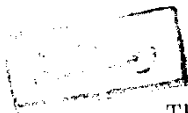


THE IMPLEMENTATION OF A STANDARDIZED NURSING
CARE PROGRAMME FOR PREGNANT DIABETIC WOMEN
AND ITS EFFECT ON THE COURSE OF PREGNANCY
AND ITS OUTCOME



THESIS

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Doctorate of Nursing Science
(D.N.Sc.)

By

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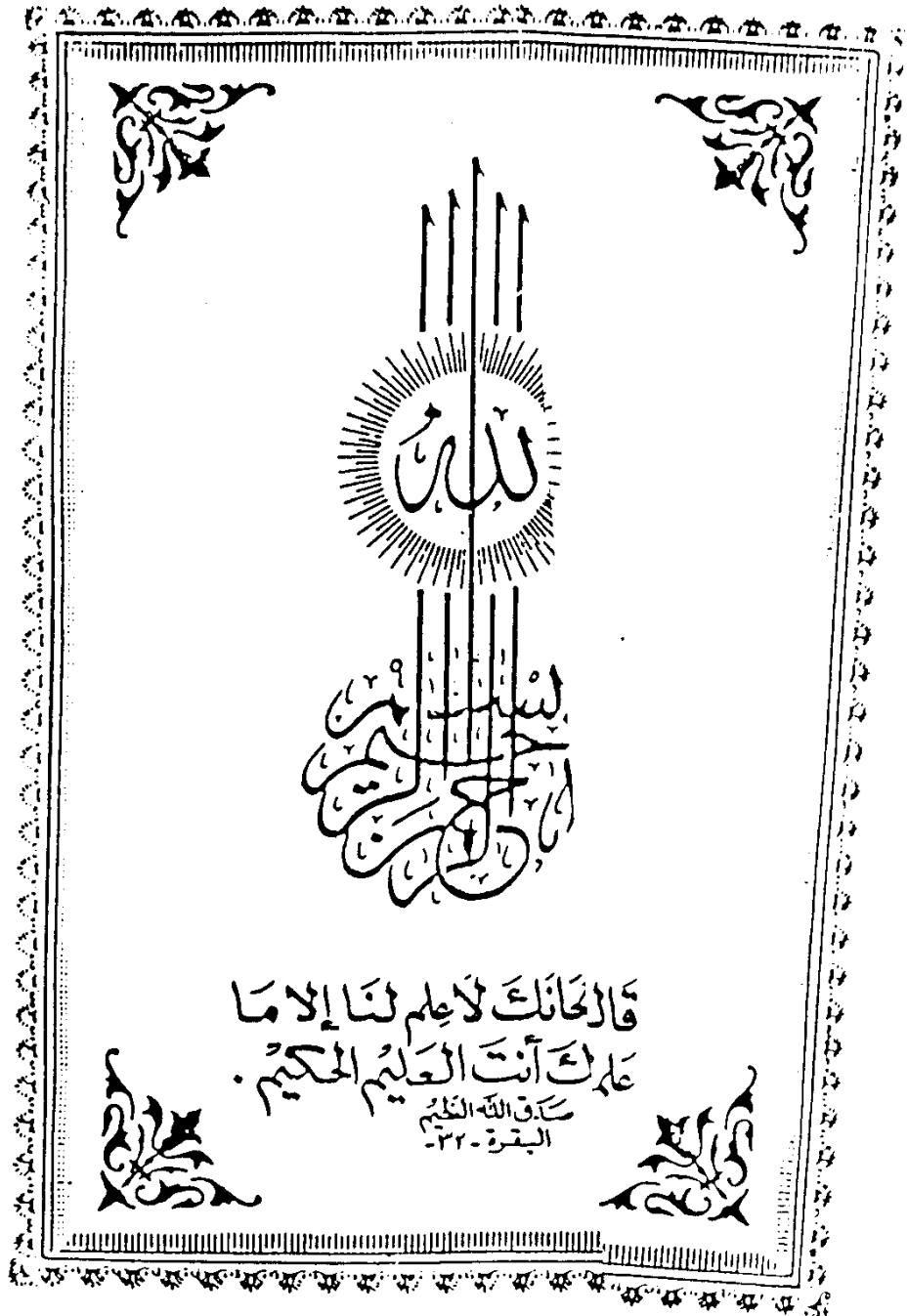
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INTRODUCTION

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Pregnancy is a normal physiological process. Yet, it could be affected by some factors that impose some stress on both mother and foetus (Aumann and Baird, 1986).

High risk pregnancy has been defined by WHO (1978) as one in which the prospective mother have or are likely to have conditions associated with child bearing. These include the hazard of physical or mental defects in infants especially when prospective mothers come from low class income families. This is in accordance with Pernol, (1982) who attributed the risk to poverty, ignorance and unwanted pregnancy.

Brucker, (1987) has mentioned that diabetes mellitus is one of the main risk factors which might affect the course and outcome of pregnancy. In this case both mother and foetus are exposed to problems. These are namely, pre-eclampsia, eclampsia, infections, pre-mature labours increased incidence of caesarian section and postpartum haemorrhage after vaginal delivery and hydramnios. According to Farguhar, (1980) large size foetus is a frequent disorder associated with diabetes mellitus. High rates of foetal loss neonatal death and congenital anomalies cannot be ignored.

Katherine, (1979) reported that diabetes mellitus a common metabolic problem, often complicates pregnancy. Before discovery of insulin, most diabetic women were unable to conceive and among those who did, the mortality rate was very high.

Diabetes mellitus antedating pregnancy is reconized as an important cause of maternal morbidity, birth defects intrauterine fetal death, and neontal morbidity and death. An increased incidence of these complications is associated with the duration of diabetes, the presence of vascular lessions, and the degree of control of diabetic state during pregnancy. Patients with poor control of diabetes have a higher risk of fetal or neonatal death. The occurrence of Ketoacidosis in particular carries an excessive rate of fetal loss, Pedersen (1977), White (1974) and Tyson (1972).

Improvement of pregnancy outcome for both mother and foetus is the major concern of all health professionals involved in maternal and child health practice. Where, nurses as pointed out by Jensen (1982) as members of the health team, are highly responsible for providing the most accurate assessment of care and its implementation as needed. An also endocrinologist had a very important role

in normalizing blood glucose level throughout pregnancy, neonatologist was added to the health care team to provide a smooth transition for the neonate from the delivery room to the intensive care nursery and additional support was obtained from a dietician.

Bennert (1990) reported that the goal of the main diabetes in pregnancy programme (MDPP) is to improve the outcomes of pregnancies complicated by diabetes mellitus (DM). Using the existing health care delivery system, (MDPP) has recruited physicians and nurses who volunteer to serve as regional resources promoting pre-conception counselling and appropriate standards of care and assisting in monitoring pregnancy outcome. In return, they receive continuing medical education and increased recognition among their peers. MDPP has developed a pregnancy tracking system. Women are encouraged to enter the system pre-pregnancy.

INCIDENCE:

Pregnancy is complicated by diabetes in 2-4% of cases (Hadden, 1980, Merkatz, 1980 and Mestwan, 1980). Abnormalities in the glucose tolerance test in pregnancy are to be found in about 8.5 cases per 1000 pregnancies. (Holland, 1980).

Oates (1986) stated that the perinatal mortality is still between 10 and 20 percent in a developed countries this simplistic calculation indicates that approximately 50% of all perinatal deaths occur in women who will become a diabetic.

Yokes(1974)reported that a standard can be defined as a descriptive statement of desired level of performance against which the quality of structure, process, or outcome can be judged.

Nursing care standard is a descriptive statement of desired quality against which to evaluate nursing care given to a patient or group of patients. (Anderson,1976).

Rapid scientific technological advances and research have greatly altered the practice of nursing. Accordingly, the role and responsibilities of the trained nurse is dynamic and constantly changing as pointed out by (Barnes,1985).

Pochly (1973)stated that the need for expanded and innovative education programmes for nursing personnel as a valid method for continuous updating of knowledge and skill to maintain and improve competence cannot be overlooked.

Furthermore Caremon and Walt(1985)stated that to promote better staff development this involves all trained staff in comprehensive inservice training . This prepares them for future posts, promotion and probably self confidence competence and motivation in their work. This is in accordance with ABBATT and MCMAHAN (1985),who also stressed the importance

of continuing inservice education for nursing staff.

The purposes of continuing education as suggested by Kratz (1985), are mainly to provide training to improve the nurses skills, to assure high quality of care and to compensate for weaknesses in the initial training. A third purposes is to help the implementation of the policy.

Inservice education , as recommended by Hamelin (1966), provides the nurse with the necessary behavioural skill basic to effecient performance of their job and also helps developing their leadership and management abilities. This was agreed upon by Lahiff(1984),who added that inservice training allows the personnel for staying in their areas of speciality for which are basically prepared.

" AIM OF THE STUDY"

1. To study the nursing needs of pregnant diabetic mothers.
2. To identify the nurses knowledge as regards to diabetes mellitus.
3. To develop and implement a standardized nursing care programme for the diabetic pregnant women.
4. To assess the effect of the programme on the course and outcome of pregnancy.