The Future of Nursing: Implications for Childbirth Educators

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses the Institute of Medicine's 2011 report, *The Future of Nursing: Leading Change, Advancing Health*, and its implications for childbirth educators. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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I recently participated in an important telebriefing for the International Academy of Nursing Editors to discuss the Institute of Medicine's (IOM) landmark report, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011) and the Campaign for Action sponsored by the Robert Wood Johnson Foundation (2011). The intent of this telebriefing was to identify strategies for journal editors to disseminate information from the IOM report, *The Future of Nursing*, and from the Campaign for Action to our readers because it is our readers who can help ensure that the recommendations are implemented.

When the IOM launched *The Future of Nursing* initiative with the Robert Wood Johnson Foundation in 2008, it was clear that the transformation of health care that was under heated discussion at the time would depend in a large part on the future role of nursing. The final report explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health-care reform and to

advance improvements in America's increasingly complex health system. The report presents a blueprint for the role of nurses and the roles that nurses can and must play in helping the nation improve the health of all Americans.

The initial impact of the report was strong. Since its preliminary release in October 2010, *The Future of Nursing* has remained the top visited report on the IOM's website. The final version of the report was released in 2011 and is a must-read for everyone in health care, including childbirth educators.

The Campaign for Action, which was launched in November 2010 following the release of the IOM report, is a collaborative effort to implement solutions to the challenges facing the nursing profession and to build upon nurse-based approaches to improving quality and transforming the way Americans

We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

For more information about the IOM's report, *The Future of Nursing*, and the Campaign for Action, visit <http://thefutureofnursing.org>

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receive health care. The campaign is coordinated through the Center to Champion Nursing in America (CCNA), which is an initiative of the Association of Retired Persons (AARP), the AARP Foundation, and the Robert Wood Johnson Foundation and includes 36 state Action Coalitions and a wide range of health-care providers; consumer advocates; policy makers; and business, academic, and philanthropic leaders. The CCNA also is working with more than 70 national organizations to develop strategies to implement the IOM report recommendations. The objectives of the Campaign for Action include

- strengthening nurse education and training;
- enabling nurses to practice to the full extent of their education and training;
- advancing interprofessional collaboration to ensure coordinated and improved patient care;
- expanding leadership ranks to ensure that nurses have a voice on management teams, in board rooms, and during policy debates; and
- improving health-care workforce data collection to better assess and project workforce requirements.

You may wonder how this report and its recommendations are relevant for childbirth educators. First of all, many childbirth educators are also nurses, and we have an important role to play. Second, these recommendations have implications for all of us who care about improving maternity care for mothers and babies. For example, strengthening nurse education and training helps to ensure that all nurses have the knowledge and skills to provide safe and efficient evidence-based care to improve outcomes for mothers and babies. Scopes of practice barriers are particular threats to nurse midwives. Many midwives nationwide are prevented from practicing to the full extent of their scope of practice by legislation that interferes with their practice. Enabling all nurses, including midwives, to practice to the full extent of their education and training will help to ensure that midwives can provide the level of care they are prepared to provide and that mothers have access to midwifery care in various settings. Advancing interprofessional collaboration will help to ensure coordinated and improved

patient care. This has always been an important goal of childbirth educators.

It is essential that we all help address the recommendations provided in the IOM report in partnership with key nursing and other stakeholders, including physicians, hospitals, businesses, and the community at large. It is important to remember this is not a report just about nurses. It is a report about what is best for patients in this country, patient care, and how nurses can be effectively involved and take a leadership role in creating better patient care. Together, we must work toward the vision of a nation where all Americans have access to high-quality, patient-centered health care in a health-care system where nurses, along with other care providers, contribute as essential partners in achieving success.

IN THIS ISSUE

A special feature in each issue of the *The Journal of Perinatal Education* (JPE) is a birth story that promotes, supports, and protects natural, safe, and healthy birth. In this issue's "Celebrate Birth!" column, Alecia White Scharback shares the story of her second home birth. Like the birth of her first baby, her daughter Flora's birth was supported by the presence of a midwife, the peace and quiet of her own home, and the love of her husband and family.

In a groundbreaking guest editorial, Saraswathi Vedam, director of the Division of Midwifery at the University of British Columbia in Vancouver, provides insightful details describing the Home Birth Consensus Summit held in October 2011 in Warrenton, Virginia, where multidisciplinary leaders representing health professionals, consumers, educators, and birth advocates met to discuss the status of home birth within the greater context of maternity care in the United States. Vedam's important article describes the intent and outcomes of the summit, including four of the nine consensus statements developed at the summit, which are of particular interest and importance to mothers and families and, hence, to childbirth educators and advocates.

The message of this issue's continuing education module, "The Courage to Birth," was originally presented as a keynote address by veteran childbirth educator Kathryn McGrath at the Lamaze International Annual Conference in 2005. In this article, McGrath discusses fear during pregnancy and birth and presents ways in which the childbirth educator can acknowledge and accept women's fears and help

The content of all JPE issues published since October 1998 is available on the journal's website (<http://www.ingentaconnect.com/content/springer/jpe>). Lamaze International members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze website (www.lamaze.org).

women use that fear to find the courage they need to give birth.

Authors Grassley, Spencer, and Law describe their quasi-experimental study designed to evaluate whether “A Grandmothers’ Tea,” an innovative intervention designed to facilitate grandmothers’ knowledge and support of breastfeeding, made a difference in grandmothers’ knowledge, attitudes, and intent to recommend breastfeeding. Results indicated that the intervention group had greater posttest knowledge scores than the control group but had no significant differences in attitudes or intent. However, a significant difference was evident between the attitude scores of grandmothers who breastfed their infants and of grandmothers who did not breastfeed their infants regardless of receiving the intervention.

Swedish authors Avelin, Erlandsson, Hildingsson, Bremborg, and Rådestad note that when a baby is stillborn, it is a tragic event not only for the parents but also for older siblings who are waiting for their little sister or brother. The authors address this sensitive topic in their study aimed to investigate parents’ advice to other parents on the basis of their own experiences of siblings’ taking leave of a stillborn sister or brother. The thematic content analysis resulted in two categories: “Make the stillborn baby and the loss real for the siblings” and “Take the siblings’ resources and prerequisites into account.” Based on these findings, professional caregivers can usefully be proactive in their approach to facilitate and encourage the involvement of siblings.

In this issue, we have two articles by Australian authors. In the first article, Buultjens, Robinson, and Milgrom present findings from their study investigating online resources for new mothers. The authors applied select terms and phrases to a widely accepted search engine and investigated its potential for providing resources for new mothers. Results showed that only 4 of the 13 phrases used in the search generated 50% or more websites containing content relevant to new mothers. The authors suggest that with Internet technology rapidly expanding, perinatal educators and other perinatal health-care professionals need to be informed on current online resources to help direct consumers to useful online resources and mitigate the often overwhelming and confusing information.

In the second article by Australian authors, George, Duff, Ajwani, Johnson, Dahlen, Blinkhorn, Ellis, and Bhole discuss the important recommendation that all pregnant women should receive a comprehensive oral health evaluation because poor maternal oral

health may affect pregnancy outcomes and the general health of the woman and her baby. This article outlines the development of an online education program designed to improve midwives’ dental health knowledge, prepare them to assess the oral health of women, refer when required, and provide appropriate dental education to women and their families. Implications for childbirth educators are included.

In this issue’s “Navigating the Maze” column, Judith Lothian teams up with Alyson Grauer, a recent college graduate, who shares her experiences with friends who do not talk about childbirth. Grauer contrasts their fear and their unwillingness to talk and learn about birth with her own experience being the daughter of Lamaze Certified Childbirth Educator (LCCE) and doula, Ann Grauer. Alyson Grauer’s experiences provide a backdrop for a deeper understanding of young adults’ beliefs about childbirth. Lothian provides insight related to when and why women and men stopped talking about birth and the implications for childbirth education.

In this issue’s “Tools for Teaching” column, Barbara Hotelling shares information on the LCCE educator’s role in teaching survivors of childhood sexual abuse. Hotelling expresses the strong likelihood that at least one participant in any Lamaze childbirth education class has had personal experience with childhood sexual abuse. Using the wisdom of LCCE educators and respected authors in the field of childhood sexual abuse, Hotelling enlightens the childbirth educator to understand the incidence of female and male childhood sexual abuse; to understand the effects of sexual, emotional, physical, and verbal abuse on the pregnant and parenting family; and to facilitate classes that are sensitive to the needs of survivors of childhood sexual abuse as well to all expectant parents.

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