

***Assessment of Emergency Nursing Care  
offered at the Labor Ward of Ain Shams  
Maternity University Hospital***

***Thesis***

***Submitted for Partial Fulfillment of Master Degree***

***In***

***(Maternity & Neonatal Nursing)***

***By***

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## ABSTRACT

**Obstetrical emergencies** are life-threatening medical conditions that occur in pregnancy or during or after labor and delivery and it can be prevented, if adequate and timely emergency obstetric care (EmOC) is provided. **The study was aiming** to assess the level of nursing care offered during obstetrical emergencies at the labor ward in Ain Shams Maternity University Hospital. **A descriptive study** included **a total number of nurses (25 nurses)** offering care to **108 obstetrical emergency cases**. **Two tools** were used for data collection; structured-interviewing questionnaire to assess nurses' personal data & hospital resources, the other tool is observational checklist to assess nurses' performance during emergencies. **The results** revealed that (68%) of the studied sample had poor level of knowledge regarding obstetrical emergencies and (52%) of supportive resources are limited and not available. Regarding total level of nurses' performance during emergencies the results showed not done and incomplete nursing care represented 40% and 28% respectively. There is highly statistically significant relation between total nurses' performance and availability of supportive resources and highly statistically significant relation between total nurses' performance and total nurses' knowledge. **The study recommended** that regular training program to build up the nurses' capacity related to obstetrical emergency nursing care, developing a simplified and comprehensive protocol of nursing care related to obstetrical emergencies management.

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### Key words

**Obstetrical Emergency – Emergency Obstetric Care**

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## LIST OF ABBREVIATIONS

<b><i>Abb.</i></b>	<b><i>Meaning</i></b>
<b>AFE</b>	: Amniotic Fluid Embolism
<b>AROM</b>	: Artificial Rupture of Membranes
<b>CBF</b>	: Cerebral Blood Flow
<b>CPD</b>	: Cephalo Pelvic Disproportion
<b>D &amp; C</b>	: Dilatation & Curettage
<b>DIC</b>	: Disseminated Intravascular Coagulation
<b>DM</b>	: Diabetes Mellitus
<b>ECV</b>	: External Cephalic Version
<b>EmOC</b>	: Emergency Obstetric Care
<b>ENMMS</b>	: Egypt National Maternal Mortality Study
<b>FDP</b>	: Fibrin Degradation Product
<b>FEMME</b>	: Foundation to Enhance the Management of Maternal Emergency
<b>FSE</b>	: Fetal Scalp Electrode
<b>HELLP</b>	: Hemolysis, Elevated Liver Enzymes and Low Platelets
<b>HRD</b>	: Human Resource Development
<b>IV</b>	: Intravenous Fluid
<b>L/S Ratio</b>	: Lecithin- Sphingomyelin ratio
<b>MMR</b>	: Maternal Mortality Rate
<b>MOH</b>	: Ministry Of Health
<b>MVA</b>	: Manual Vacuum Aspiration
<b>OR</b>	: Operation Room
<b>PIH</b>	: Pregnancy Induced Hypertension

<b>PIH</b>	: Pregnancy Induced Hypertension
<b>PROM</b>	: Premature Rupture Of Membranes
<b>SPSS</b>	: Statistical Packages for Social Science
<b>SROM</b>	Spontaneous Rupture of Membranes
<b>STEEP</b>	: Safe care, timely care, effective care, efficient care and privacy
<b>PFA</b>	: Patient Flow Analysis
<b>TAB</b>	: Traditional Birth Attendant
<b>UNFPA</b>	: United Nations Population Fund
<b>WHO</b>	: World Health Organization

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Appendix (II):	Arabic Structured interviewing questionnaire
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## INTRODUCTION

**W**orldwide, Twenty three million women (15% of all pregnant women) develop life threatening complications during pregnancy and labor every year. The vast majority of maternal deaths (80%) is due to direct obstetric complications; e.g. hemorrhage sepsis, complications of abortion, hypertensive disorders of pregnancy, prolonged / obstructed labor, ruptured uterus and ectopic pregnancy. Although some efforts have been made in the prevention of some of the direct obstetric complications, many of them cannot be prevented even in the best of circumstances (*WHO, 2008*).

Although most of obstetric emergency situations have been well described and have widely accepted management strategies, the reports of maternal mortality continue to highlight widespread and Substandard care of obstetrical emergencies probably contributed to mortality reports (*King & Scrutton, 2010*).

The maternal health community has identified four types of delays that can affect a woman's chances of surviving from an obstetrical emergency; (1) delaying in problem recognition ;(2) delaying in deciding to seek health care;(3) delaying in reaching a health facility; and (4) delaying in receiving life-saving interventions once reaching the health facility; therefore, access to emergency obstetric care (EmOC) is crucial to saving

women's lives and preventing disabilities by uses resources effectively and providing rapid diagnosis and intervention of obstetric emergencies(*Foss et al., 2004*).

Emergency obstetric care (EmOC) is often discussed in terms of basic and comprehensive. **Basic EmOC** services include the following signal function: administer parenteral antibiotics, oxytocic drugs and anticonvulsants; manual removal of placenta; removal of retained products; and assisted vaginal delivery. **A comprehensive EmOC** services should be able to offer all the functions of basic EmOC, plus Cesarean section and blood transfusion services (*Paxton et al., 2005*).

The World Health Organization (WHO), UNICEF and the UN Population Fund (UNFPA) recommended the minimum acceptable level of EmOC services: (1)For every 500, 000 population, there should be at least four basic and one comprehensive EmOC facilities.(2) At least 15% of all births in the population take place in EmOC facilities.(3)100% of women estimated to have obstetric complications are treated in EmOC facilities.(4) The case fatality rate among women with obstetric complications in EmOC facilities is less than 1% (*WHO, 2008*).

Intrapartum and emergency obstetric care should be provided by skilled attendants. A skilled attendant is a healthcare provider (midwife, doctor, or nurse with midwifery and life-saving skills) who has the knowledge and skills