OBSTETRIC NURSING IN BEST PRACTICES OF LABOR AND DELIVERY CARE

Noha Mohammed Alenzi[1]*, Salma Mohammed Hadi Al Harbi[2], Mashael Musharrid Okash Alanazi[3]

Abstract

Introduction:To encourage women's autonomy and give a new meaning to this unique moment of parturition for women and professionals who experience it, delivery care must be safe and based on scientific evidence

Methodology:Good practices include fluid or food intake during labour or childbirth, the use of non-pharmacological pain relief methods, the presence of a preferred companion, mobility throughout all stages of labour, and the use of a partogram to track labour progress.

Results: Evidence suggests that having a companion during labour has several benefits, including shorter labour times, less need for medication or analgesia, as well as operative or instrumental delivery, higher Apgar scores, higher breastfeeding rates, women feeling more confident, in control, and communicating during childbirth, and being satisfied, as well as a lower vulnerability to obstetric violence.

Conclusions:The use of technologies in the care of women with the goal of promoting a physiological and humanised process is an essential component of the care provided.

Keywords: Obstetric nursing, delivery care, labor practices, childbirth, parturition.

[1*]Nurse, nomalenzi@moh.gov.sa, MOH, SA
[2]Salharbi279@moh.gov.sa , MOH, SA
[3]Nurse, mamalanazi@moh.gov.sa , MOH ,SA

***Corresponding Author:** Noha Mohammed Alenzi
[*]Nurse, nomalenzi@moh.gov.sa, MOH, SA

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1. Introduction

Many women's lives revolve around delivery and birth, which has long been a personal and private experience shared with other women, relatives, and midwives. These, considered reliable people for pregnant women or with recognised experience in the community, provided delivery care based on popular knowledge and experience constructed within their communities.[1]

Best practices of care for vaginal delivery were classified to guide the professional's behaviour: clearly useful practices that should be encouraged. Practices that are clearly harmful or ineffective and should be eliminated, as well as practices used inappropriately during LA and delivery.[2]

To encourage women's autonomy and give a new meaning to this unique moment of parturition for women and professionals who experience it, delivery care must be safe and based on scientific evidence (16). There have been few nursing studies on best practices for vaginal delivery in relation to Obstetric Nursing and the hospital care model.[3]

Obstetric Nursing, through its professional practice, emerges as a key player in promoting the humanization of care and the use of best practices in normal birth, as it encourages actions that refer to the concept of care technology.[4]

The concept of care technology is classified into three types: 1) Light technology refers to the relationship between health professionals and clients, while light-hard technology refers to well-structured knowledge used in medical practice and epidemiology. 3) Hard technology, which refers to technological equipment that works in tandem with organisational structures or an institution's machines, rules, and procedures. In this sense, the concept of technology encompasses knowledge and skills within a context of structured knowledge that is applied with intentionality and justification, producing results that meet the individualised needs of people.[5]

2. Literature review

Care technology is concerned with the development of pregnancy and birth practices that are not invasive to the woman's body, mind, or privacy. The non-invasive character includes the aspect of establishing a trusting relationship with the obstetric nurse, and even when behaviours that express care in the intimacy of the biological or sociocultural body occur, they are not perceived as an invasion of her privacy.[6]

Thus, the obstetric nurse, through the use of his or her care technology, promotes the humanization of delivery and birth care, respecting women, and creating a satisfactory environment for care centred on them.[7]

Simply replacing the physician with an obstetric nurse does not guarantee humane care. It is worth noting that this professional's actions are embedded in a new care proposition and have the potential to change the care model.[8]

In recent study showed that, randomised intervention, and blind clinical trial involving 15 obstetric low-risk parturient women looked into non-pharmacological pain relief options. It was concluded that the use of non-pharmacological interventions to relieve pain during the active phase of labour, such as a hot bath alone or in combination with a Swiss ball, reduced parturients' pain scores, promoting relaxation and reducing anxiety.[9]

Previous study conducted that, the use of non-pharmacological methods for pain relief during the active stage of labour, whether combined or isolated, deals with safe and practical strategies that reduce pain and anxiety by promoting comfort and well-being [10]

Good labour care practices are non-pharmacological and non-invasive methods that respect pregnant women's autonomy while also providing pain relief through exercises with the goal of achieving a peaceful labour. It is also important for them to provide humanised care to all women in LDR, including those who have had abortions, who require attention in all aspects of their care.[11]

The professionals are not indifferent to her pain, and they assist her during her period of discomfort, providing relief not only to the pregnant woman but also to the nursing technicians. However, it has been stated that doing and knowing how to do are insufficient for providing good practice; sensitivity, goodwill, and a good working environment are also required, which must be prepared with personal conditions in order to provide quality care to parturients.[12]

3. Methodology

Good practices include fluid or food intake during labour or childbirth, the use of non-pharmacological pain relief methods, the presence of a preferred companion, mobility throughout all stages of labour, and the use of a partogram to track labour progress. Good practices evaluated during childbirth included vertical positioning, late clamping of the umbilical cord, skin-to-skin contact, and breastfeeding in the delivery room. During labour, the following interventions were considered: a venous catheter, oxytocin to induce labour, and an amniotomy. In terms of childbirth

interventions, lithotomy and episiotomy were both evaluated.[13]

Emotional support was also identified as a good care practice and the type of care they require the most right now.

For nursing technicians, keeping the environment with proper lighting, i.e., a little darker, is also a good care practice during labour, as is reducing the number of people circulating in the room. The woman's privacy with her partner is a good thing; however, professionals should be present whenever necessary to offer support and advice.[14]

4. Results

Evidence suggests that having a companion during labour has several benefits, including shorter labour times, less need for medication or analgesia, as well as operative or instrumental delivery, higher Apgar scores, higher breastfeeding rates, women feeling more confident, in control, and communicating during childbirth, and being satisfied, as well as a lower vulnerability to obstetric violence.

A woman's continued support from a companion during labour and childbirth is a safe and highly effective intervention to improve maternal and neonatal outcomes, with high rates of maternal satisfaction and low cost; additionally, women have this right.

In terms of routine enema use, the presence of Obstetric Nursing staff in the institution was associated with non-achievement when compared to institutions without this professional. The use of enemas in women admitted to LA has no significant effect on infection rates, and women are dissatisfied with this practice, which should be discouraged.

5. Discussion

Professionally implanted fasting may result in unsatisfactory LA progression, necessitating unnecessary interventions and potentially requiring a caesarean section. In parturition, energy expenditure is equivalent to continuous moderate physical activity. Therefore, the supply of fluids and foodstuffs orally to the parturient, respecting their desire, aside from not interfering with the development of LA and delivery, can be beneficial.[15]

The Ministry of Health's current recommendations to manage labour include the supply of fluids, the encouragement to adopt vertical positions and the freedom of movement, seeking to increase maternal comfort and to facilitate labour progression; and the use of non-pharmacological methods to relieve pain, such as hot showers or baths, massages, and the like.[16]

6. Conclusions

The use of technologies in the care of women with the goal of promoting a physiological and humanised process is an essential component of the care provided. The use of obstetric practices that value women while minimising acts of intervention demonstrates the advancement of obstetric nursing.[17]

7. References

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