labor, arterial–central line monitoring, and fluid management (avoid large volumes; intramuscular oxytocin injection given or small volume of concentrated oxytocin). Postpartum: intensive care unit care due to fluid-shift implications, telemetry, diuresis, arterial–central line management, Adult Congenital Heart Association follow up long term.

The Problem of Pain, the Power of Presence, and the Appeal of Nitrous

**Purpose for the program**
Many believe that better pain relief in labor is significant to increased patient satisfaction. Exploring and prioritizing patients’ values and expectations for pain relief and labor coping, however, may involve several options. Our hospital faced the challenge of offering an option for women other than neuraxial anesthesia and intravenous narcotics.

**Proposed change**
A nursing leader was tasked with the initiation of nitrous oxide analgesia in a regional perinatal center’s labor and delivery unit. This was a new initiative for nitrous use in our inpatient hospital setting outside of the operating rooms.

**Implementation**
Our novel approach implemented more than providing information and training on nitrous oxide use, but rather a reinvigoration of the essential role of the nurse in labor support with a presentation and discussion exploring *The Problem of Pain, The Power of Presence and the Appeal of Nitrous*. Research was explored on labor pain, coping, suffering, patient satisfaction, and the impact of nursing care in those areas. The project involved consultation and collaboration among multiple team members, including nursing leaders, obstetric providers, anesthesia personnel, hospital administration, accreditation and quality, facilities, clinical engineering, fire safety, legal representatives, and information technology liaisons. Additionally, guidelines, patient agreement forms, educational materials, competencies, training, and inservices on the equipment were completed.

**Outcomes and evaluation**
After 1 year of preparation, nitrous oxide use began August 29, 2018. Approximately 150 patients have since used it. We provide this alternative option for patients who desire alternative analgesia to intravenous medications or neuraxial anesthesia for their labor and birth. Key lessons learned and hurdles encountered in the nitrous journey are explored.

**Implications for nursing practice**
Nursing leaders and educators should take advantage of captive audiences with new initiatives to reinvigorate key nursing principles of clinical excellence, integrity, and compassion. Gathering the support of key stakeholders and interested team members is essential to the effective and safe implementation of nitrous oxide. Guidelines and tools related to nitrous oxide that clearly outline contraindications for use, patient counseling and monitoring, equipment set-up, and appropriate patient use are imperative to patient and staff safety.

Comparison of Intermittent Catheterization to Continuous Catheterization During Labor

**Introduction/Objective**
To compare intermittent catheterization with continuous catheterization during labor with epidural anesthesia on route of delivery and incidence of urinary tract infection (UTI) symptoms as reported by postpartum women.

**Methods**
The trial randomized 252 women with term, singleton pregnancies who were in labor with epidural anesthesia. Participants were randomly assigned to either indwelling or intermittent catheterization. The primary outcome was route of birth, and the secondary outcome was reported symptoms of a UTI approximately 1 week after hospital discharge.

**Results**
Two hundred, forty-seven women completed the study. Eighty-one percent of participants gave birth vaginally, and 19% had cesarean births. The
demographics of both the intermittent and continuous catheterization groups were similar for gestational age, age, and body mass index. There was no significant difference in the mode of birth \((p = .172)\). Three percent of women contacted after birth reported symptoms and treatment for UTI. The incidence of reported UTI symptoms was also not statistically significant \((p = .929)\). Thirteen percent of women were unreachable regarding UTI symptoms. These women were equally distributed between the groups.

### Discussion

In the continuous catheterization group, 15.6% of patients had a cesarean, and 22.5% of patients in the intermittent catheterization group had a cesarean birth. These results may be clinically significant but they are not statistically significantly different. More patients in the study might have demonstrated statistical differences. Given that there were no differences between the two groups in mode of birth and reported symptoms of UTI, bladder management after epidural in labor should be at the discretion of the patient and health care team.

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**Transition of Care for Pregnant Patients Addicted to Opioids**

**Purpose for the program**

To create a patient-centered medical home for pregnant women with opioid addictions that is comprehensive, accessible, coordinated across the health care system, and committed to quality and safe care of pregnant women and their fetus. Programs: maternal–fetal opiate home, opiate centering, parenting centering and mommy care (fourth trimester).

**Proposed change**

Establish new practices, communications, and skills with our outpatient colleagues in the areas of addiction medicine, perinatology, neonatology, social work, health services, our community drug board, and legal service providers. Engage women in prenatal care as early in their pregnancy as possible. Reduce cravings and withdrawal symptoms using medication-assisted treatment (MAT). Engage women in substance abuse counseling. Provide social support and basic needs referrals for the family. Deliver follow-up care and support for the newborn and mother postpartum.

**Implementation**

The nurse case manager coordinates care across the continuum, from admission for treatment for substance abuse, and case management for during and after birth, to continuation of follow-up care after birth for the mother and her newborn.

**Outcomes and evaluation**

Medicaid insurance, \(n = 97\); gestational age at birth (average weeks) = 39; stillborn = 0%; preterm birth = 3%; NICU admission = 38%; breastfeeding = 100%; discharged with mother = 93%; postpartum visit attendance = 86%; self-care (actively engage in their own health care). Opportunities for empowerment; support and create lasting friendships; education resulting in better preparation for labor and birth; communication with case manager–addiction medicine-obstetric provider; community resources (Women Infant Children, OHIO Jobs & Family Services, Child Protective Services, and Legal Aid); and continuation of care and support after birth.

**Implications for nursing practice**

Nurses can be empowered to move beyond the hospital walls to forge alliances and strong working relationships with community partners as well as improve maternal and newborn outcomes.