NURSES COMPLIANCE TO SAFETY MEASURES AT LABOR ROOM

Thesis

Submitted for partial fulfillment of the Doctorate Degree in Maternity &gynecology nursing

By

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First and foremost, I feel always indebted to **ALLAH**, the most kind and most merciful

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Dedications

My dedication goes to my Family, for their valuable support, encouragement throughout my study period.

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Nadra Mohamed Ibraheim

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List of Abbreviations

Abbreviation	Meaning
WHO.....	World Health Organization
MHP.....	Ministry of Health and Population
HWS.....	Health Worker Safety
PPE	personal protective Equipment

ABSTRACT

The present study aimed to investigate nurses' compliance to safety measures at labor room**. A quasi experimental** study design was used and conducted at labor room in Ain shams Maternity University Hospital. **Convenient sample** was used to recruit 45 nurses with different ages, qualifications and experiences) during the morning shift. **Three tools** were used for data collection. ***First tool*** A Structured interview questionnaire sheet to assess: Part (1), demographic characteristics of study sample, ***part* (2),** assess knowledge about both safety measures practices and nursing care for labor and ***part* (3)** barriers for applying safety measures at labor room**.** ***Second tool*:** An observational checklist to assess nurses practices both safety measures practices and nursing care for labor**. Three tools:** Likert scale to assess nurses' satisfaction regarding utilization of the instructional guidelines**. The Results**: revealed highly significant differences between the pre and post knowledge level and nursing practices also there were significant correlation between socio demographics characteristic with their both nurse knowledge and practices pre and post intervention. **Conclusion**: It is concluded relation between nurses knowledge and their practices regarding to both safety measures and nursing care at labor room recommend that motivation system for nursing staff to apply safety measures practices at labor room that, still barriers were includes that, shortage of nurse's number, decrease equipment's and supplies and decrease technological methods in nursing field. **Recommendation:** the recommended improve safety compliance measures practices for nurses at labor room.

INTRODUCTION

Safety is considered an integral part of quality control, cost reduction and job efficiency. Every level of management and supervision are responsible for the safety performance demonstrated by the employees under their supervision. It is management responsibility to ensure safety rules and procedures are enforced and further ensure that effective training and education programs are employed **(Makeham et al., 2008).**

Safety measures are activities and precautions taken to improve safety, to reduce risk related to human health. Common safety measures include: Root cause analysis, Visual examination for dangerous situations, and Visual examination for flaws such as cracks, peeling, and loose connections (**WHO 2009).**

Safe environment reduces the risk for illness, injury and helps to reduce the cost of health care by preventing extended lengths of treatment and/or hospitalization. It also improves or maintains a patient's functional status, and increasing the patient's sense of well-being (**Klingner et al., 2007).**

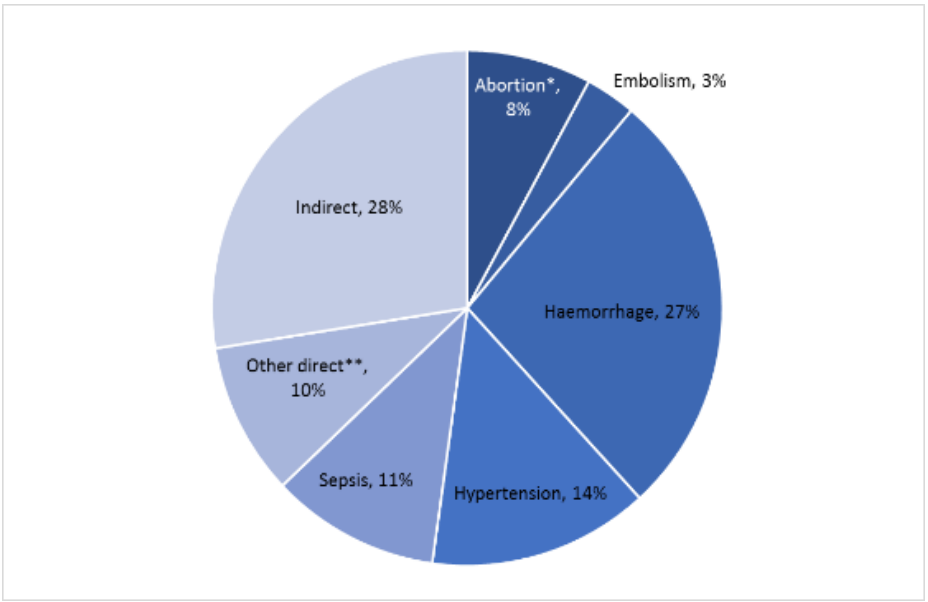
Patient safety tools are the instruments or practices used by the professionals in order to prevent incidents and thus assure

the high quality of care. They are connected to risk management activities. Accurately, using of these instruments can reduce the risk of making errors carried out in clinical activities (**European Hospital and Healthcare Federation, 2013).**

Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth. Between 1990 and 2015, maternal mortality worldwide dropped by about 44%.Most maternal deaths can be prevented if births are attended by skilled health personnel, doctors and nurses or midwives regularly supervised, have the proper equipment and supplies **(UNICEF, 2013).**

The causes of maternal death

Fig. (1): Causes of maternal death.



Normal birth as spontaneous in onset, low-risk at the start of labor and remaining, so throughout labor and delivery, the infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy and After birth, mother and infant are in good condition, **(WHO, 2013)**.

Diagnosis of labor is reserved for uterine contractions which result in cervical dilatation and/or effacement. Bloody show may precede the onset of labor by as much as 72 hours. Occasionally, fetal membranes rupture with egress of amniotic fluid prior to the onset of labor, **(WHO, 2013).**

Birth process is an exciting, anxiety-provoking, but it is a rewarding time for the woman and her family. They are about to undergo one of the most meaningful and stressful events in life. The adequacy of their preparation for childbirth will now be tested. Labor begins with regular uterine contractions, continues with hours of hard work, and ends as the woman and her family begin the attachment process with their newborn **(Lily Lee et al., 2011).**

Justification of study

Maternal mortality ratio in Egypt was last reported at 66% per 100; 000 live births in 2010, according to a World Bank report published in 2012, maternal mortality ratio is highly