitions of attributes associated with a concept, delineates antecedents or events that occur prior to the concept, identifies consequences or events that occur following a concept, defines empirical referents or methods of measuring the abstract concepts, and constructs model cases that exemplify every element that was learned about the concept. Conceptual and operational definitions are developed through the process the concept analysis, yielding construct validity to the results. Only discussion of the resulting attributes and suggestions for empirical referents are discussed in this article.

RESULTS

Focus groups

Participants collectively communicated that nursing beliefs dictate nursing interventions and ultimately dictate birth outcomes from the perspective of the perinatal nurse. In addition, nursing beliefs may vary depending on education and length of practice of the perinatal

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nurse. An expressed clash of beliefs, a workplace challenge, was also described among perinatal nurses, birth attendants, administrators, and patients. These clashes require the perinatal nurse to develop or refine skills to manage them.

Participants expressed well-developed beliefs that birth should occur without intervention and could, most likely, occur vaginally in the majority of patients. They identified frustration that they had little control over the birth process. Most perinatal nurses in these groups identified significant peer pressure from those nursing colleagues that had a more medicalized birth point of view. Perinatal nurses who expressed normal birth beliefs and implemented measures to promote vaginal birth reported frustration when those with medicalized beliefs spent more time outside of the patient's room. This phenomenon was described as a challenge of work ethic. Nursing staff who believed in normal birth were more likely to trust the birth process, meaning that birth was not held tightly to the expected parameters of the phases of labor, cervical dilation, and fetal descent. Those believing in a medicalized approach to birth imposed time limits on their patients related to these aspects of labor and birth.

There seems to be evidence of skills developed by the perinatal nurse in an effort to affect outcomes. Nurses in these focus groups spoke of how they practiced to facilitate normal birth. These practices, listed in Table 2, were described as assertiveness, aggressiveness, and self-confidence. These 3 terms—assertiveness, aggressiveness, and self-confidence—were confirmed during the concept analysis process and were further developed collectively as a single attribute of assertiveness. As the perinatal nurse developed assertiveness, a relationship with the provider was developed enabling them to be speak casually and frankly and to be trusted by the provider. This assertiveness was seen as vital to promoting and facilitating normal, vaginal birth.

Concept analysis

Following the review of literature and analysis of the narrative content from the focus group, the concept analysis allowed the researcher to identify personal attributes associated with birth practices and the perinatal nurse. One of the attributes identified, assertiveness, has been discussed below. This personal attribute is theorized to be closely associated with personal beliefs related to normal birth. In addition, attributes of the birth environment were identified as a result of this scholarly work and are outlined below. Finally, measurement of the attributes can occur through empirical referents and are also discussed.

The attribute of assertiveness

In Walker and Avant's[23] classic concept analysis model, it is suggested that frequently occurring characteristics of a concept should be identified as defining attributes of the concept. The concept analysis process identified characteristics or attributes of the perinatal nurse who recognizes the core beliefs of normal birth and sought to facilitate normal birth. Assertiveness was identified as the primary attribute demonstrated by perinatal nurses who promote and believe in normal birth. Assertiveness was identified as aggression or self-confidence but was characterized by the perinatal nurse's ability to choose communication techniques or birth practices, which facilitated normal birth. For example, one participant stated that as second stage was prolonged yet combined with signs of maternal and fetal well-being, the perinatal nurse would suggest to the provider that additional time for continued pushing be considered. In this manner, the perinatal nurse was assertive and seeking to prevent an operative birth. Other attributes associated with normal birth and perinatal nursing included (a) individualized, women-focused care; (b) holistic care; (c) consideration of the impact of physical, emotional, and social factors on the birth process;

Table 2. **Practices that promote vaginal birth and assist in avoiding cesareans**[a]

- Empower laboring women to be assertive
- Develop a trust in nursing skills that promote vaginal birth
- Use confidence to communicate with physicians and negotiate alternatives to cesarean
- Use "desk time" to develop relationships with physicians to ease communication
- Obtain experiential knowledge about facilitating labor
- Be aware of the "clock." When time limits are imposed, seek to alter them
- Use creative maternal positioning to facilitate fetal descent
- Wisely use medicalized practices such as epidurals and "bumping the pit" to increase the likelihood of normal birth

[a]Source: Author.

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(d) the liberal use of primarily nonpharmacological and nontechnical interventions or labor support techniques; and (e) spending the majority of time at the patient's bedside.

Birth environment attributes

The following attributes of the birth environment or physical space, which facilitate normal birth, were identified: (a) policies that promote patient control of the birth process, such as ambulation during labor at the patient's discretion; (b) policies that promote normal birth practices, such as policies supporting intermittent fetal monitoring; (c) an environment where the perinatal nurse has the necessary power to influence the process of birth; and (d) colleagues who share beliefs related to normal birth.

Empirical referents

Abstract concepts are difficult to identify and measure. Often, the measurement of an abstract concept must occur through observable characteristics or attributes that exemplify the concept. Empirical referents allow for the measurement of an abstract concept and can therefore document its existence.[23] Through the review of literature, analysis of focus group data and the process of concept analysis, elements of workplace challenges to the perinatal nurse have been identified as empirical referents.

One method of quantitatively measuring attributes is through the use of an instrument that has been subjected to psychometric testing. An instrument, entitled the Intrapartum Nurses' Beliefs Related to Birth Practice (IPNBBP), was designed to determine the birth beliefs of the perinatal nurse and to categorize them according to medicalized birth or normal birth.[24,25] The IPNBBP is a 28-item, self-administered, valid, and reliable instrument using a 6-point Likert-type scale in which participants may indicate whether a statement "strongly differs with my beliefs related to birth practice" or "strongly aligns with my beliefs related to birth practice." The IPNBBP includes 2 open-ended questions allowing participants to express, in a narrative manner, their beliefs related to birth practice. Through the use of this scale or others developed in the future, beliefs can be identified and may assist nurse administrators in making decisions about staff assignments to promote safe, effective birth practices within their organization.

Because each moment in the United States a perinatal nurse is caring for a laboring woman and assisting in the birth process, empirical measures become important to document both the impact and quality of care provided by the perinatal nurse. The influence of this care can be measured and the impact of the perinatal nurse on patient outcomes can be documented. Although accrediting bodies require documentation of improvement in patient outcomes such as elective inductions, cesarean birth, and exclusive breastfeeding, these outcomes are not measured in regard to nursing interventions. Documentation and measurement of evidence-based nursing interventions can provide a clear picture of the effect of perinatal nursing care on patient outcomes.[26] This knowledge will allow for the development of effective processes designed to overcome the many challenges facing the perinatal nurse and therefore improving perinatal care for women and newborns.

Quality of the nursing care in perinatal settings is governed locally by specific institutional policies and nationally by published standards of the Association of Women's Health, Obstetric and Neonatal Nurses and hospital accreditation agencies. Many other professional organizations such as the American Congress of Obstetricians and Gynecologists, the American Academy of Pediatricians, and the American College of Nurse-Midwives inform the practice of perinatal nursing. Although there are no valid nursing quality measurements currently available, the Perinatal Nursing Care Quality Measure is being tested. This instrument would measure nursing interventions and their impact on patient outcomes and quality of care.[26] Edmonds et al[27] suggest by seeking methods of identifying nursing performance, such as associating cesarean rates with individual nurses, nursing's effect on birth outcomes may be quantified.

DISCUSSION

Two workplace challenges, the impact of personal beliefs and issues within the birth environment have been identified and explored through the scholarly process of literature review, focus groups with perinatal nurses, and a concept analysis. Through this exploration, an understanding of the defining attributes and empirical referents of beliefs and the birth environment is gained.

The impact of beliefs

The Theory of Planned Behavior identifies the impact of personal beliefs on behaviors. Perinatal nurses who participated in this scholarly work identified both beliefs and behaviors associated with normal birth practices. Despite knowledge of published maternal and newborn benefits of normal birth practices, implementation of nursing behaviors associated with facilitating normal birth is underused.[28] These benefits of normal birth practices include decreased (a) interference with the birth process, (b) length of labor, (c) use of analgesia and anesthesia, (d) operative birth, (e) newborn complications associated with elective inductions of

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labor and operative births; and increased (f) maternal satisfaction; and enhanced (g) bonding and (h) breastfeeding.[26,29,30]

Nursing care implemented by the perinatal nurse can impact the course of labor and birth. For example, upright positions for the second stage of labor reduce the length of time required for pushing.[28] The perinatal nurse who assists the laboring woman into a squatting, standing, or other gravity-assisted position can impact the timing of labor and birth. Implementation of upright positions for the second stage of labor can be categorized as one of many nonpharmacological nursing interventions called labor support. Labor support is considered to be a practice associated with normal birth and is defined as the intentional human interaction between the perinatal nurse and the laboring woman that assists with coping during labor and birth.[8] Yet, for the nurse to implement these practices, a belief system associated with normal birth must exist and certain environmental and cultural challenges must be overcome.

Unfortunately, lack of exposure to normal birth practices results in a generation of birth attendants, perinatal nurses, and laboring women who may have a belief system that is skeptical about the effectiveness of normal birth practices. Perinatal nurses and birth attendants may, therefore, be inexperienced in providing practices associated with normal birth. Moberg[31] further stated that as beliefs in technology and birth practices associated with medicalized birth prevail, confidence in nontechnical, nonpharmacological care practices of normal birth is diminished.

Impact of birth environment

When characteristics or attributes such as policies supporting normal birth practices are present, the birth environment is better able to support normal birth. Equalization of power between patient, staff, providers, and administration occurs in birth environments where the attributes of collegiality and respect are promoted. In these environments, incidences of peer pressure, bullying, and other forms of aggression would be minimized. When administrators of birth environments include issues to promote normal birth in strategic mission statements, care provided to laboring women will be positively affected. Without these characteristics and the corresponding birth practices, a medicalized approach to birth prevails, including higher rates of interventions during labor and poorer birth outcomes.[26]

IMPLICATIONS FOR PRACTICE

Beliefs related to birth practice are developed and refined through knowledge acquisition, cultivating professionalism, and reflection on the value and impact of nursing care.[26] Knowledge of all aspects of normal birth is acquired throughout a lifetime, framed by existing personal beliefs. Many experiences contribute to collective knowledge. However, it is important to provide formal educational opportunities that promote the attributes and benefits of normal birth and evidence-based practice within the birth environment. Through teaching and role modeling provided in the academic setting, in the clinical environment and through professional venues such as conventions and seminars, the perinatal nurse becomes capable of providing evidenced-based care, particularly that which is normal birth centered.

Although there are many resources to promote effective perinatal nursing practice, a Web site published by the American College of Nurse-Midwives, www.birthtools.org, is specifically designed to provide perinatal nurses, birth attendants, and administrators with vital information to implement normal birth practices. Within this Web site are sections providing supporting evidence, policies, and case studies of successful implementation of normal birth practices within the hospital setting. Information is contained within 5 sections: (1) promoting spontaneous onset of labor; (2) promoting progress in labor; (3) promoting comfort in labor; (4) assessment of fetal well-being; and (5) dyad care in the immediate postpartum.[29]

Patient safety is a critical element of perinatal care and a primary measure of quality of care within hospital settings. Safety within the birth environment is determined by beliefs and values held regarding care practices that minimize harm.[20] Because normal birth is associated with positive maternal, fetal, and newborn benefits, safety can be improved through the implementation of normal birth practices. Within a birth environment, the use nonpharmacological pain relief methods to reduce analgesia and anesthesia use can be facilitated by adapting the physical space. Preparing the labor and birth space for the use of birth balls, maternal ambulation and even hydrotherapy, facilitates normal birth.[26,29] Armed with the knowledge that various elements of the birth environment can positively or negatively impact the care provided to the laboring woman, those involved in planning the physical space of birth can reduce workplace challenges impacting the care provided to laboring women by the perinatal nurse.

CONCLUSION

Perinatal nurses involved in the birth process make many care decisions that will affect the course of labor and birth. Decisions can be impacted by numerous external and internal issues or challenges. This article has explored the impact of personal beliefs and

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elements of the birth environment upon the care provided by the perinatal nurse. A framework of personal beliefs associated with normal birth can provide the perinatal nurse with the tools to implement birth practices such as labor support. This type of belief system also produces a trust in birth, allowing the perinatal nurse to approach birth with patience and confidence.

Assertiveness, described through the process of the focus groups and concept analysis, is shown to be a vital attribute for perinatal nurses. This characteristic is enhanced through positive peer support, increased knowledge, and experience. Finally, many birth practices and physical aspects of the birth environment can support the efforts of the perinatal nurse in providing care to laboring women. By carefully reviewing these aspects when making patient care decisions at all levels, workplace challenges can be overcome and birth outcomes for mothers and newborns can be enhanced.

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