

Labor of Love and Delivery of a Pain Management Strategy

Content Analysis

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I certify that I have contributed 33.33% of the effort to the conceptualization, information collection and analysis, and writing of this paper. If asked, I will be able to succinctly describe any portion of the paper. I understand that I am responsible for all of the contents and will be evaluated for the total project.

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Abstract

It is called labor for a reason. The energy and effort that goes in to delivering a baby can be overwhelming and chaotic so it is important that the expectant couple (EC) come in with a plan, especially when it comes to managing pain. This content analysis focuses on selecting a pain management strategy for labor and delivery in a hospital setting. It covers instructional goals, a description of the targeted audience, an instructional analysis, an objectives hierarchy chart, performance objectives, Gagne's Nine Events of Instruction, and instructional strategies. All these components will drive the instructional module for the EC to be well-informed patients, have less conflict with the healthcare team, and turn this process into a labor of love.

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Content Analysis

Instructional goal

The labor and delivery process can be intense, fast-paced and unpredictable. Expectant couples (EC) often have an idealized notion of how the process will occur and express a desire to plan as much of the event as possible. Understandably, they want to be able to make choices about things within their control. On the other hand, the health care team often finds themselves making rapid or habitual decisions without having the time, or making the effort, to determine the couple's wishes and their understanding of all the options. It would be to every one's advantage if the couple arrived at the hospital with a clear understanding of the birthing process, having already made informed choices, and possessing a method to clearly communicate those choices to the health care team. In today's litigious environment, a carefully constructed and thoroughly reviewed birth plan will lower the rate of malpractice claims.

Pain management is a common source of conflict between the laboring couple and the healthcare team. The patient and her partner often underestimate the discomfort of labor and their strategy for pain relief will be influenced by their knowledge of the options from what they have heard about pain management from friends and family, and by their internal value system. On the other hand, the healthcare team is influenced by a desire to relieve suffering and a need to efficiently deploy limited human resources. Each option has risks, benefits, advantages and disadvantages that all need to be weighed in light of the above noted competing interests.

The purpose of this instructional module is to teach couples how to select a pain management strategy that will be most beneficial for them during the labor and delivery process. Based on the medical and behavior options available, they will acquire the information they need to make informed and logical decisions that are congruent with their beliefs and values.

Following the successful completion of this module, the expectant couple will have constructed a personalized birthing plan that reflects their pain management strategy based on the risks and benefits of the options.

Audience analysis

The target audience for this instructional module is the expectant couple that has not had prior experience with birthing or creating a birthing plan that reflects a pain management strategy. An expectant couple of a newborn child may include: a mother and a father, two mothers, a single mother with a supportive friend or family member, a single mother, or surrogate mother. This module is intended to compliment what has been learned in standard birthing classes. While this module could be used by a couple that has not attended birthing classes some background reading would be required for successful completion of the learning objectives. The targeted audience is analyzed into learner characteristics that include: cognitive characteristics, physiological characteristics, affective characteristics, and social characteristics (Figure 1).

Cognitive characteristics.

A variety of cognitive and academic levels exist within the targeted population, but the common characteristic is that all EC's have not had prior experience with selecting or implementing a pain management strategy and the expectant mother has not given birth before. The EC will arrive with preconceived notions, beliefs and factual information regarding childbirth. Ideally, the couple will have attended a standard birthing class, such as Lamaze, Bradley, Natural Birthing classes. However, many of the realistic decisions made by the healthcare team during the labor and delivery process is not covered in standard birthing classes. Therefore, it is through this module that the EC will understand the risks that may occur and the

strategies to take. Although the target population has a limited background in medicine, all EC's can read, write, and understand English. The intellectual skills may range from average to above average making the concepts being taught manageable for their cognitive abilities.

Cognitive	Physiological
<ul style="list-style-type: none"> • EC may arrive with preconceived notions, beliefs and factual knowledge regarding childbirth • Attended a standard birthing class. • Variety of cognitive and academic levels • Unaware of the realistic decisions the health care team might have to make • Limited medical background. • Ability to read, write, and understand English • Have at least a high school education 	<ul style="list-style-type: none"> • EC are in the reproductive age range • Intellectual skills range from average to above average • EC are in good health with no known health conditions that may affect the mother or baby • Low-risk pregnancy with no known complication affecting the pregnancy
Affective	Social
<ul style="list-style-type: none"> • Genuinely care about the well-being of their newborn child • Desire to increase knowledge of pain management by taking a birthing class and reading related childbirth literature • Desire to prepare for an optimal birthing experience • Desire to learn about and recognize medical and personal options regarding the discomfort of labor and delivery • Believe that preparation of child birth is a serious process • Willing to assume that the health care team is working in the best interest of the couple and baby • Desire to be in a collaborative relationship with the health care team 	<ul style="list-style-type: none"> • Planning to deliver in a hospital or birthing center • Have private or public health insurance • Couples may be married, courtship, single mothers, or a two mother partnership • Diverse financial backgrounds, but are in stable condition to raise a child

Figure 1. Learner characteristics for target population.

Physiological characteristics.

Overall, the target population is in good health with no known condition that will affect the mother or baby. The expected mothers are in the reproductive age range and may be as young as 21 years old through age 35. Being that the EC's are in their third trimester of pregnancy, it signifies a low-risk pregnancy with no known complications affecting the pregnancy.

Affective characteristics.

The targeted population expresses a genuine desire to learn about and recognize medical and behavior options regarding the labor and delivery process. They have the desire to increase their knowledge about the process, genuinely want to prepare for an optimal birthing experience, and believe that the preparation of childbirth is a serious process. This desire exhibits that the targeted population truly cares about the well being of their newborn child and want to plan their experience to the best of their knowledge.

Social characteristics.

The learners are planning to deliver their baby in a hospital or birthing center. Although hospital births are a modern process to deliver a baby, including modern medicine, the targeted population comes from a diversified cultural and economical background. However, they have different beliefs and will choose different birthing options based on their cultural, religious, and pain management levels. With a variety of ranges, the couples are in stable condition to raise a child. In fact, all couples have private or public healthcare insurance and are either married, in a courtship, single mothers, or a two-mother partnership.

Implications for instructional design.

In designing the instruction, learners will need to be in their third trimester of pregnancy and have a little knowledge of what to expect when going into labor. The learners will also come in

with the basic knowledge of the entry-level skills that are necessary to the instructional design process. Instruction will be informative, straightforward, and structured through chapters with the help of a stork. It will be enhanced with visuals, an attitude quiz, and marginal space for the learner to write thoughts.

The intellectual aptitude at which the learners are capable of will reflect a fairly intelligent individual who has the desire to become a well-informed patient. In relation to this, the learner will be able to see the benefits and risks of different pain management strategies. Selecting a pain management strategy is relevant for the target audience because it will help to ease the stress and unpredictability of labor. It will also help to foster a better relationship with the expectant couple's healthcare team.

Instructional analysis

The terminal objective for this module is for the EC in the third trimester to select a pain management strategy based on the risks and benefits. To accomplish the objective, the EC will go through a series of concepts, rules, and steps as shown in the hierarchy chart below (Figure 2).

Starting from the bottom, the grey boxes are the entry-level skills that the EC have prior knowledge about. These are fundamental skills that the learner must understand in order to complete the module. The next level is blue, which are the concepts. This level contains the largest amount of skills to be learned and the most important because the skills will be the foundation for the next three levels of the hierarchy. The verbs used in the concept level are words such as identify, define, and recognize. When moving to the next level in red boxes, the verbs used are a little more complicated. Verbs such as classify and distinguish will help the learner better understand the concepts previously learned and may require a higher-order thinking. The next level in the green box is the step before the terminal objective. At this level

the learner will utilize what they have already learned and apply it. In this hierarchy the learner will analyze the risks and benefits of different pain management options. Lastly, the terminal objective in the yellow circle will determine the completion of this instructional module and what the EC should be able to do.

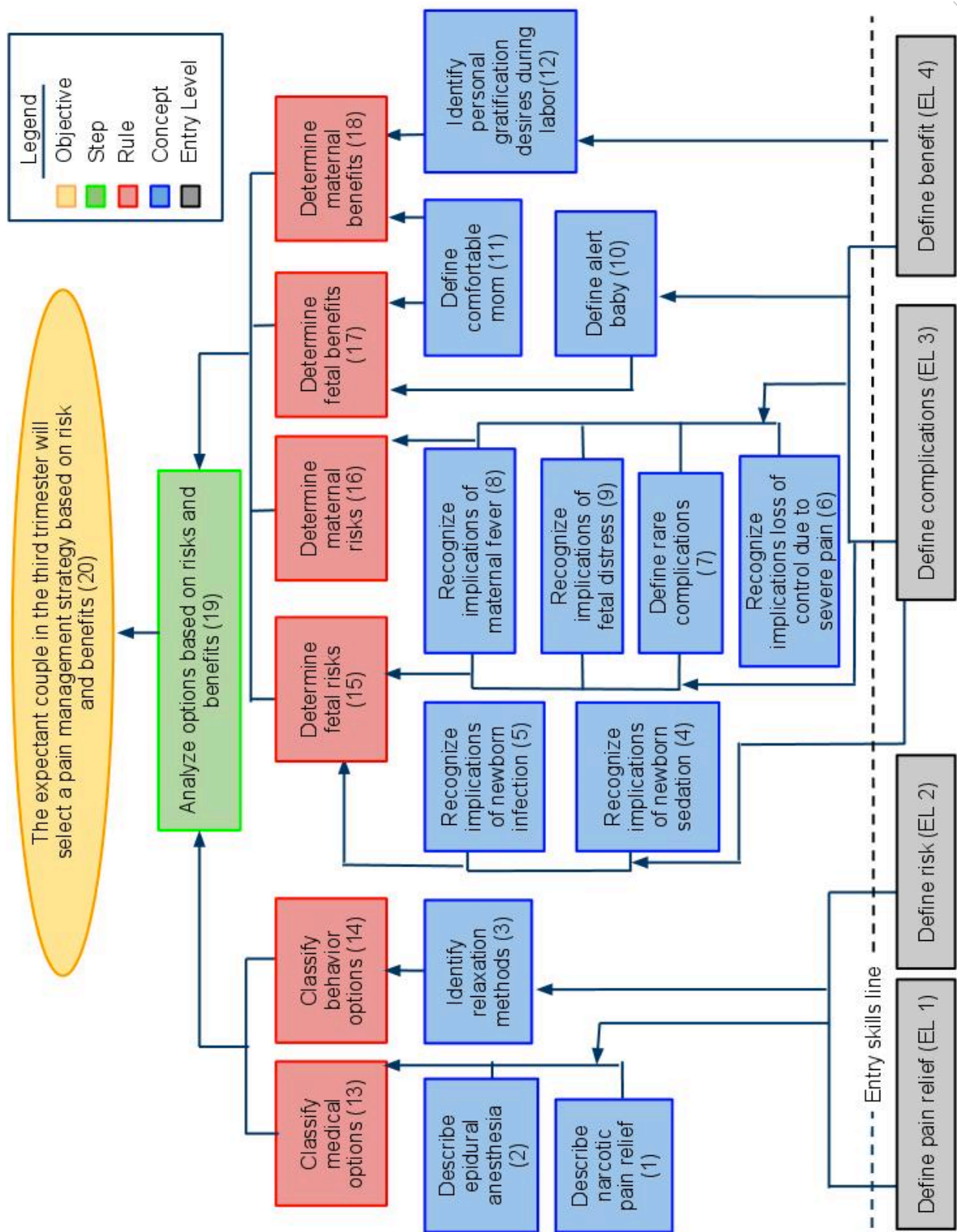


Figure 2. Instructional Hierarchy.

Instructional strategy

This module will take expectant couples of a newborn child on an informative and valuable journey through the process of selecting a pain management strategy. Due to time constraints, the majority of the information is provided to the learner, which makes it imperative to engage students as much as possible. In doing so, the instructional strategy will be reflected by Gagne's Nine Events of Instruction. (See Figure 3.) By successfully completing each objective, the expectant couple will be able to make a well-informed decision of their pain management strategy that will signify a better understanding of the risks and benefits for the option they may choose.

Motivation.

Learner engagement is an effective strategy for motivating learners, but can require a variety of resources, such as hands-on materials or technology. Since this module is paper-based, the learners will be provided visuals, pictures, and real life scenarios to elicit student engagement. To the instructor's advantage, the learners express a desire to learn about their pain management options and are concerned about the labor and delivery process, which naturally exhibits self-motivation.

1. Gain attention
Gaining the learner's attention will be exemplified throughout the entire module. Rather than simply providing the information, relevant thought questions will correspond to each objective and will be used to activate prior knowledge and to gain learner's attention. The module is designed to be user-friendly and will provide valuable information that the learners have expressed a desire to learn.
2. Inform learners of objectives
The learners of this instructional module will be provided with a learning objective for each sub-skill. The sub-skills are broken down into clusters or "chapters" to provide learners with more of a focus toward each specific objective. Each sub-skill assists the learner in gaining new knowledge to lead them in the direction of reaching the terminal objective.
3. Stimulate recall
By providing thought questions related to each objective the learners will build on prior knowledge while applying what they previously learned to each new sub-skill.
4. Present the stimulus
The learners will be provided with the information rather than discovering the information, which will include written text, since it is a paper-based module. However, some of the information will be delivered with visuals, such as charts, tables, pictures and real life examples.
5. Provide learning guidance
Learners will be introduced to the objectives so they understand the goal and learning target. Included will be the use examples and non-examples to validate the learner's understanding.
6. Elicit performance
The use of real life scenarios will engage learner in paper-based content. Learners will be given time to practice necessary skills if needed through embedded test questions.
7. Provide feedback
The module will include embedded test items with feedback.
8. Assess performance
Each chapter will include criteria-referenced post-tests to assess the learner's knowledge of the content that has been taught in the module.
9. Enhance retention and transfer
Real-life scenarios will be used to enhance retention and relativity to the actual labor and delivery process. By supplementing real-life scenarios, the expected couple will have a better idea of what to expect.

Figure 3. Gagne's Nine Events of Instruction for Module.

Performance objectives. The performance objectives for this module are broken down in the chart (Figure 4) as entry-level skills and sub-skills. The entry-level skills are what the EC should already know prior to starting the module. The sub-skills will be taught in clusters, which correspond with the numbering in the instructional hierarchy. Each objective is parallel to an observable behavior and measurable objective.

Objective Number	Behavior	Objective
Entry Level Behaviors		
EL 1	Define pain relief	Given four descriptions, the expectant couple (EC) will select the best description of pain relief during the labor and delivery process.
EL 2	Define risk	Given four descriptions, the EC will select the best description of risk during the labor and delivery process.
EL 3	Define complications	Given four descriptions, the EC will select the best description of complications during the labor and delivery process.
EL 4	Define benefit	Given four descriptions, the EC will select the best description of benefit during the labor and delivery process.
Chapter 1: Describe the three Pain Management Options for Labor and Delivery		
1	Describe narcotic pain relief	Given four descriptions of different pain relief options, the EC will select the one depicting narcotic use.
2	Describe epidural anesthesia	Given four descriptions of different pain relief methods, the EC will select the one depicting epidural anesthesia.
3	Identify relaxation methods	Given a check box, the EC will accurately select all relaxation methods that can be used during the labor and delivery process.

Figure 4. Performance objectives for assessing expectant couple's pain management strategy.

Chapter 2: Recognize the Risks of Each Pain Management Option Towards the Mother and Baby		
4	Recognize implications of newborn sedation	Given four descriptions depicting newborn infant's behavior, the EC will accurately select the one describing newborn sedation caused by narcotic exposure.
5	Recognize implications of newborn infection	Given four descriptions, the EC will accurately select the one describing newborn infection caused by narcotic exposure.
6	Recognize loss of control due to severe pain	Given a check box, the EC will accurately select all descriptions that apply to a mother who has loss control due to severe pain and failing coping mechanisms during labor.
7	Define rare complications	Given a list of complications related to pain relief, the EC will check off those that may occur during labor.
8	Recognize implications of fetal distress	Given a list of four scenarios, the EC will accurately select the one describing fetal distress.
9	Recognize implications of maternal fever	Given four temperatures, the EC will select the one that indicates a maternal fever during labor.
Chapter 3: Recognize the Benefits of Each Pain Management Option Towards the Mother and Baby		
10	Define alert baby	Given a list of newborn infant behaviors, the EC will accurately select all descriptions that apply to an alert newborn.
11	Define comfortable mom	Given a list of maternal characteristics during labor, the EC will accurately select the ones that describe a mother who is comfortable.

Figure 4 (continued). Performance objectives for assessing expectant couple's pain management strategy.

12	Identify personal gratification desires during labor	Given the definition of personal gratification, the EC will list at least four personal gratification desired during labor.
Chapter 4: Classify the Pain Management Options During the Labor and Delivery Process		
13	Classify medical options	Given a list of medical and behavior pain management options, the EC will put an “M” next to those depicting medical options and a “B” next to those depicting behavior options.
14	Classify behavior options	Given a list of medical and behavior pain management options, the EC will put an “M” next to those depicting medical options and a “B” next to those depicting behavior options.
Chapter 5: Distinguish Fetal and Maternal Risks and Benefits		
15	Distinguish fetal risks	Given a list of fetal risks and fetal benefits, the EC will classify fetal risks by putting an “R” next to those depicting fetal risks and a “B” next to those depicting fetal benefits.
16	Distinguish maternal risks	Given a list of maternal risks and maternal benefits, the EC will classify maternal risks by putting an “R” next to those depicting maternal risks and a “B” next to those depicting maternal benefits.
17	Distinguish fetal benefits	Given a list of fetal risks and fetal benefits, the EC will classify fetal risks by putting an “R” next to those depicting fetal risks and a “B” next to those depicting fetal benefits.
18	Distinguish maternal benefits	Given a list of maternal risks and maternal benefits, the EC will classify maternal benefits by putting an “R” next to those depicting maternal risks and a “B” next to those depicting maternal benefits.

Figure 4 (continued). Performance objectives for assessing expectant couple’s pain management strategy.

Chapter 6: Analyzing Options		
19	Analyze options based on risks and benefits	Given a scenario of a labor, the EC will analyze the risks and benefits that may occur based on the option the EC chose in the scenario for their pain management strategy.
Chapter 7: Selecting a Pain Management Strategy		
20	Select a pain management strategy based on risks and benefits	Prior to going into labor, the EC will successfully select a pain management strategy by completing a written document with all their choices clearly stated and justified.

Figure 4 (continued). Performance objectives for assessing expectant couple's pain management strategy.

Objectives Sequenced and Clustered. Each chapter of the instructional module elicits learning strategies that contribute to the learning objectives for each sub-skill. As the expectant couple journeys through the module, they will learn strategies that will help with meeting the terminal objective. The sequencing of each objective is clustered in a way that makes the material manageable and applicable for the learner. (See Figure 5.)

Cluster One
<p><u>Chapter 1: Pain Management Options</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Describe narcotic pain relief 2. Describe epidural anesthesia 3. Describe relaxation methods
Instructional Time: 7 minutes
Cluster Two
<p><u>Chapter 2: The Risks of Pain Management of Strategies</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 4. Recognize implications of newborn sedation 5. Recognize implications of newborn infections 6. Recognize implications of loss of control due to severe pain 7. Define rare complications 8. Recognize implications of maternal fever 9. Recognize implications of fetal distress
Instructional Time: 9 minutes
Cluster Three
<p><u>Chapter 3: The Benefits of Pain Management Strategies</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 10. Define alert baby 11. Define comfortable mom 12. Identify the pain management method that will give the EC the greatest sense of <u>personal</u> gratification during labor
Instructional Time: 9 minutes

Figure 5. Objectives sequenced and clustered.

Cluster Four
<p><u>Chapter 4: Classify the Pain Management Options During the Labor and Delivery Process</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Classify medical options 2. Classify behavior options
Instructional Time: 7 minutes
Cluster Five
<p><u>Chapter 5: Distinguish Fetal and Maternal Risks and Benefits</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 3. Distinguish risks to baby 4. Distinguish maternal risks 5. Distinguish benefits to baby 6. Distinguish maternal benefits
Instructional Time: 9 minutes
Cluster Six
<p><u>Chapter 6: Weighing the Options Based On Risks and Benefits</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 19. Analyze options based on risks and benefits
Instructional Time: 9 minutes
Cluster Seven
<p><u>Chapter 7: Selecting a Pain Management Strategy</u></p> <p>Objectives:</p> <ol style="list-style-type: none"> 20. Select a pain management strategy based on risks and benefits
Instructional Time: 9 minutes

Figure 5 (continued). Objectives sequenced and clustered.

Criterion-Referenced Tests. Pre and posttests will be conducted prior to the instructional module as well as after the completion of the module. It will assess student knowledge that was

gained and the effectiveness of the information being delivered. Entry level skills will be assessed in the pretest, but will not be included in the instructional module.

Subskill Objectives Strategy

Chapter 1: Pain Management Options

Objective 1: Given four descriptions of different pain relief options, the EC will select the one depicting narcotic use.

Behavior 1: Describe narcotic pain relief.

Pre Test/ Embedded

1. Which of the following is an example of using narcotics for pain relief?

- A. massage
- B. taking two Tylenol
- *C. a shot of morphine
- D. placing numbing medicine in the space around the spinal cord

Feedback:

- A. **Incorrect.** Massage is incorrect because it is a behavior the mother can receive during the labor process and does not have anything to do with narcotics.
- B. **Incorrect.** Taking Tylenol is incorrect because it is not a narcotic. Tylenol is for basic pain relief that does not require the health care team to administer.
- C. **Correct.** A shot of morphine is correct. Morphine requires the doctor to administer and is considered a medical narcotic that is used for pain relief.
- D. **Incorrect.** By placing numbing medicine in the space around the spinal cord, it is the process before administering the epidural anesthesia.

Pre-Instruction Activities: Before being provided information about narcotic pain relief, think about some ways you relieve pain. Do you use Ibuprofen, Tylenol, or Motrin? At what level of pain do you need to take these pain relievers?

Instructional information: Narcotic pain relief is used to relieve pain during the labor delivery process, especially during contractions.

Example: Intravenous Morphine

Non-Example: Non-medical relaxation techniques to relieve pain, such as breathing, massaging, breathing, or using focal points.

Post Test

1. Alexandra is in labor and is requesting a narcotic for pain relief, which of the following options would be appropriate for her to receive?

- *A. Fentanyl in her IV
- B. a catheter in her back to deliver numbing medicine
- C. instruction in relaxation
- D. ibuprofen

Objective 2: Given four descriptions of different pain relief methods, the EC will select the one depicting epidural anesthesia.

Behavior 2: Describe epidural anesthesia

Pretest/Embedded:

2. Which describes the procedure of epidural anesthesia?
- A. a needle in the back to place numbing medicine around the spinal cord
 - *B. a catheter in the back to deliver numbing medicine to the nerves coming out of the spinal column
 - C. Breathing gas to go to sleep
 - D. Getting pain medicine through your veins

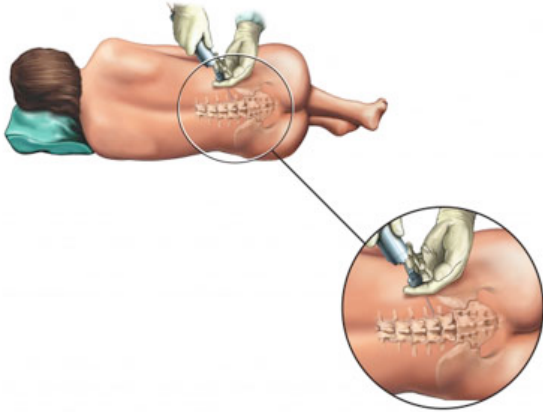
Feedback:

- A. **Incorrect.** The needle of the epidural anesthesia is not placed directly in the back.
- B. **Correct.** In order to administer the epidural anesthesia, a catheter is placed in the back to inject the numbing medicine.
- C. **Incorrect.** Breathing gas is a chamber placed over the nose to make the mother drowsy.
- D. **Incorrect.** Getting pain medicine through your veins is...

Instructional information: Epidural anesthesia is a medical pain relief method that is administered to numb the nerves coming through the area called the epidural space, around the spinal cord. The anesthesiologist will thread a catheter through the needle into the epidural space. The catheter will remain in place to allow future injections of the epidural anesthesia.

Epidural anesthesia will block pain through the body providing pain relief during the labor process as the mother's body prepares for delivery.

Example:



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Non-Example:

Spinal anesthesia

Post Test

2. Which describes the procedure of epidural anesthesia?

- A. a needle in the back to place numbing medicine around the spinal cord
- *B. a catheter in the back to deliver numbing medicine to the nerves coming out of the spinal column
- C. Breathing gas to go to sleep
- D. Getting pain medicine through your veins

Objective 3: Given a list, the EC will accurately select all that are relaxation methods for use during the labor and delivery process.

Behavior 3: Identify relaxation methods.

Pretest/Embedded:

3. Place a check next to the box (es) that describes non-medical methods used by women in labor to gain relaxation, control and pain relief.

A.	*	Use of breathing techniques
B.	*	Use of a focal point
C.		Use of breathing gas to go to sleep
D.	*	Effleurage
E.		Use of loud music

Feedback:

A. **Correct.** The breathing techniques may include a variety of methods. Some examples of breathing techniques are deep cleansing breaths and he-he breathing, which can be used as non-medical pain relief methods.

B. **Correct.** The use of a focal point allows the woman to keep her eyes open in between contractions while knowing she has something to focus on. Focal points may include a picture or something visible in the room that the mother can refer to as a point of focus rather than focusing on the pain.

C. **Incorrect.** Breathing gas is considered a medical option since it is being administered by the health care team and is a form of medicine to make the mother drowsy and relaxed.

D. **Correct.** Effleurage is considered a non-medical method because it allows the mother to soothe herself by slowly stroking her stomach.

E. **Incorrect.** Loud music is a non-medical method, but does not enhance a peaceful environment for relaxation, control or pain relief.

Instructional information: Non-medical methods used by women in labor to gain relaxation, control and pain relief refers to a variety of natural techniques that are usually taught during a birthing class or learned from an experienced woman who has used non-medical methods

during her labor and delivery process. Birthing classes that cover these techniques are Lamaze, Bradley, and Natural Birthing classes.

A common strategy for the non-medical method during labor is the use of breathing techniques. As a woman goes through the pain of the labor and delivery process, it is possible to use breathing techniques to overcome and bear the pain. If a woman knows how to breathe through the pain she may not need to use medical methods for pain relief.

Another strategy may include the use of a focal point. A focal point allows the woman to focus on a specific object as she breaths through the pain. It also assists the woman in keeping her eyes open to remain focused as she is breathing.

Effleurage is an action done by the mother. While still maintaining her breathing and focal points, the relaxation is enhanced by effleurage. By doing effleurage, the woman is stroking her stomach rather than clenching her fists and fighting the pain of a contraction.

All of these methods enhance relaxation and control to work through the pain of the labor and delivery process.

Example: A common relaxation method is breathing. Some of the breathing techniques include deep-cleansing breaths, which requires the woman to breathe in through her nose and out through her mouth in a controlled way. When it is time for the woman to push she must be at ten centimeters. However, there are times that she may have the urge to push. To prevent her from pushing too early, she can use candle-blowing breathing techniques. This technique entails breathing as if blowing out a candle. It usually consists of five candle blows by breathing in and out of your mouth and the expanding of cheeks like blowing out candles on your birthday.

Let's practice: Are you ready to try some breathing techniques?

1. Try the deep-cleansing breath by breathing in through your nose and out through the mouth in a slow and controlled manner while focusing on an object. Try it at least five times.
2. Try the candle-blowing technique by quickly breathing in through your mouth and back out through your mouth as if your blowing out birthday candles. Try it at least five times.

Non-Example: Clenching your fists or the bed railings, breathing uncontrollably, and losing control of your surroundings is not a productive relaxation method.

Post Test

3. Place a check next to the box(es) that describes non-medical methods used by women in labor to gain relaxation, control and pain relief.

A.	*	Use of breathing techniques
B.	*	Use of a focal point
C.		Use of breathing gas to go to sleep
D.	*	Effleurage
E.		Use of loud music

Chapter 2: Recognize the Risks of Each Pain Management Option Towards the Mother and Baby

Objective 4: Given descriptions depicting a newborn infant's behavior, the EC will accurately select the one describing infant sedation caused by narcotic exposure.

Behavior 4: Recognize implications of newborn sedation

Pretest/Embedded:

4. From the following table, select behaviors that might indicate sedation from narcotic exposure:

A.		constant crying
B.	*	slow and shallow breathing
C.	*	difficult to arouse
D.		previously alert but falls asleep after breast feeding
E.		keeps eyes closed in bright light
F.	*	weak or no effort to breast feed

Feedback:

A. **Incorrect.** Constant crying is not an indication of sedation from narcotic exposure.

B. **Correct.** Slow and shallow breathing is abnormal for a newborn. Newborn babies normally take 30-60 breaths per minute.

C. **Correct.** A baby that is 'difficult to arouse' is an indication that the narcotics may have numbed the baby to outside stimulus.

D. **Incorrect.** A baby that was 'previously alert but falls asleep after breast feeding' does not indicate sedation. It is normal for a baby to eat and sleep for the first several months of life.

E. **Incorrect.** A baby that 'keeps eyes closed in bright light' does not indicate sedation from narcotic exposure, but rather an indication of reacting to bright light or a baby that is simply sleeping, as any normal baby should.

F. **Correct.** A baby that is 'weak or no effort to breastfeed' is an indication that the baby has been exposed to narcotics, which results in lethargy and lack of energy to eat. A newborn baby eats every 2-3 hours.

Instructional information: Newborn sedation is caused by narcotic exposure.

Example: Common symptoms of newborn sedation may include:

Non-Example: Normal behavior of a newborn that is not sedated may include:

Post Test

4. From the following table, select behaviors that might indicate sedation from narcotic exposure:

A.		constant crying
B.	*	slow and shallow breathing
C.	*	difficult to arouse
D.		previously alert but falls asleep after breast feeding
E.		keeps eyes closed in bright light
F.	*	weak or no effort to breast feed

Objective 5: Given a list of problems, the EC will accurately select those that can be a consequence of newborn infections.

Behavior 5: Recognize implications of newborn infection

Pre Test/Embedded:

5. Newborn infection is important because (select all that are correct):

A.	*	the infection can spread and cause permanent damage
B.	*	the newborn will require prolonged hospitalization and antibiotics
C.		the newborn will have to go to the nursery to get weighed and measured
D.		the newborn can stay in the room with the mom for an extended period of time
E.	*	the newborn will require invasive diagnostic tests like a spinal tap

Feedback:

A. **Correct.** Newborn infection can spread and cause damage to the lungs, the brain and the spinal cord

B. **Correct.** If the newborn has an infection, there is a need of antibiotics for an extended period of time.

C. **Incorrect.** All newborns go to the nursery to get weighed and measured, whether or not they have an infection

D. **Incorrect.** If the newborn has an infection, they have to go to the intensive care nursery and won't be able to stay in the room with their mom

E. **Correct.** Most newborns with an infection will get spinal taps, x-rays and IVs

Instructional information: This section will discuss the causes and the importance of newborn infections.

Example:

Four hours after a baby is born, she has a high fever and is lethargic. The baby is transferred to the intensive care unit and started on antibiotics

Non-Example:

A baby is doing well and the hospital staff lets the baby stay in her mom's room for several hours, before being taken to the nursery

Post Test

From the list below, select the items that denote problems that are associated with newborn infections.

A.	*	Problems with feeding
B.		able to stay in mom's room for extended bonding
C.	*	Will need antibiotics and have to stay in the hospital for several days
D.		baby can go home with mom when baby is 2 days old
E.	*	Baby has to get a spinal tap
F.		Baby can come to the mom's room for breast feeding and long visits
G.	*	Baby may need several chest x-rays

Objective 6: Given a list of maternal characteristics, the EC will accurately select all descriptions that apply to a mother who has loss control due to severe pain and failing coping mechanisms during labor.

Behavior 6: Recognize implications of loss of control due to severe pain

Pre Test/Embedded

6. From the following table, select those that describe a laboring patient that has lost control:

A.		loud, patterned breathing
B.	*	crying, “just cut the baby out already!”
C.	*	screaming and striking her birthing partner
D.		rapidly stroking her abdomen
E.		asking to have her back rubbed with a tennis ball
F.		eyes closed in a trance-like state
G.	*	holding on to the bed railing with clenched fists

Feedback:

- A. **Incorrect.** A woman who has a ‘loud, patterned breathing’ may be using breathing techniques as a pain relief method and does not express loss of control.
- B. **Correct.** A woman that is ‘crying, “just cut the baby out already!”’ has clearly lost control and needs a pain relief method.
- C. **Correct.** A woman that is ‘screaming and striking her birthing partner’ has lost control of her surrounding. If pain management methods are not implemented she will not only be causing harm to her partner, but may be harmful to the health care team as well.
- D. **Incorrect.** A woman who is ‘rapidly stroking her abdomen’ is using a relaxation method called effleurage and is a pain management technique to prevent loss of control.
- E. **Incorrect.** A mother who is ‘asking to have her back rubbed with a tennis ball’ is implementing pain management techniques that help her to work through the pain while under control of her desires. A woman who does not have control will not have the correct state of mind to request a back rub.
- F. **Incorrect.** A mother who has her ‘eyes closed in a trance-like state’ is using a relaxation technique that allows her to maintain control in order to work through the pain.

G. Correct. A woman ‘holding on to the bed railing with clenched fists’ has lost control because she is fighting the pain. This behavior may happen to a woman who has lost complete control because pain management methods were not taken into consideration or discussed.

Instructional information: This section will describe common methods women would use to maintain control with relaxation techniques during labor. Most importantly, behaviors indicating loss of that control will be described.

Example:

Elaine is in active labor. She is crying, clenching her fists and writhing from side to side during each contraction.

Non-Example:

Carolyn is in active labor. She is lying still, lightly stroking her abdomen and breathing in a loud, patterned manner through each contraction.

Post Test

6. From the following table, select those that describe a laboring patient that has lost control:

A.		Repeatedly saying “hee-hee-ho” during contractions
B.	*	Curled in a ball, thrashing side to side and crying with each contraction
C.	*	Dropping to the floor and sobbing
D.		softly stroking her abdomen
E.	*	holding on to the bed railing with clenched fists
F.		focusing on a picture, breathing softly and not responding to questions during contractions
G.		asking to have her back massaged

Objective 7: When discussing pain management options, the EC will correctly complete a short answer question defining rare complications as opposed to common complications.

Behavior 7: Define rare complications

Pre Test/Embedded:

7. Your doctor is discussing an epidural anesthesia; she mentions several common side effects of the procedure. She also mentions that there are rare complications.

What does this mean? _____

Instructional information: This is a brief section that will help the learner understand the difference between common and rare complications of medical therapy

Example:

A patient develops a high spinal anesthesia after an epidural is placed

Non-Example:

A patient notes some pain at the site of a narcotic injection

Post Test

7. Your doctor tells you that there is always the possibility of rare complications of a therapy, what does this mean?

Objective 8: Given a list of situations, the EC will select the ones that indicate a possible consequence of a maternal fever during labor.

Behavior 8: Recognize implications of maternal fever.

Pre Test/Embedded

8. From the list below, select those that are a possible consequence of a maternal fever in labor.

A.		Mom will have to have a cesarean section
B.		Mom will have to be placed in isolation to prevent spread of the infection
C.	*	The hospital staff will assume that the baby has an infection
D.	*	Mom and baby will be given antibiotics
E.		Mom won't be able to get an epidural if she wants one

Feedback:

- A. **Incorrect.** A fever is not a reason to do a cesarean section
- B. **Incorrect.** These infections are not contagious
- C. **Correct.** Hospital staff will usually assume that the baby has an infection
- D. **Correct.** Mom and baby will usually get antibiotics
- E. **Incorrect.** They will usually still allow mom to have an epidural, even if she has a fever

Instructional information: This section will instruct the expectant couple in the implications of a laboring mother developing a fever.

Example: Jenny’s baby was born. Two hours after delivery she developed a fever and the baby was taken immediately to the special-care nursery and started on antibiotics.

Non-Example: Evelyn has developed a fever and her obstetric team is considering doing a cesarean section.

Post Test

8. From the list below, select those that are a possible consequence of a maternal fever in labor.

A.		Mom will have to have a cesarean section
B.		Mom will have to be placed in isolation to prevent spread of the infection
C.	*	The hospital staff will assume that the baby has an infection
D.	*	Mom and baby will be given antibiotics
E.		Mom won’t be able to get an epidural if she wants one

Objective 9: Given a list of four scenarios, the EC will accurately select the one describing fetal distress.

Behavior 9: Recognize implications of fetal distress

Pre Test/Embedded:

9. Angelina is in active labor, with Brad at her side, when the babies heart beat suddenly drops to 60 beats per minute. Which of the four responses below would be typical in this situation?
- A. nothing is done, it’s common for the heartbeat to go that low
 - B. Angelina is offered lunch since the baby might have a low blood sugar level
 - C. Angelina is given medicine to make her contractions stronger and more frequent

*D. Angelina is taken for an emergency cesarean section.

Feedback:

- A. **Incorrect.** The baby's heartbeat shouldn't go below 120
- B. **Incorrect.** Low blood sugar does not cause baby's heartbeat to drop
- C. **Incorrect.** Stronger and more frequent contractions would make the problem worse
- D. **Correct.** This is an obstetric emergency and the baby needs to be delivered immediately.

Instructional information: This section will teach what is meant by “fetal distress” and what it means for the mom and baby.

Example:

A scenario describing fetal distress

Non-Example: A scenario that would not usually be associated with fetal distress.

Post Test:

9. Angelina is pushing when the babies heart beat repeatedly drops to 40 beats per minute and only recovers to 70 beats per minute between contractions. Which of the four responses below would not be a typical response to this situation?

- *A. nothing is done, it is common for the heartbeat to go that low
- B. forceps are applied and an attempt is made to deliver Angelina's baby very fast
- C. a vacuum is applied and an attempt is made to deliver Angelina's baby very fast
- D. Angelina is taken for an emergency cesarean section

Chapter 3: Recognize the Benefits of Each Pain Management Option Towards the Mother and Baby

Objective 10: Given a list of newborn infant behaviors, the EC will accurately select descriptions that apply to an alert newborn.

Behavior 10: Define alert baby

Pre Test/Embedded:

10. Which of these accurately describes an alert baby?

- A. sleepy and only reacts to painful stimulation
- B. wakes when gently stimulated but quickly falls back asleep
- C. needs help to breath
- *D. eyes open, occasionally cries, suckles when offered the breast

Feedback:

- A. **Incorrect.** Sleepy and only reacts to painful stimulation is not an alert baby.
- B. **Incorrect.** Wakes when gently stimulated but quickly falls back asleep is not an alert baby.
- C. **Incorrect.** Needs help to breath is not an alert baby.
- D. **Correct.** Eyes open, occasionally cries, suckles when offered the breast describes an alert baby.

Instructional information: This section will cover what defines an alert baby and what pain management strategies will result in an alert baby.

Example: A swaddled baby that is sleeping, but easily woken up.

Non-Example: A baby that barely responds, even to loud noises and gentle shaking

Post Test

10. Which of these accurately describes an alert baby?

- *A. sleeps when swaddled but wakes easily and cries when hungry
- B. needs help to breath
- C. cries easily but falls asleep when placed at breast, never eating
- D. feeble cry, does not move arms and legs much

Objective 11: Given a list of maternal characteristics during labor, the EC will accurately select the ones that describe a mother who is comfortable.

Behavior 11: Define comfortable mom

Pre Test/Embedded:

11. Select the scenarios that indicate the mother is comfortable:

A.	*	Mom is sleeping during her labor
B.		Mom requires several injections of pain medicine before her tear can be fixed
C.		Mom has excess bleeding after the delivery and she keeps pushing the doctors hand away while they try to massage the uterus to help it contract
D.		The laboring mother is tense and anxious during he contractions
E.	*	The mom had a tear that needed to be stitched and she is pain free during the suturing

Feedback:

- A. **Correct.** It describes a mom that seems to be comfortable.
- B. **Incorrect.** This mom is not comfortable.
- C. **Incorrect.** Pushing the doctors hand away means she is not comfortable.
- D. **Incorrect.** A comfortable mom would not be tense and anxious.
- E. **Correct.** A comfortable mom will not react to suturing.

Instructional information: This section will teach what to expect when mom is comfortable due to effective pain management.

Example: Mom is carrying on a conversation during active labor.

Non-Example: Mom is trying to breast feed but can't hold the baby because she is feeling the doctor placing stitches.

Post Test

11. Select the scenario that indicates a mother is comfortable:

A.	*	Mom is laughing and talking on her cell phone during her transactions
B.		Mom requires several injections of pain medicine before her tear can be fixed
C.	*	Mom has excess bleeding after the delivery and she keeps pushing the doctors hand away while they try to massage the uterus to help it contract
D.		The laboring mother is crying and begging for a cesarean section with each contraction
E.	*	The mom had a tear that needed to be stitched and she is pain free during the suturing

Objective 12: Given responses on the personal gratification questions by a theoretical couple, the learner will accurately identify that couple's personal gratification-based pain management strategy.

Behavior 12: Identify the pain management method that will give you the greatest sense of personal gratification during labor.

Pre Test/ Embedded:

12. Using the responses to the questions below, identify the pain management strategy that would give the couple the greatest sense of personal gratification.

1) It is very important to me that I control my reaction to pain without medicine.

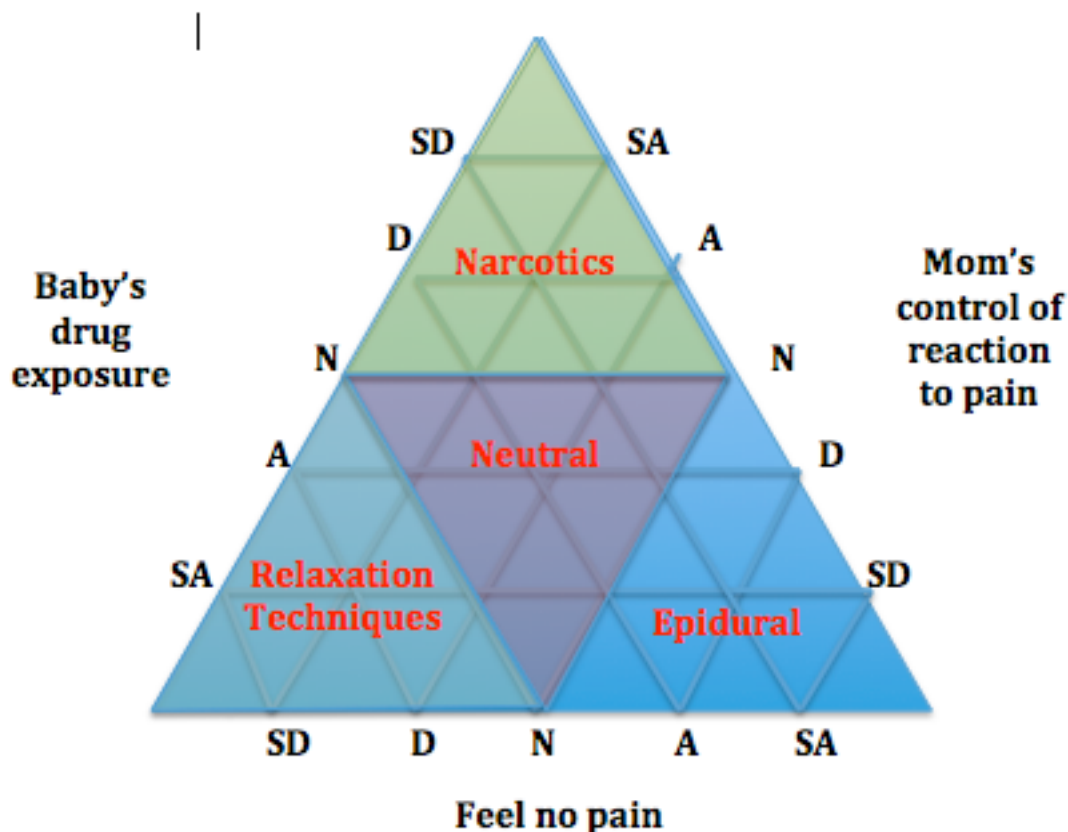
Strongly Agree Agree Neutral Disagree Strongly Disagree

2) It is very important to me that my baby not have any exposure to drugs during labor.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3) It is very important to me that I have as little pain as possible during labor

Strongly Agree Agree Neutral **Disagree** Strongly Disagree

Feedback:

Instructional information: This will be a discussion on personal values and beliefs as they relate to the different methods of managing pain during labor. A method for identifying the pain management strategy that would give the learner the greatest sense of personal gratification will be taught. The importance of selecting some strategy to manage the discomfort of labor will be stressed.

Example: I believe that if I am able to deliver my baby using relaxation methods, I will have a high level of satisfaction with my birth experience.

Non-Example: I will not use any method for managing the discomfort of labor.

Post Test

12. Elaine and Tom made the following selections. Which pain management strategy will give them the most personal gratification?

For the three statements below, select the response that most closely reflects your personal feelings:

1) It is very important to me that I control my reaction to pain without medicine.

Strongly Agree Agree Neutral **Disagree** Strongly Disagree

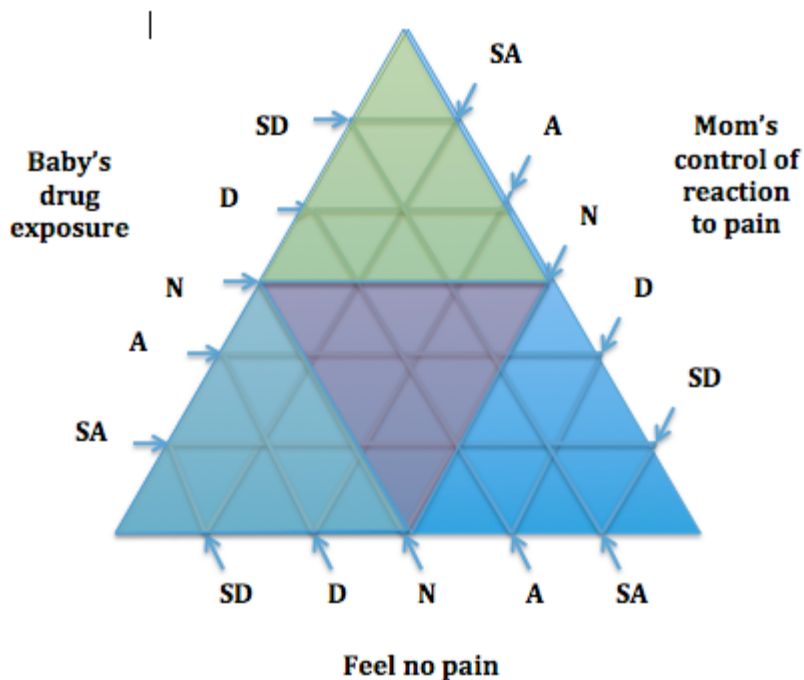
2) It is very important to me that my babies not have any exposure to drugs during labor.

Strongly Agree Agree Neutral **Disagree** Strongly Disagree

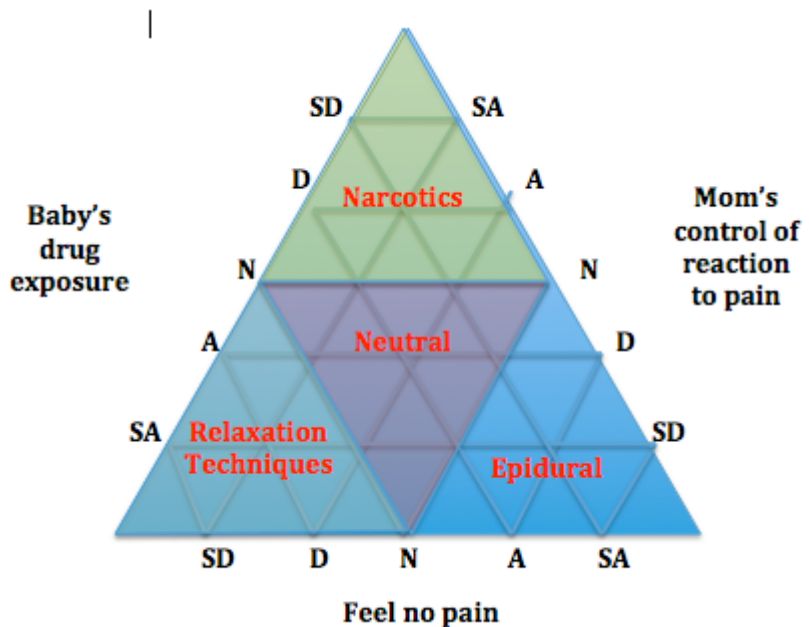
3) It is very important to me that I have as little pain as possible during labor

Strongly Agree Agree Neutral Disagree Strongly Disagree

On the grid below, circle your three responses and follow the three lines to identify the zone they all point to. This will show you the method of pain management that will give you the greatest sense of personal gratification.



This shows you the method of pain management that will give you the greatest amount of personal gratification. If you landed in the neutral zone, you don not have a strong feeling about any particular method.



Chapter 4: Classify the Pain Management Options During the Labor and Delivery Process

Objective 13: Given a list pain management options, the EC will classify medical options from behavior options.

Behavior 13: Classify medical options

Pre Test/ Embedded:

13. Which of these is a medical option for pain relief?

- *A. Intravenous morphine
- B. patterned breathing
- C. whirl pool
- D. cesarean section

Feedback:

- *A. **Correct.** Intravenous morphine is a medical option for pain relief.
- B. **Incorrect.** Patterned breathing is not a medical option for pain relief.
- C. **Incorrect.** Whirlpool is not a medical option for pain relief.
- D. **Incorrect.** Cesarean section is not a medical option for pain relief.

Instructional information: This section will review the various medical options for the treatment of pain during labor.

Example: Morphine and Phenergan given intramuscularly during the early stage of labor.

Non-Example: Back massage given by birthing partner

Post Test

13. From the list below, put a check next to those depicting medical options:

	effleurage
*	epidural anesthesia
	patterned breathing
	massage

*	Narcotics
---	-----------

Objective 14: Given a list of pain management options, the EC will correctly classify those that are behavioral.

Behavior 14: Classify behavior options

Pre Test/ Embedded:

14. Which of these is a behavior option for pain relief?

- A. Intravenous morphine
- *B. patterned breathing
- C. epidural anesthesia
- D. cesarean section

Feedback:

- A. **Incorrect.** Intravenous morphine is not a behavior option for pain relief.
- B. **Correct.** Patterned breathing is a behavior option for pain relief.
- C. **Incorrect.** Epidural anesthesia is not a behavior option for pain relief.
- D. **Incorrect.** Cesarean section is not a behavior option for pain relief.

Instructional information: This section will cover the behavior options that may be taken into consideration during the labor and delivery process. There are a variety of behavior options that should be known to the EC and a thorough explanation of the risks and benefits.

Example:

Effleurage is used as a way of distracting the laboring mom from her contractions

Non-Example:

Epidural anesthesia

Post Test

14. From the list below, put a check next to those depicting behavior options:

*	effleurage
	epidural anesthesia

*	patterned breathing
*	massage
	Narcotics

Chapter 5: Distinguish Fetal and Maternal Risks and Benefits

Objective 15: Given a common birthing scenario, the EC will accurately select the fetal risks.

Behavior 15: Distinguish risks to baby

Pre Test/ Embedded:

15. Jane is in active labor and is considering IV narcotics to help her tolerate her contractions. Select the items below that represent possible risks to the baby.

A.	*	newborn sedation
B.		maternal fever
C.	*	difficulty staying awake to breast feed
D.		cesarean section

Feedback:

- A. Correct.
- B. Incorrect.
- C. Correct.
- D. Incorrect.

Instructional Information: This section will cover the classification of the pain management option that is chosen and how to distinguish the risks towards the baby.

Example: A sleepy baby that has a hard time staying awake while breast-feeding.

Non-Example:

Post Test

15. Margaret is having trouble dealing with the pain of labor and she and her husband are considering epidural anesthesia. Select a fetal risk from the list below:

- A. newborn sedation
- B. newborn infection
- C. diarrhea in the mom
- *D. fetal distress

Objective 16: Given a common birthing scenario, the EC will accurately select the maternal risks.

Behavior 16: Distinguish maternal risks

Pre Test/ Embedded:

16. Mary is in active labor and is considering IV narcotics to help her tolerate her contractions. Select the items below that represent possible risks to the mother.

*	Mom feels sleepy and a little disoriented
	Mom has heavier bleeding after the baby is born
*	Mom feels nauseated
	Mom has to go for a cesarean section
	Mom has back pain

Feedback:

*	Mom feels sleepy and a little disoriented is a possible risk to mother
	Mom has heavier bleeding after the baby is born is not a possible risk to mother
*	Mom feels nauseated is a possible risk to mother
	Mom has to go for a cesarean section is not a possible risk to mother
	Mom has back pain is not a possible risk to mother

Instructional information: This section will cover strategies in distinguishing maternal risks from risks to the baby based on the pain management options

Example:

Nausea after the injection

Non-Example:

Baby is delivered and appears to be sedated

Post Test

16. Sue is having trouble dealing with the pain of labor and she and her husband are considering epidural anesthesia. Select a maternal risk from the list below:

- A. Fetal distress
- B. Baby is born and acting sedated
- C. Baby has heart problems
- *D. Lowered blood pressure and feeling dizzy

Objective 17: Given a common birthing scenario, the EC will accurately select benefits to baby.

Behavior 17: Distinguish benefits to baby

Pre Test/ Embedded:

17. Mary is in active labor and is considering IV narcotics to help her tolerate her contractions. Select the items below that represent possible benefits to the baby.

A.		Mom has less bleeding
B.		The baby is born sedated
C.	*	Mom relaxes and gets some rest in the early part of labor so that she is better able to push the baby out
D.		Mom develops a fever

Feedback:

- A. **Incorrect.** This is maternal and not a common risk of narcotic pain medications.
- B. **Incorrect.** This is a fetal risk.
- C. **Correct.** This is a benefit to the baby because labor is quicker.
- D. **Incorrect.** This is maternal and not a common risk of narcotic pain medications.

Instructional information: This brief section will help the learner distinguish between fetal and maternal risks.

Example: Having a mom to be comfortable and rested so that she can bond with and breastfeed the baby.

Non-Example: Mom develops a fever after getting the epidural.

Post Test

17. Sue is having trouble dealing with the pain of labor and she and her husband are considering epidural anesthesia. Select fetal benefits from the list below:

	Mom is comfortable and able to immediately interact with the baby after it's born
	The baby is born sedated
*	Mom relaxes and the labor progresses faster
	Mom is comfortable and chatting on her cellphone during labor

Objective 18: Given a common birthing scenario, the EC will accurately select maternal benefits.

Behavior 18: Distinguish maternal benefits

Pre Test/ Embedded:

18. Betsy is in early labor and is considering IV narcotics to help her tolerate her contractions. Select the items below that represent possible benefits to the mother.

A	*	Muscle relaxation
B		Disoriented and doesn't remember what is happening
C	*	Chance to get some sleep
D	*	Better able to keep control using breathing techniques
E		Becomes nauseated

Feedback:

- A. **Correct.** Less pain, muscles in the birth canal relax and labor can be shorted.
- B. **Incorrect.** Disorientation and loss of memory are negative side effects of narcotics.
- C. **Correct.** If mom can get some sleep she will be stronger when it's time to push.
- D. **Correct.** Taking the edge off the pain might help maintain control.
- E. **Incorrect.** Nausea is a negative side effects of narcotics.

Content-related information:

This section will discuss possible benefits to be derived by the mom if she accepts narcotic pain relief.

Example:

Nancy gets a shot of morphine in early labor and is able to sleep through part of her labor.

Non-Example:

Anuhea immediately becomes nauseated and vomits after getting a dose of fentanyl through her IV.

Post Test

18. Sue is having trouble dealing with the pain of labor and she and her husband are considering epidural anesthesia. Which response below is a maternal benefit?

- A. shortly after getting the epidural, Sue develops a fever
- B. thirty minutes after getting the epidural, Sue's blood pressure falls and she becomes dizzy
- C. after the epidural, Sue has to stay in bed and go to the bathroom using a bedpan
- *D. Sue is comfortably discussing names for the baby while she is having contraction

Chapter 6: Analyze Pain Management Options

Objective 19: Given a scenario of a labor, the EC will analyze the risks and benefits that may occur based on the options the EC in the scenario chose for their pain management strategy.

Behavior 19: Analyze options based on risks and benefits.

Pre Test/ Embedded:

19. Jack and Jill are in active labor and have decided to get an epidural. What are the maternal and fetal risks and benefits of that choice?

	Risks	Benefits
Maternal		
Fetal		

Feedback:

	Risks	Benefits
Maternal	Fever, unable to ambulate, unable to feel the urge to push	Comfortable, muscles in the birth canal relax, able to get sleep, able to interact with baby sooner
Baby	Fetal distress, maternal fever and presumed infection in newborn	Mom better rested, mom able to interact, bond and breastfeed sooner, shorter labor

Instructional Information: This section will cover the importance of having a well-informed patient. As learned in previous objectives, there are risks and benefits of choosing a medical or behavioral pain management strategy. The EC will now learn how to analyze their choices with what they may choose during their labor and delivery process.

Example: A patient that comes in to the delivery room with a thought-out plan and understands the benefits or the importance of having a well-thought out labor process, which will benefit the baby, mother, and healthcare team.

Non-Example: An EC that makes spontaneous and uninformed decisions without knowing the risks or benefits, which may result in a chaotic labor and delivery process.

Post Test

19. Martha and George are in the early stages of labor and are asking for some narcotic pain medicine so they can get some rest. What are the maternal and fetal risks and benefits of that choice?

	Risks	Benefits
Maternal		
Fetal		

Chapter 7: Selecting a Pain Management Strategy

Objective 20: Prior to going into labor, the EC will successfully select a pain management strategy by completing a written document with their choices and justifying their decision based on the risks and benefits.

Behavior 20: Select a pain management strategy based on risks, benefits and your own sense of personal gratification.

Pre Test/ Embedded:

20. Assuming that labor is progressing normally, select your preferred method of pain relief. Justify your choice based on risks, benefits and personal beliefs.

Narcotic medications

Epidural anesthesia

Behavioral approach

Use the space below to explain your choice:

Instructional Information: This section will summarize the information learned in the previous chapters and give the expectant couple an opportunity to make their selection of pain management strategies.

Example:

The expectant couple is comfortable selecting their preferred pain management strategy and can adequately explain their choice.

Non-Example:

The expectant couple makes a random choice and is not able to justify their answer.

Post Test

You have now completed the pain management module. Assuming that labor is progressing normally, select your preferred method of pain relief. Justify your choice based on risks, benefits and personal beliefs.

Narcotic medications

Epidural anesthesia

Behavioral approach

Use the space below to explain your choice:
