

## THE INTRAPARTUM NURSE'S BELIEFS RELATED TO BIRTH PRACTICE

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*The Intrapartum Nurse's Beliefs Related to Birth Practice* (IPNBBP) was designed to be an online instrument to measure the concept: birth beliefs related to birth practice of the intrapartum (IP) nurse. The IPNBBP consists of 28 items quantitative items and 2 qualitative items. Sub-Scales identify 11 items measuring the concept: birth beliefs related to medicalized birth and 17 items measuring the concept: birth beliefs related to normal birth. Determining the beliefs of IP nurses can assist administrators, educators and researchers to identify connections between beliefs, birth practice and birth outcomes.

The IPNBBP was patterned after the *Labor Support Questionnaire* (Sauls, 2004). Development of the IPNBBP occurred through concept analysis (Adams, 2012), domain identification, item generation and implementation of the content validity index (Adams, 2012; Adams & Sauls, 2014a). The psychometric properties of the IPNBBP (Section 2) have been measured through the internal consistency method, assessment of convergence validity with the *Labor Support Questionnaire*, and through factor analysis to measure construct validity (Adams, 2012; Adams & Sauls, 2014b).

**Section 1:**

**Suggested Demographics**

My age is: \_\_\_\_\_

My gender is: \_\_\_\_\_ Female \_\_\_\_\_ Male

My race is: \_\_\_\_\_ White/Caucasian \_\_\_\_\_ Black/African American \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Two or more races  
\_\_\_\_\_ Other

Select all that apply, I have given birth:

\_\_\_\_\_ vaginally \_\_\_\_\_ by cesarean \_\_\_\_\_ with forceps \_\_\_\_\_ with vacuum extraction \_\_\_\_\_ NA

Select all that apply, I have given birth:

\_\_\_\_\_ at home \_\_\_\_\_ at a hospital \_\_\_\_\_ in a freestanding birth center \_\_\_\_\_ NA \_\_\_\_\_ other (please specify) \_\_\_\_\_

Select all that apply, I would describe my birth experiences as:

\_\_\_\_\_ Positive \_\_\_\_\_ negative \_\_\_\_\_ no opinion \_\_\_\_\_ NA \_\_\_\_\_ other (please specify) \_\_\_\_\_

**Nursing Education and Certification**

Select all that apply. I have completed the following degrees:

\_\_\_\_\_ Doctor of Philosophy in Nursing \_\_\_\_\_ Doctor of Nursing Science \_\_\_\_\_ Nurse Doctorate  
\_\_\_\_\_ Doctor of Nursing Practice \_\_\_\_\_ Master of Science in Nursing \_\_\_\_\_ Master in Nursing  
\_\_\_\_\_ Bachelor of Science in Nursing \_\_\_\_\_ Associate Degree of Nursing \_\_\_\_\_ Diploma of Nursing  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Select all that apply. I have the following certifications:

\_\_\_\_\_ Electronic Fetal Monitoring \_\_\_\_\_ In-patient intrapartum nursing \_\_\_\_\_ Childbirth Education  
\_\_\_\_\_ Nurse-Midwifery \_\_\_\_\_ Certified Nurse Specialist \_\_\_\_\_ Nurse Practitioner  
\_\_\_\_\_ Doula \_\_\_\_\_ NA \_\_\_\_\_ Other (please specify) \_\_\_\_\_

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**Intrapartum Nurse Experience**

The total number of years I have worked as an intrapartum nurse is: \_\_\_\_\_

Select all that apply. In my career, I have had experience with the following:

- \_\_\_\_\_ Elective inductions of labor \_\_\_\_\_ augmented labors \_\_\_\_\_ cesarean birth
- \_\_\_\_\_ Elective cesarean birth (no medical indication) \_\_\_\_\_ epidural anesthesia
- \_\_\_\_\_ Unmedicated vaginal birth \_\_\_\_\_ forceps delivery \_\_\_\_\_ vacuum extraction
- \_\_\_\_\_ Episiotomy \_\_\_\_\_ ambulation for labor \_\_\_\_\_ continuous fetal monitoring
- \_\_\_\_\_ Intermittent fetal monitoring \_\_\_\_\_ laboring down \_\_\_\_\_ birth plans
- \_\_\_\_\_ Use of closed glottis pushing \_\_\_\_\_ use of open glottis pushing \_\_\_\_\_ doulas
- \_\_\_\_\_ Use of breathing and relaxation techniques \_\_\_\_\_ hydrotherapy \_\_\_\_\_ water birth
- \_\_\_\_\_ Encouraging upright positioning during labor and birth \_\_\_\_\_ certified nurse-midwives
- \_\_\_\_\_ Certified midwives \_\_\_\_\_ certified professional midwives \_\_\_\_\_ lay midwives
- \_\_\_\_\_ Obstetricians \_\_\_\_\_ family physicians \_\_\_\_\_ obstetric medical students and residents
- \_\_\_\_\_ Freestanding birth centers \_\_\_\_\_ home birth

I have attended at least one continuing education event related to intrapartum nursing in the last 2 years.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Current Work Environment**

Select all that apply. Type of hospital where I am currently employed is:

- \_\_\_\_\_ community \_\_\_\_\_ private \_\_\_\_\_ magnet \_\_\_\_\_ level 1 \_\_\_\_\_ level 2 \_\_\_\_\_ level 3
- \_\_\_\_\_ other (please specify) \_\_\_\_\_

This hospital would be considered:

\_\_\_\_\_ Urban \_\_\_\_\_ Rural

Select all that apply. Type of birth attendants who practice at this hospital:

- \_\_\_\_\_ obstetricians \_\_\_\_\_ family practice physicians \_\_\_\_\_ medical residents \_\_\_\_\_ medical students
- \_\_\_\_\_ certified nurse-midwives \_\_\_\_\_ certified midwives \_\_\_\_\_ other (please specify) \_\_\_\_\_

Annual number of births:

\_\_\_\_\_ Up to 500 \_\_\_\_\_ 501-1000 \_\_\_\_\_ 1001 to 2000 \_\_\_\_\_ greater than 2000

Estimated percentage of cesarean births per month:

\_\_\_\_\_ Below 10% \_\_\_\_\_ 10-20% \_\_\_\_\_ 21-30% \_\_\_\_\_ 31-40% \_\_\_\_\_ 41-50% \_\_\_\_\_ greater than 51%

Estimated percentage of elective inductions (not medically indicated) per month:

\_\_\_\_\_ Below 10% \_\_\_\_\_ 10-20% \_\_\_\_\_ 21-30% \_\_\_\_\_ 31-40% \_\_\_\_\_ 41-50% \_\_\_\_\_ greater than 51%

Estimated percentage of patients who use epidurals for pain relief

\_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ greater than 80%

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**Estimated percentage of patients who use continuous fetal monitoring (for at least one-half of their labor):**

\_\_\_\_\_ 0-30% \_\_\_\_\_ 31-70% \_\_\_\_\_ greater than 70%

**The patient documentation method used in our facility includes a mechanism for charting supportive, non-technical interventions used for patient comfort:**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**The typical Nurse/Patient staffing ratio used in our facility is:**

\_\_\_\_\_ 1 to 1 \_\_\_\_\_ 1 to 2 \_\_\_\_\_ 1 to 3 \_\_\_\_\_ 1 to 4 \_\_\_\_\_ 1 to greater than 4

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### Section 2:

Review the following statements related to IP nursing. Think about your individual practice. Choose the number associated with each item that most closely matches your current beliefs related to birth practice on the scale of 1 – 6: 1 = strongly differs from my beliefs related to birth practice to 6 = strongly aligns with my beliefs related to birth practice.

	<b>Strongly Differs</b>			<b>Strongly Aligns</b>		
	1	2	3	4	5	6
1. When I think about my beliefs related to birth practice, I believe that: To recognize uterine hyperstimulation/tachysystole the IP nurse must use an intrauterine pressure catheter.	1	2	3	4	5	6
2. When I think about my beliefs related to birth practice, I believe that: Birth environments should provide a homelike environment to optimize privacy and comfort for the laboring woman and her family.	1	2	3	4	5	6
3. When I think about my beliefs related to birth practice, I believe that: Maternal pushing during the second stage requires directions from the IP nurse including counting to 10 during each push.	1	2	3	4	5	6
4. When I think about my beliefs related to birth practice, I believe that: Certified nurse-midwives are appropriate birth practitioners for low-risk women.	1	2	3	4	5	6
5. When I think about my beliefs related to birth practice, I believe that: Continuous fetal monitoring is a standard of care that is appropriate for use with all laboring women.	1	2	3	4	5	6
6. When I think about my beliefs related to birth practice, I believe that: Intravenous fluids are necessary for the laboring woman.	1	2	3	4	5	6
7. When I think about my beliefs related to birth practice, I believe that: Most pregnancies are considered low-risk at the start of labor.	1	2	3	4	5	6
8. When I think about my beliefs related to birth practice, I believe that: Pain in labor represents a physiological process.	1	2	3	4	5	6
9. When I think about my beliefs related to birth practice, I believe that: Most routine interventions such as continuous fetal monitoring are unnecessary to promote the health of the laboring woman.	1	2	3	4	5	6
10. When I think about my beliefs related to birth practice, I believe that: Most routine interventions such as indwelling	1	2	3	4	5	6

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urinary catheters are unnecessary to promote the health of the laboring woman.						
11. When I think about my beliefs related to birth practice, I believe that: Ice chips provide laboring women with necessary oral hydration.	1	2	3	4	5	6
12. When I think about my beliefs related to birth practice, I believe that: IP nurses can have a positive effect on birth outcomes.	1	2	3	4	5	6
13. When I think about my beliefs related to birth practice, I believe that: Positions for the first stage of labor that are supported by research and are therefore appropriate for use by the IP nurse include standing, wedging, sitting and hands and knees.	1	2	3	4	5	6
14. When I think about my beliefs related to birth practice, I believe that: Labor support includes physical comfort measures such as providing ice chips, sips of water, wet washcloth and oral hygiene.	1	2	3	4	5	6
15. When I think about my beliefs related to birth practice, I believe that: Breastfeeding is a personal choice and patient teaching about the benefits of breastfeeding might cause emotional distress.	1	2	3	4	5	6
16. When I think about my beliefs related to birth practice, I believe that: Visual focal point, imagery and social conversation are effective methods of distraction appropriate for use in labor.	1	2	3	4	5	6
17. When I think about my beliefs related to birth practice, I believe that: Plotting the progress of labor and comparing to Friedman's curve is necessary to prevent poor birth outcomes.	1	2	3	4	5	6
18. When I think about my beliefs related to birth practice, I believe that: The laboring woman's desires are more important than the care provider.	1	2	3	4	5	6
19. When I think about my beliefs related to birth practice, I believe that: Labor support includes explanations to the client as to what is occurring with the labor process.	1	2	3	4	5	6
20. When I think about my beliefs related to birth practice, I believe that: Hydrotherapy (shower or bath) in labor is a risk to patient safety.	1	2	3	4	5	6
21. When I think about my beliefs related to birth practice, I believe that: Squatting is an appropriate position for second stage of labor.	1	2	3	4	5	6
22. When I think about my beliefs related to birth practice, I believe that: Labor support includes listening and respecting the client's opinion and wishes.	1	2	3	4	5	6

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23. When I think about my beliefs related to birth practice, I believe that: When the laboring woman expresses pain, a priority nursing intervention is to prepare for epidural anesthesia.	1	2	3	4	5	6
24. When I think about my beliefs related to birth practice, I believe that: Providing explanations about procedures is a necessary nursing intervention for partners attending labor and birth with the laboring patient.	1	2	3	4	5	6
25. When I think about my beliefs related to birth practice, I believe that: Labor support includes providing reassurance and praise such as telling the client she is doing well or that labor is progressing normally.	1	2	3	4	5	6
26. When I think about my beliefs related to birth practice, I believe that: Effectiveness in IP nursing is mainly related to years of experience.	1	2	3	4	5	6
27. When I think about my beliefs related to birth practice, I believe that: The preferred methods of warming a newborn is radiant heat.	1	2	3	4	5	6
28. When I think about my beliefs related to birth practice, I believe that: Labor support includes ensuring privacy and protecting modesty.	1	2	3	4	5	6

**Section 3:**

**Complete the following statement. According to my beliefs related to birth practice, the birth process is:**

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**Complete the following statement. According to my beliefs related to birth practice, my role as an IP nursing in the birth process is:**

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## References

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- Adams, E. & Sauls, D. (2014b). Reliability and validity of an instrument to measure the beliefs of intrapartum nurses. *Journal of Perinatal and Neonatal Nursing* 28(2), 1-8.
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## **Scoring**

Total scores on the IPNBBP, Section 2 range from 28 to 168. Items indicating medicalized beliefs were reverse scored prior to data analysis. Lower scores more closely align with medicalized beliefs of the IP nurse and higher scores more closely align with normal birth beliefs of the IP nurse. In Section 3, two open-ended questions allow the IP nurse to express their beliefs related to birth practice in a narrative manner. Data from these open-ended questions may be subjected to theme analysis for interpretation.

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Conceptual and Operation Definitions of the Research Variables for the IPNBPP

Variable	Sub-Scale	Conceptual Definition	Operational Definition	Items on the IPNBPP	Scoring
birth beliefs related to birth practice of the IP nurse		The construct of birth beliefs related to birth practice can be conceptually defined as core beliefs held by the IP nurse related to the process of birth and to the type of care women receive during the birth process. These birth beliefs are further conceptualized into two sub-categories: birth beliefs related to medicalized birth and birth beliefs related to normal birth.	The IPBPNP operationalizes birth beliefs related to birth practice of the IP nurse to identify an affinity for birth beliefs related to medicalized birth or birth beliefs related to normal birth. This is accomplished through a series of items ranked on a 6-point Likert scale.	1-28	For scoring, items indicating medicalized birth beliefs must be reversed. The range of possible scores is 28-168.  <b>Interpretation</b> Higher scores (112-168) indicate a belief system more closely aligned with normal birth. Lower scores (28-111) indicate a belief system more closely aligned with medicalized birth.
	birth beliefs related to medicalized birth	The concept of birth beliefs related to medicalized birth can be conceptually defined as beliefs which consider labor and birth to occur in a clinical environment. These beliefs consider it necessary for labor and birth to be continually monitored through technological means and that these technological means are designed to optimize the work	The IPBPNP operationalizes the Birth Beliefs related to medicalized birth by determining the IP nurse's birth beliefs through a series of items ranked on a 6-point Likert scale.	A total of 11 items are associated with birth beliefs related to medicalized birth: 1, 3, 5, 6, 11, 15, 17, 20, 23, 26, 27	For scoring, items indicating medicalized birth beliefs must be reversed. For the sub- scale of birth beliefs related to medicalized birth, a score ranging from 11-66 is <b>possible</b> .  <b>Interpretation</b> Reverse scores, for these 11 items, between 11-33 will indicate that the IP nurse's birth beliefs are more closely

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		of the healthcare provider and not necessarily the work of the woman or her family. Birth is viewed as a pathological process where complications can be catastrophic and interventions must be implemented to prevent them.			associated with the elements of medicalized birth.
	birth beliefs related to NORMAL BIRTH	The concept of birth beliefs related to NB can be defined as beliefs which consider labor and birth to be a physiological life event that is unique to each laboring woman. The process is not bound by timelines and parameters. The birth may occur at home, in a freestanding birth center or in a hospital. It occurs spontaneously after the completed 37th week of pregnancy and is not associated with any risk factors. Care may be provided by a variety of birth attendants but the	The IPBBNP operationalizes the birth beliefs related to normal birth by determining the IP nurse's birth beliefs through a series of items ranked on a 6-point Likert scale.	A total of 17 items are associated with birth beliefs related to normal birth: 2, 4, 7, 8, 9, 10, 12, 13, 14, 16, 18, 19, 21, 22, 24, 25, 28	For the sub-scale of birth beliefs related to normal birth, a score ranging from 17-102 is possible.  <b>Interpretation</b> Scores, for these 17 items, ranging from 68-102 will indicate that the IP nurse's birth beliefs are more closely associated with the elements of normal birth.

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		<p>laboring woman is thought to possess the knowledge and power necessary to guide the care. The birth environment is supportive of normal birth practices. This environment includes both supportive administrators and colleagues of the IP nurse. The IP nurse who provides care during a NORMAL BIRTH is trusting of the birth process, provides patient advocacy, is respectfully assertive, and has high self-efficacy related to the interventions necessary to promote normal birth. Birth practices associated with normal birth provide physical, mental, emotional, and social support. Interventions, if necessary, are not technologically based. Liberal use of labor support techniques dictate that the IP nurse</p>			
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		spends the majority of time at the patient's bedside.			
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