Giving birth is a powerful, life-changing event that leaves a lasting impact on the childbearing woman. This impact can be positive or negative depending on the woman’s perception of their birth experience. Supporting women’s birthing preferences is an important key to women’s satisfaction. Central to meeting these expectations during the birthing process, is the presence and quality of support from nurses and other providers. Because nurses play a pivotal role in care and support of birthing women, it is important to study nurses’ perceptions of laboring women and factors which influence change in birth preferences of laboring women.

The purpose of this study is to identify and understand nurses’ perceptions of laboring women’s birth experiences and factors that influence change in birth preference during active labor. Using the voices of nurses to inform this research provides rich descriptive data to help nurses caring for childbearing women to be better informed, provide better support and assistance, and promote positive birth experiences for women. Following institutional review board approval, a purposive, convenience sample of twenty (20) labor and delivery nurses who were employed at American Fork Hospital, Orem Community Hospital, Timpanogos Hospital, or Utah Valley Regional Medical Center were asked to participate in hour long audio-taped interviews and completed a demographic form. Following transcription of the audio-tapes, participant responses were analyzed as appropriate for qualitative inquiry. Member checks were conducted by telephone or electronically (by e-mail) to clarify and verify the investigators’ conclusions. Nurses identified differences between caring for mothers who chose either medicated or unmedicated births, and their perceptions as to why women with stated preferences of “wait and see” or unmedicated on their birth plan change their mind and have a medicated birth. They also identified barriers to the provision of supportive care, including, lack of experience in caring for unmedicated women, lack of knowledge of non-pharmaceutical supportive techniques, staffing ratios and lack of time including an unexpected influx of laboring women, the increasing number of laboring women who do not speak English, and non-supportive members of the health care team. In a highly technological birthing environment, control, predictability, efficiency, and calculability may guide the care of birthing women. These principles may undermine the quality of a woman’s birth experience and need further investigation. Nurses also identified the rewards of caring for childbearing women, including being part of a significant life event—the beginning of a new life, and knowing that they made a difference in the quality of the woman’s birth experience. Implications for nursing care of childbearing women will be explicated.