Why care about evidence?

- No man, not even a doctor, ever gives any other definition of what a nurse should be than this-devoted and obedient. This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman.

- Who said this?
Where do we find the evidence?

- Check “evidence” on searches in databases
- Search “obstetrics” in Cochrane Data Base
- www.guideline.gov
- AWHONN (awhonn.org)
- Netting the evidence
- TRIP database

Quick review: What does evidence tell us?

- Evidence of no benefit
- No evidence of benefit
- Evidence of benefit

Interpreting the Evidence

- Cochrane provides webpages:
  http://www.cochrane.org/
- http://www.uic.edu/depts/lib/lhsp/resources/ebm.shtml
  Collaboration of several libraries with information about how best to evaluate evidence
Evidence of “no benefit”

- Historical practices
- Gowning in NICU’s
- Enemas
- Perineal shaves
- Lying supine while laboring

Evidence of no benefit

- Closed glottis pushing
- Continuous second stage pushing
- Induction before 39 weeks
- Food and fluid restrictions in labor
- Bed rest for preterm labor
- Preparing breasts for lactation antenatally
- Episiotomy

No evidence of benefit

- Most frustrating category
- Often research conflicting
- Research not of sufficient quality so that can make a practice change
- Not enough research
- Or research is of high quality but doesn’t translate well into practice.
No evidence of benefit

- Infant massage
- Continuous fetal monitoring
- IV fluids during labor
- Artificial rupture of membranes
- Triage units
- Continuous labor support with nurses

Evidence of benefit

- Sucrose for neonatal pain
- Cesarean delivery for breech birth
- Skin to skin contact following birth
- Kangaroo care (especially in low resource countries)

Evidence of Benefit (continued)

- Transfer of infants to open crib at 1600 grams
- Group prenatal care
- Epidural analgesia
- Breastfeeding
Where do we go from here

- Changing systems so can change practice
- Interdisciplinary practice
- Guidelines
- Practice led research
- Organizational support
- Voice at the table

Voice of our patients

- Listening to mothers – Maternity Center New York City First wave 1583 mothers in 2002
  - Birth in US is a highly technologic experience.
- Listening to mothers III has responses from 2400 mothers giving birth in 2011 and 2012
  - Increased pressure for induction and Cesarean delivery especially if “baby getting large” which not an indication.

Global Thinking

- Comparison of acceptability of interventions in other countries (walking, birthing balls, hydrotherapy, non pharmacologic interventions) with US might be very helpful.
- Women in US do not know what to expect post C/S (over ¼ of mothers complain of persistent pain), or when induction is appropriate.
Research needed

- Health disparities in obstetric care
- Intermittent monitoring
- Use of IV fluids
- Optimal time for epidural administration
- Best methods of induction and of augmentation
- Non pharmacologic pain management
- Postpartum mental health
- Health promotion during pregnancy

Can you change your practice individually?

- Risk vs. benefit
- Cost
- Acceptability to patient group
- Ease of changing practice

Barriers to practice change

- The case of handwashing
  - Know that frequent handwashing decreases infection
  - Problem with nurses hands
  - Systemic barriers in terms of where sinks etc. are located
  - Translation research has helped increase level of handwashing with combination of interventions.
Steps to creating change

- Start small if necessary
- Frame a question
- Search data bases
- Identify what evidence is available
- Evaluate evidence
- Decide if a practice change is called for or not and support your reasons
- Discuss how you would gather support for changing or not changing practice.

Leadership for Best Practices

- If evidenced based care is valued than
  - A leader who values quality
  - Can identify risk takers
  - Provide a supportive environment
  - Establish an infrastructure where practicing based on evidence is the norm

The bottom line...

- Best care for all