



بسم الله الرحمن الرحيم

∞∞∞∞

تم رفع هذه الرسالة بواسطة / حسام الدين محمد مغربي

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى

مسئولية عن محتوى هذه الرسالة.

ملاحظات : لا يوجد





Evaluate Clinical Guideline Related to Care of Mothers with Cesarean Section. Its Effect on Nurses' Practical Skills

Thesis

*Submitted for Partial Fulfillment of the Doctorate Degree
In Maternity and Gynecological Nursing*

By

Fatma Sayed Mossad

Master of Nursing

Faculty of Nursing - Ain Shams University

**Faculty of Nursing
Ain Shams University
2021**



Evaluate Clinical Guideline Related to Care of Mothers with Cesarean Section. Its Effect on Nurses' Practical Skills

Thesis

*Submitted for Partial Fulfillment of the Doctorate Degree
In Maternity and Gynecological Nursing*

Supervised by

Prof. Kamilia Ragb Abo Shabana

*Professor of Maternity & Gynecological Nursing
Faculty of nursing-Ain Shams University*

Prof. Sabah Metwaly Mohamad

*Professor of Maternity & Gynecological Nursing
Faculty of nursing-Ain Shams University*

**Faculty of Nursing
Ain Shams University
2021**

Acknowledgment

First of all, all gratitude is due to **God** almighty for blessing this work, until it has reached its end, as a part of his generous help, throughout my life.

Prof. Kamilia Ragb Abo Shabana, Professor of Maternity & Neonatal Nursing, Ain Shams University, had refused to be acknowledge because she considered supervised these was the main responsibility from as university professor she wants the thanks from the god not from the student.

I would like also to express my sincere appreciation and gratitude to **Prof. Sabah Metwaly**, Assistant Professor of Maternity and Neonatal Nursing, Ain Shams University, for her continuous directions and support throughout the whole work.

I would like also to thanks all nurses who shared in this study. Last but not least, I dedicate this work to my family, whom without their sincere emotional support, pushing me forward this work would not have ever been completed.



✎ **Fatma Sayed Mossad**

Table of Contents

Title	Page No.
List of Tables	i
List of Figures	iii
List of Abbreviations	v
List of Appendies	ii
Abstract	viii
Introduction	1
Aim of the Study	7
review of Literature	8
Subjects and Methods	84
Results	97
Discussion	125
Conclusion.....	142
Recommendations.....	143
Summary	144
References.....	147
Appendices	163
Protocol	-
Arabic Summary	-

List of Tables

Table No.	Title	Page No.
Table (1):	Frequency distribution among the studied sample according to their general characteristics (n=38).	98
Table (2):	Frequency distribution according to studied sample correct/incorrect knowledge related to c.s pre intervention compared to immediate post intervention and one month post intervention (n=38).	99
Table (3):	Frequency distribution among the studied sample correct & incorrect knowledge regarding care provided among mothers with caesarean section (pre intervention, immediately post intervention and one month post intervention) (n=38).	102
Table (4):	Frequency distribution among the studied sample pre, post and one-month post-intervention of clinical guidelines regarding to practical skills pre caesarean section (n=38).	107
Table (5):	Frequency distribution among the studied sample pre, post, and one-month post intervention of clinical guidelines regarding to practical skills within 2 hours post caesarean section (n=38).	110
Table (6):	Frequency distribution among the studied sample pre, post, and one-month post intervention regarding to practical skills during daily routine care for mothers with caesarean section (n=38).	113
Table (7):	Frequency distribution among the studied sample regarding their satisfaction about the scientific material post of clinical guidelines (n=38).	118

List of Tables Cont....

Table No.	Title	Page No.
Table (8):	Relation between general characteristics data of the studied sample and their total knowledge about nursing care for cesarean section post of clinical guidelines. ...	120
Table (9):	Relation between general characteristics of the studied sample and their total practice about nursing care for cesarean section at post of clinical guidelines.	122
Table (10):	Correlation between total knowledge about nursing care for cesarean section, satisfaction about clinical guidelines of the studied sample and their total practice about nursing care for caesarean section at post of clinical nursing guidelines.	124

List of Figures in Review

Figure No.	Title	Page No.
Fig (1):	Types of cesarean section incisions.....	11

List of Figures in Results

Figure No.	Title	Page No.
Fig (1):	Frequency distribution among the studied sample pre, post, and one-month post-intervention of clinical guidelines regarding their total knowledge about caesarean section (n=38).....	100
Fig (2):	Frequency distribution among the studied sample pre, post, and one-month post-intervention regarding their total knowledge about nursing care for cesarean section (n=38).....	101
Fig (3):	Frequency distribution among the studied sample pre, post, and one-month post-intervention regarding their total practical skills pre cesarean section (n=38).....	106
Fig (4):	Frequency distribution among the studied sample pre, post, and one-month post-intervention regarding their total practical skills within 2 hours post cesarean section (n=38).....	109
Fig (5):	Frequency distribution among the studied sample pre, post, and one-month post-intervention of clinical guidelines regarding their total practical skills during daily routine care for mothers with cesarean section (n=38).....	112
Fig (6):	Frequency distribution among the studied sample pre, post, and one-month post-intervention of clinical guidelines regarding their total practical skills about nursing care for cesarean section (n=38).	116
Fig (7):	Frequency distribution among the studied sample pre, post, and one-month post-intervention of clinical guidelines regarding their total correct/incorrect practical skills about nursing care for cesarean section (n=38).	117

List of Abbreviations

<i>Abb.</i>	<i>Full Terms</i>
AVMs	: Arterial venous malformations
CA	: Cancer
CDMR	: Cesarean delivery on maternal request
CS	: Cesarean section
CT	: Computed tomography
CTG	: Cardiotocography
DM	: Diabetes Mellitus
DSPT	: Deep Septic Pelvic Thrombophlebitis
DVT	: Deep Vein Thrombosis
EDHS	: Egypt Demographic And Health Survey
EMR	: Electronic medical record
FGM	: Female Genital Mutilation
FHR	: fetal heart rate
HELLP	: Hemolysis, Elevated Liver Enzyme Levels, And Low Platelet Levels
HIV	: Human Immunodeficiency Virus.
ID	: Identity document
IV	: Intravenous
IVF	: In vitro fertilization
MRI	: Magnetic Resonance Imaging
NCEC	: National Chemical Emergency Centre
NICU	: Neonatal Intensive Care Unit
NPO	: Nothing per mouth
OR	: Operating room
OVT	: Ovarian Vein Thrombophlebitis
PPH	: Postpartum hemorrhage

List of Abbreviations Cont....

<i>Abb.</i>	<i>Full Terms</i>
PROM	: Premature rupture of membranes
p-value	: Probability value
RDS	: Respiratory Distress Syndrome
SCD	: Sickle Cell Disease
SCDs	: Superior Canal Dehiscence Syndrome
SPSS	: Statistical Package for Social Sciences
UTI	: Urinary Tract Infection
VBAC	: Vaginal birth after cesarean
WHO	: World Health Organization

List of Appendices

Appendix No.	Title	Page No.
Appendix (I):	Structure interviewing Arabic questionnaire schedule	163
Appendix (II):	An observational checklist.....	172
Appendix (III):	Nurse satisfaction assessment sheet	176

Abstract

Background: The nurse plays an important role in caring for mothers who have CS as provided competent care through multidisciplinary roles as a health care provider, health educator, administrator, counselor, and researcher **Aim:** evaluate clinical guideline related to care of mothers with cesarean section, its effect on nursing practical skills. **Setting:** the study was conducted at 6 in-patient units' maternity hospital Ain shams University. **Study Design:** a quasi-experimental (time series) study design (*pre-posttest*). **Sampling:** convenience sample included 38 nurses. **Tools of data collection:** were structured interviewing Arabic Questionnaire Sheet, an observational checklist and nurse satisfaction assessment sheet. **Results:** showed that a highly statistically significant improvement between post-intervention compared to pre-intervention regarding nurses' knowledge and practices, significant relation showed that there was a highly statistically significant relation between total knowledge about nursing care for cesarean section among studied sample and their years of experience. **Conclusion:** there were statistical significant improvement among studied sample post-intervention compared to pre-intervention related to their knowledge & practice regarding to cesarean section. It was also observed high level of satisfaction among nurse post-intervention regarding utilization of a clinical guideline. **Recommendations:** Periodic in-service – training regarding cesarean section care.

Keywords: Clinical guideline, Cesarean section, Nurses practical skills.

Introduction

Cesarean section (CS) is an important lifesaving operation when vaginal delivery might pose a risk to a mother or baby. However, if not medically indicated or if performed under suboptimal conditions, CS can cause maternal and fetal complications, including death. According to the *(WHO) Betran, Torloni, Zhang, et al. (2016)*, at the population level, CS rates higher than 10 percent are not associated with reductions in maternal and newborn mortality rates.

In Egypt, the past decade has witnessed a sharp increase in the prevalence of CS with the most recent Egypt Demographic and Health Survey (EDHS) documenting a CS rate of 52 percent, which suggested that cesarean delivery might be overused or used for inappropriate indications *(Betran et al., 2016)*.

Additionally Accepted medical reasons for performing a CS included: failure of labor to progress, pelvic abnormalities, problems with the placenta, multiple gestation pregnancy, active herpes simplex, non-reassuring fetal heart rate, mal presentation of the fetus, and any serious medical condition that requires emergency treatment. If a CS is performed for any other reason, then it

is considered none medically indicated and thus avoidable (*Mylonas & Friese, 2015*).

A non-medically indicated CS may additionally be referred to as a maternal-request elective cesarean delivery if it has two properties: 1) cesarean delivery before the start of active labor and 2) cesarean delivery in the absence of medical conditions presenting a risk for labor (*ACOG, 2017*).

Furthermore, **Beucher** has defined the Nursing guideline as a comprehensive document providing resources necessary for the support of the evidence-based nursing practice, the document needs to be reviewed and applied based on the specific needs of the organization or practice setting as well as the needs & wishes of the patient. guidelines used as a tool to assist in decision making for individualized patient care as well as ensuring that appropriate structures & support are in place to provide the best possible care (*Dang & Dearholt, 2018*).

Clinical guidelines in nursing have been shown to improve the performance of nurses through enhancing knowledge & practical skills and to promote the delivery of high-quality, evidence-based health care. Practice