Background
In 2014, the American College of Obstetricians and Gynecologists (ACOG) wrote that the cesarean section (C/S) was being overused—especially in primiparas; although C/S rates were rapidly rising, maternal and neonatal morbidity and mortality were not decreasing. In 2016, the California Maternal Quality Care Collaborative (CMQCC) published a toolkit to help providers reduce primary C/S.

In an effort to decrease our unit’s own C/S rate, especially for primiparas, LDR staff and leaders expressed a desire to better promote vaginal birth.

Purpose
The purpose of this project is to examine the degree to which LDR nurses find a peer-to-peer presentation (instead of only simulation) helpful in increasing confidence in PVB, as measured by survey results.

Methods
- The literature review showed:
  ➢ Presentations are an effective teaching technique for large groups of people to get the same facts.
  ➢ Watching a poster presentation made nurses feel:
    - significantly more able to explain how orders reflected evidence-based practice (EBP), and
    - significantly more likely to fulfill nursing orders that were clearly based on EBP.
  ➢ Q-and-A forums (or opportunities for feedback) directly after the presentation actively engages the audience, is collegial, and results in more positive ratings.
- Based on these findings, we decided to do 3 shift-change poster presentations (1 on days, 2 on nights) over 3 days. Posters had information from CMQCC’s toolkit. Presentations lasted 5 minutes.
- To engage the audience and evaluate our teaching and IFMC’s PVB program in general, directly after the presentation we encouraged nurses to complete and submit an anonymous survey.

Findings
- Most nurses found the poster presentation to be moderately “helpful” in assisting them with PVB.
- After the presentation, most nurses felt moderately “confident” in their ability to PVB. (It is not clear how confident they felt prior to the presentation.)
- Nurses identified several barriers to PVB, especially physician/patient resistance, monitor difficulties, insufficient time, and culture/language.
- Many nurses suggested that future PVB education should have pictures, videos, and/or demos. Other ideas included simulations; inservices from doulas, vendors, or midwives; and skills fair. Topics of interest included utilizing peanut balls, getting physician buy-in, and timing epidural placement.

Implications for Practice
- Contemplating other topics that would benefit our unit and peers to review in huddle (i.e. communication with physicians, c-section reduction, etc)
- Gathering other educational materials in order to review promoting vaginal births as well as other helpful topics in ways other than just a poster presentation as requested by our peers in our survey.
- Continuing to do in-service peer presentations during shift huddle

References

Project Contact
- Courtney Dannahey cdannahey16@su.edu

Is a poster presentation (as opposed to simulation only) an effective way to teach nurses about the Promoting Vaginal Birth (PVB) program?

Tania Busom, BSN, RN; Diamond Cole, BSN, RN; Courtney Dannahey, BSN, RN; and Zineb Farhat, BSN, RN

Acknowledgements

Many thanks to Janet Hooper; the Inova Library staff; and IFMC’s PVB program in general, directly after the presentation we encouraged nurses to complete and submit an anonymous survey.

This study was sponsored by the IFMC Nurse Residency Program.