Teaching Physiologic Birth in Maternal–Newborn Courses in Undergraduate Nursing Programs: Current Challenges

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ABSTRACT

For low-risk childbearing women, fewer technological interventions are associated with better physical and psychosocial outcomes; yet, the number of unmedicated physiologic births is decreasing. As a result, fewer undergraduate nursing students experience caring for women who choose physiologic birth, which presents a challenge for nurse educators and implications for preparing students to provide appropriate care for all childbearing women after the students graduate. This exploratory descriptive qualitative study was conducted among 150 randomly selected undergraduate nursing programs in the United States to explore the challenges of educating nursing students about low-intervention birth. Four themes described current challenges: lack of placement opportunities, education versus clinical practice, evidence-based support of physiologic birth, and the need for more research on pedagogical strategies that effectively educate future nurses to advocate for minimal intervention birth options for all women.

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Today, fewer nursing students have the opportunity to use their skills to provide comfort measures and give supportive care to laboring women having minimal or no medical/technological interventions. Changes in the way women give birth can present a dilemma for professors teaching in this area as well

as for the students who are being prepared to care for childbearing women. As more and more women give birth with the use of medical interventions such as epidurals and elective and/or repeat cesarean surgery, nursing students today have limited opportunities to experience the natural process of birth and

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A body of evidence demonstrates that, for low-risk childbearing women, fewer technological interventions are associated with better physical and psychosocial outcomes (McAra-Couper, Jones, & Smythe, 2010), yet unmedicated physiologic births are not commonly encouraged in hospital birthing units across the United States (Sleutel, Schultz, & Wyble, 2007). In addition, experienced perinatal nurses report concern that new graduates are not adequately prepared to provide high-touch supportive care that is so essential in highly technological birthing units (Carlton, Callister, Christiaens, & Walker, 2009). High-touch supportive care includes the “theoretical knowledge” to implement comfort measures, emotional and physical support, and continuous teaching from a “woman’s admission to the unit until the birth of her baby” (Hotelling, 2007, p. 271; Lowdermilk, Perry, Cashion, & Alden, 2010, p. 453).

Little research is available on best practices for teaching normal physiologic birth with minimal interventions in technical and intervention-based environments in the academic setting (Oermann, Blair, Kowalewski, Wilmes, & Nordstrom, 2007). The gaps in the literature on this particular topic motivated our study. The purpose for our research was to contact undergraduate maternal–newborn nursing programs throughout the United States and explore how normal physiologic birth was being taught in their particular programs. The study was guided by the following two questions: (a) how are maternal–newborn courses being taught in undergraduate nursing programs in the United States? and (b) how is normal, physiologic birth being taught in undergraduate nursing programs given the technologically intense environments in most birthing units? We defined a normal physiologic birth as one in which a low-risk mother experiences the spontaneous onset of labor, labors with minimal technological

interventions, and gives birth vaginally and spontaneously to a healthy term infant. In addition, there is no unnecessary maternal–newborn separation and early breastfeeding is initiated after birth.

BACKGROUND

According to the National Center for Health Statistics, approximately 4 million infants are born each year at more than 6,000 acute care facilities in the United States (Martin et al., 2009). About one third of these births are cesarean surgeries and most births occur with multiple medical interventions (Walker, 2009). The aforementioned practices are aimed at improving outcomes for mothers and babies; however, increased use of medical interventions in childbirth may also introduce greater risks for mothers and newborns (Romano & Lothian, 2008). In the last 2 decades, there has been “a rapid expansion in the development and use of a range of practices designed to start, augment, accelerate, regulate, or monitor the physiological process of labor” (World Health Organization [WHO], 1999, p. 1). The findings of WHO’s (1999) critical report were supported again by the *Listening to Mothers II* national study on women’s childbearing experiences (Declercq, Sakala, Corry, & Applebaum, 2006). Some studies report with concern that increased dependence on technology has diminished confidence in women’s innate ability to give birth without intervention (Carlton et al., 2009; Carlton, Callister, & Stoneman, 2005; Simpson & Thorman, 2005).

Clearly, with the rising rates in the popularity of the use of medical interventions such as elective inductions, epidurals, and elective cesarean surgery, perinatal nurses and nursing students must be acquainted with the latest evidence-based practices to serve as advocates and educators for childbearing women. Providing information about the risks and benefits of interventions to fill gaps in women’s knowledge is a critical role of new perinatal nurses (Collard, Diallo, Habinsky, Hentschell, & Vezeau, 2009).

Today, most birthing units are fully equipped with the latest technology to care for high-risk or medically complicated births, and the demand and expectations for fully trained nurses is high. Consequently, nurse educators must focus on preparing students to practice in fast-paced, highly technical birthing units. As a result, new nurses may be unprepared to assist a mother requesting a normal, unmedicated, physiologic birth—the kind of birth that research suggests promotes positive outcomes

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for mothers and babies. Thus, evidence-based education of maternal–newborn nursing students regarding the benefits of physiologic birth in technologically intense birthing environments is imperative (Goldberg, 2009; Sakala & Corry, 2008).

METHODS

We conducted this exploratory descriptive qualitative study after receiving institutional review board approval. Three hundred undergraduate nursing programs in the United States were randomly selected to participate in the study. Inclusion criteria included being a member of the American Association of Colleges of Nursing (AACN) and having a maternal–newborn nursing course as part of the curriculum. Exclusion criteria included programs that did not identify a separate or independent maternal–newborn nursing course and graduate nursing programs.

Nursing programs from each state that met the previously mentioned qualifications were identified. Three to five of these nursing programs were then randomly selected. A letter of introduction, an open-ended questionnaire, and a stamped, return-addressed envelope were mailed to each identified maternal–newborn course instructor. Participants were encouraged to respond by postal mail or electronically by e-mail.

The questionnaire was evaluated for face validity and content validity and for comprehensibility by two expert maternal–newborn nurse educators. The questionnaire contained 13 questions regarding nurse educators' perspectives on their teaching of physiologic birth and evidence-based clinical perinatal nursing practice at their institution (see Table 1). Participants were asked to respond to most questions using a 5-point Likert-type scale ranging from "strongly agree" to "strongly disagree," or "very comfortable" to "not comfortable," or "most students" to "few students." Participants were also encouraged to freely share and provide personal comments and explanation to their responses. The last four questions on the questionnaire were open-ended questions allowing participants to share their input about how they taught their courses, including teaching techniques, course content, visual aids, preferred textbooks, and any other feedback they wanted to offer about their maternal–newborn nursing course. Many professors and clinical educators included course syllabi with the completed questionnaires. Data from these last four questions will be reported in another publication.

Data analysis included the use of descriptive statistics and frequencies to synthesize the collected information. Although the questionnaire was developed with Likert-type questions and answer choices, most of the respondents included personal comments, explanations, and clarifications for their selected answer; thus, the data collected were more open-ended and qualitative in nature. In many cases, respondents provided answers in their own words instead of selecting one of the answer choices. Respondents added numerous comments, clarifications, explanations, or exceptions for each question. Because of the richness of the qualitative data and to more appropriately and accurately represent the collected data, we coded and thematically analyzed the data. Two expert qualitative researchers and members of the research team were involved in reading, discussing, and analyzing the themes. Sharing views and conclusions allowed for thorough discussion among team members and solidified judgment and accurate interpretation of the data.

FINDINGS

Out of the 300 randomly selected maternal–newborn course instructors in the United States, we received 150 responses (50% response rate); of these, 147 respondents completed the entire survey (see Table 2). Three nurse educators stated that their courses were in transition or were being revamped and sent brief information regarding the new course content and structure. All U.S. states were represented by at least one undergraduate nursing program.

Based on the respondents' replies to the questionnaire, we identified four main themes that related to the purpose of this study to explore how normal physiologic birth is being taught in nursing programs in the United States (see Table 3). Most nurse educators reported that they teach their students about normal physiologic birth in their courses via the use of textbooks, media (e.g., DVDs and YouTube videos), high-fidelity simulation, case studies, real-life stories from new mothers, birthing centers, Lamaze classes, and current experiences from faculty practice. Some nurse educators were familiar with the six care practices developed by WHO (1999) and Lamaze International (2009), although not all of these nurse educators utilized these practices in their courses.

Most educators shared that although normal physiologic birth is taught in their courses, they face many challenges and obstacles in effectively teaching

Visit the Lamaze International for Professionals website for more information about the six Lamaze Healthy Birth Practices (<http://www.lamazeinternational.org/HealthyBirthPractices>).

TABLE 1
Survey Questionnaire

<p>1. Normal vaginal (unmedicated) or natural birth is taught in my undergraduate nursing program.</p> <p>☐ Strongly agree</p> <p>☐ Agree</p> <p>☐ Neither agree nor disagree</p> <p>☐ Disagree</p> <p>☐ Strongly disagree</p>	<p>7. Evidenced-based research is presented to your students when you teach normal vaginal (unmedicated) birth.</p> <p>☐ Strongly agree</p> <p>☐ Agree</p> <p>☐ Neither agree nor disagree</p> <p>☐ Disagree</p> <p>☐ Strongly disagree</p>
<p>2. My undergraduate nursing students are taught how to assist women giving birth via a normal vaginal (unmedicated) birth.</p> <p>☐ Strongly agree</p> <p>☐ Agree</p> <p>☐ Neither agree nor disagree</p> <p>☐ Disagree</p> <p>☐ Strongly disagree</p>	<p>8. I am aware of the six care practices that promote normal physiologic birth developed by the World Health Organization (WHO) and Lamaze International.</p> <p>☐ Strongly agree</p> <p>☐ Agree</p> <p>☐ Neither agree nor disagree</p> <p>☐ Disagree</p> <p>☐ Strongly disagree</p>
<p>3. Specific comfort measures such as relaxation, breathing techniques, and hydrotherapy to support normal vaginal (unmedicated) birth are taught to undergraduate students in my nursing program.</p> <p>☐ Strongly agree</p> <p>☐ Agree</p> <p>☐ Neither agree nor disagree</p> <p>☐ Disagree</p> <p>☐ Strongly disagree</p>	<p>9. The six care practices that promote normal physiologic birth developed by the WHO and Lamaze International are taught in our undergraduate nursing curriculum.</p> <p>☐ Strongly agree</p> <p>☐ Agree</p> <p>☐ Neither agree nor disagree</p> <p>☐ Disagree</p> <p>☐ Strongly disagree</p>
<p>4. In their clinical experience, do your students provide nursing care to women desiring a normal vaginal (unmedicated) birth?</p> <p>☐ Most students do</p> <p>☐ Some students do</p> <p>☐ Not sure</p> <p>☐ Few students do</p> <p>☐ None of my students do</p>	<p>10. Which textbook is currently being used in your maternal–child health course?</p>
<p>5. In your opinion, how comfortable are your undergraduate nursing students with providing nursing care to women choosing to have a normal vaginal (unmedicated) birth?</p> <p>☐ Very comfortable</p> <p>☐ Somewhat comfortable</p> <p>☐ Somewhat uncomfortable</p> <p>☐ Not comfortable</p>	<p>11. In your maternal–child health course, what teaching aids are utilized to teach normal vaginal (unmedicated) birth (e.g., simulation, videos)?</p>
<p>6. What percentage of births in your community are unmedicated vaginal births?</p> <p>☐ 90%–100%</p> <p>☐ 70%–80%</p> <p>☐ 60%–70%</p> <p>☐ About 50%</p> <p>☐ Less than 50%</p>	<p>12. Is there anything you would like to share about your maternal–child health course?</p> <p>13. Will you be willing to share a copy of your maternal–child health syllabus with us? If so, please attach a copy in the return-addressed envelope or send us an electronic copy with the completed survey. The copy of your syllabus will be used for research purposes only and will be destroyed upon completion of the study.</p>

the topic. Two of the greater challenges mentioned by these nurse educators is the lack of adequate clinical placement for students in birthing units and the decreasing number of women requesting a normal physiologic birth experience. A third challenge or concern was the time constraints in each semester or term to cover all of the material and still adequately prepare students for clinical practice.

Some faculty expressed that preparing students to manage medically intervened births was more critical than preparing students to manage the less common normal physiologic birth experience in their community. Lastly, many course educators requested that more research be done regarding best teaching practices for maternal–newborn courses, given the changes in real-world beliefs and practices

TABLE 2
Sample Characteristics and Descriptive Statistics

Study/Survey Characteristics	n	Frequency	
		Mean	(SD)
Responses to questionnaires from 300 U.S. undergraduate nursing programs	150		
Completed questionnaires	147		
Number of U.S. states represented in completed questionnaires	50		
Q1: Normal vaginal (unmedicated) birth is taught in our undergraduate nursing program.	147	1.19	0.04
Q2: Undergraduate nursing students are taught how to assist women giving birth via a normal vaginal (unmedicated) birth.	147	1.20	0.04
Q3: Specific comfort measures such as relaxation, breathing techniques, and hydrotherapy to support normal vaginal (unmedicated) birth are taught to undergraduate students in my nursing program.	147	1.27	0.05
Q4: In their clinical experience, do your students provide nursing care to women desiring a normal vaginal (unmedicated) birth?	147	3.20	0.17
Q5: In your opinion, how comfortable are your undergraduate nursing students with providing nursing care to women choosing to have a normal vaginal (unmedicated) birth?	147	1.86	0.05
Q6: What percentage of births in your community is unmedicated vaginal birth?	147	4.81	0.06
Q7: Evidenced-based research is presented to your students when you teach normal vaginal (unmedicated) birth.	147	1.21	0.05
Q8: I am aware of the six care practices that promote normal physiologic birth developed by the World Health Organization (WHO) and Lamaze International.	147	1.41	0.08
Q9: The six care practices that promote normal physiologic birth developed by the WHO and Lamaze International are taught in our undergraduate nursing curriculum.	147	2.61	0.17

Note. Values are mean scores on a 5-point scale (Q1–Q4 and Q7–Q9: 1 = *strongly agree*, 5 = *strongly disagree*; Q4: 1 = *most students do*, 5 = *none of my students do*; Q5: 1 = *very comfortable*, 5 = *very uncomfortable*; Q6: 1 = *90%–100%*, 5 = *less than 50%*).

by women and hospital staff regarding the child-birth experience. Most educators also requested more research in evidence-based teaching methods and strategies for handling the decrease in adequate clinical experiences for nursing students.

Lack of Placement Opportunities

The competition for placing nursing students in clinical settings is great throughout the United States. Some nursing programs have decreased the amount of students' clinical time in perinatal settings (Benson-Soros, 2006). In this study, professors and

clinical faculty shared their concerns and frustrations with the lack of adequate clinical placements in birthing facilities where students would have opportunities to care for laboring women. A professor from the East Coast stated, "Because of the difficulty with clinical placements, students may only have one day in the birthing unit for their clinical rotation."

Most course educators in this study reported that they attempt to overcome the lack of clinical placement opportunities by offering students high fidelity simulation, DVDs, real-life stories by women, case studies, and real-world events from their clinical

TABLE 3
Themes Regarding Challenges of Teaching in Maternal–Newborn Courses

Themes	Nurse Educators' Comments
Theme 1: Lack of placement opportunities	Focus: Feelings of concern and frustration with the lack of adequate clinical placement opportunities for nursing students in birthing units.
Theme 2: Education versus clinical practice	Focus: Challenges of providing students with experiences in caring for women during a normal physiologic birth given the increasing number of epidurals and other medically intervened births in hospital settings.
Theme 3: Evidence-based support of physiologic birth	Focus: Concerns regarding the lack of education and/or support for the evidence-based benefits of a normal physiologic birth in real-world birthing units by hospital staff.
Theme 4: Pedagogy research needed for teaching maternal–newborn courses	Focus: Lack of sufficient research and resources in pedagogy for teaching maternal–newborn courses in today's fast-paced, high-tech environments.

practice. Several educators ($n = 15$; 10%) who were also certified nurse-midwives reported more success with being able to provide their students with experiences caring for laboring women because they were able to involve students in their birthing centers. Many of the respondents ($n = 44$; 30%) stated that they used simulation technology in their lab settings to teach their students about birth even though, as one professor said, “that is the only place they might ever see it.” Other study participants ($n = 3$; 2%) shared that they used mandatory outside course requirements such as visiting birthing centers and Lamaze classes as a way of introducing their students to birth options.

Education Versus Clinical Practice

Nearly all (98.6%) of the participants reported that the topic of physiologic birth is taught in their undergraduate nursing programs. Ninety-three percent reported specifically that students are taught how to care for women requesting a physiologic birth. However, only 69% reported that students get some experience caring for such women in their clinical rotations, and only 59% said that their students were somewhat comfortable caring for a woman requesting a physiologic birth. A few ($n = 4$; 3%) explained that evidence-based research regarding physiologic birth was not discussed extensively in their courses because class time was limited and students would likely not care for women experiencing a physiologic birth in clinical practice. Faculty felt they needed the time in class to teach and prepare their students to care for women requesting elective inductions, epidurals, and elective cesarean surgery because these interventions were procedures that students would be required to know for clinical practice. One professor from Texas reported, “Because of the very high incidence of inductions and cesarean births, there is little chance of reinforcing the classroom content on natural birth in the clinical setting.”

A concerned professor from Massachusetts stated, “It is difficult to get the concept of an unmedicated vaginal birth across because greater than 80% of clients receive epidurals in this area.” Another professor from Pennsylvania stated, “Students are taught comfort measures in skills lab but rarely see an unmedicated birth.” A professor teaching in the Midwest stated that although content regarding physiologic births is discussed in the classroom, students rarely use the information because “most women choose medicated births.” A professor in

New York explained, “Many of the hospitals in our area are so busy. It is easier for practitioners to medicate or ‘epiduralize’ women to ease client-load!”

Evidence-Based Support of Physiologic Birth

The majority ($n = 135$; 92%) of professors expressed concern about the growing trend for childbearing women to request elective inductions and cesarean surgery. They suggested that this trend may be indicative of a lack of awareness regarding the evidence-based research on the benefits of minimal intervention in childbirth. Most ($n = 126$; 86%) professors and clinical faculty stated that they were aware of the six evidence-based care practices that support physiologic birth (see Table 4). The evidence-based practices, adapted from the WHO (1999) and Lamaze International (2009), promote physiologic birth and are supported by research studies that document the benefits and risks of perinatal care practices. Fifty-one respondents (34%) reported that they did not use the six evidence-based care practices when teaching natural childbirth but that they emphasized what was mentioned in the textbooks. Some nurse educators expressed concern regarding “a missing piece” in prenatal education and who should be responsible for educating pregnant women about the benefits and risks of medically intervened births.

More Pedagogy Research Needed

Some nurse educators ($n = 12$; 8%) reported that they placed a stronger emphasis on preparing their students to care for medically intervened births because, in the words of one respondent, “that is what the majority of students are experiencing in clinical and in practice and that is what they are expected to know.” Thirty (20%) faculty members suggested that more research is needed in the area of maternal–newborn

TABLE 4
Six Evidence-Based Birth Practices That Promote, Protect, and Support Natural, Safe, and Healthy Birth

1. Let labor begin on its own.
2. Walk, move around, and change positions throughout labor.
3. Bring a loved one, friend, or doula for continuous labor support.
4. Avoid interventions that are not medically necessary.
5. Avoid giving birth on your back, and follow your body's urges to push.
6. Keep mother and baby together—It's best for mother, baby, and breastfeeding.

From “The Lamaze Healthy Birth Practices,” by Lamaze International, 2009. Retrieved from <http://www.lamazeinternational.org/HealthyBirthPractices>

nursing education to identify the best teaching strategies for adequately preparing nursing students to care for laboring women, given the increasingly high technological birthing environment coupled with the continuing need to provide supportive, high-touch nursing care and the decreasing number of available clinical placement opportunities.

DISCUSSION AND IMPLICATIONS FOR EDUCATION AND PRACTICE

Study limitations include the challenge to reach appropriate faculty for maternal–newborn nursing courses. Contact information on university websites was not always accurate; in some cases, courses were being restructured and new course content had not been determined. Another limitation was the potential for responder bias, with individuals with the greatest interest in participating more likely to respond. Limitations were noted with the questionnaire; because many of the nurse educators answered the survey questions with personal comments, explanations, and clarifications, it might have been more appropriate to have all the questions be open-ended. This limitation can also be seen as a strength, however, because it presents the opportunity for conducting a secondary analysis or content analysis on the qualitative data. Moreover, a unique strength of this study is that it is a geographically dispersed sample across the United States; all 50 states were represented by at least one undergraduate nursing program.

This study provides a rare glimpse for nurse educators and all childbirth educators of the real-life challenges of providing nursing students with positive experiences regarding a normal physiologic birth experience. This study also has the potential to foster an ongoing dialogue between nurse educators, clinicians, and perinatal nurses. The Transforming Maternity Care Vision Team identified the importance of nurses engaging in protecting, promoting, and supporting physiologic birth (Carter et al., 2010). As identified in our study, it is critical for educators at all levels to be involved for program changes to occur.

It is important to note that the use of simulation models was reported by many of the faculty in this study, especially in areas where students were only able to attend one clinical day in a birthing unit. Simulation models are proving to be adequate training tools for nursing students, especially in cases where the competition for clinical placements is considerable (Bambini, Washburn, & Perkins, 2009; Beyer, 2009; Broussard, 2008; Cant & Cooper, 2009;

Jeffries, Bambini, Hensel, Moorman, & Washburn, 2009; Warland, 2011). Bambini et al. (2009) reported that students in their study learned “the importance of prioritizing assessment skills, when and how to intervene, and how to better identify abnormal physical findings” as a result of utilizing high-fidelity simulation models (p. 81). Other studies have found that simulation models can improve critical thinking skills and technical, psychomotor, and affective skills, as well as help students to integrate concepts, work as a team, and decrease anxiety (Broussard, 2008; Jeffries et al., 2009). High-fidelity birthing simulators can provide nursing students an excellent opportunity to learn how to manage normal and complicated birth situations in a safe, yet real-world environment. The question should be asked whether simulation models can replicate the nuances of caring for a woman experiencing a natural, unmedicated birth. The AACN (2008) recommends that nurse educators include clinical experiences with actual patients; thus, more outcomes-focused research is indicated.

High-touch labor support is important for childbearing women regardless of their pain management choices or medical interventions. Practical suggestions for the provision of high-touch labor support could be utilized to effectively educate maternal–newborn nursing students (Adams & Bianchi, 2008; Hotelling, 2007). Another excellent tool is the newly developed Coping with Labor Algorithm, which includes a decision tree with suggested nursing interventions for helping women cope with labor (Roberts, Gulliver, Fisher, & Cloyes, 2010). Use of this algorithm in course content with application in clinical settings is recommended.

The findings of our study suggest several implications for practice. It is essential that nursing faculty continue to teach students how to support the normalcy of birth through learned attitudes, behaviors, skills, and clinical strategies for caring for childbearing women (Kennedy & Shannon, 2004). One nurse educator in our study noted that nursing students may be making decisions in the future about their own birthing options or influencing the decisions of family members and, thus, failure to teach evidence-based birth practices affects not only the women these students will care for but also their own birth choices.

It is essential that nursing faculty continue to teach students how to support the normalcy of birth through learned attitudes, behaviors, skills, and clinical strategies for caring for childbearing women.

Several clinical educators in this study reported the strong influence of health-care personnel regarding the “ease of medicalized” births. These professors suggested that such birth options are encouraged in the clinical facilities where students are assigned, to the extent that practitioners sometimes appear to intervene or influence a woman’s right to choose or to be fully informed regarding birth interventions. Instead, highly technical policies and “safety” procedures are applied to all childbearing women. Nursing students may come to understand that this is the standard of care and, eventually, they may cognitively frame childbirth as being fraught with significant maternal–fetal risks that become more important than the woman’s preferences, regardless of the woman’s actual risk status (Goldberg, 2009; Regan & Liaschenko, 2007).

This study also highlights the need for promoting and educating all childbearing women about the normalcy of birth and evidence-based maternity care (Sakala & Corry, 2008). More research is needed in collaborating with perinatal nurses, childbirth educators, and health-care personnel to design curriculum and clinical learning activities that prove helpful in overcoming current barriers and obstacles to implementing evidence-based practices that promote normal birth. Perinatal nurses are in key positions to mentor nursing students in the provision of evidence-based nursing care that honors mothers’ desires for their birth experiences. In addition to training future nurses to aid in physiological births, increased efforts are needed to educate women about the options for giving birth and the risks and benefits of these options (Hotelling, 2009; Sakala & Corry, 2008).

Educated and enthusiastic undergraduate nursing students and seasoned nurses caring for childbearing women can contribute to quality birth experiences for women and their families. As the cultural climate in birthing units changes with increased demand for pain-free births, nurse educators must examine how best to advocate for nursing students to be adequately prepared with both knowledge and skills to provide care that leads to the best outcomes for mothers and babies. Teaching with this level of detail supports a vision for appropriate care of childbearing women (Carter, 2010).

CONCLUSION

Most of the maternal–newborn nurse educators who responded to our survey said that they provided students with varying amounts of information on

caring for women requesting physiologic births. Most educators were aware of the latest evidence-based research on providing supportive care for childbearing women; however, not all professors taught the six evidence-based care practices that support normal birth (Lamaze International, 2009) in their curriculum. Faculty who were certified nurse-midwives or women’s health nurse practitioners reported more specific and detailed course content on promoting, protecting, and supporting normal physiologic birth. Nursing professors and clinical faculty face critical decisions regarding how best to teach students about childbirth and how to convey that normal physiologic birth is indeed a natural, normal process, and that women are capable, with appropriate personal and professional support, to give birth with limited interventions.

Working collaboratively across institutions, educators can develop pedagogies to ensure that future nurses will be prepared to care for women requesting all types of birth options. Nursing graduates will then emerge equipped with the latest evidence-based information, skills, and competencies to care for women and newborns by supporting the normalcy of birth.

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