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Effect of Supportive Measures Training Program on Nurses' Practices during Labor

Thesis

Submitted for Partial Fulfillment of Doctorate Degree
in Nursing Science (Maternity and Gynecology Nursing)

By

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Sherine Shokry Yousef

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List of Abbreviations

Abb.	Meaning
%:	Percentage
5 Ps:	Power, Passageway, Passenger, Prejudice, and Psychological aspect
MDGs:	Millennium Development Goals
N:	Number
P-value:	Probability value
PGE_2:	Prostaglandin E
QoC:	Quality of Care
SD:	Standard Deviation
SDGs:	Sustainable Development Goals
SPSS:	Statistical Package for the Social Science
WHO:	World Health Organization
$\bar{x}$:	Mean
χ^2:	Chi-square

Effect of Supportive Measures Training Program on Nurses' Practices during Labor

Abstract

Aim of the study: To investigate the effect of the supportive measures training program on nurses' practices during labor. **Setting:** The study was conducted at obstetric wards and intrapartum units at Nasser Institute Hospital.**Study Design:** A quasi-experimental (an intervention study) pre and post-test. **Sample:** All nurses provide guided direct care, there were 40 nurses included in the study. **Tools:** Three tools were used to collect data named self-administered questionnaire sheet, labor supportive measures' observational checklists, and nurses' satisfaction sheet. **The results**: There was a highly significant improvement in total knowledge and total practical skills among the studied sample pre-intervention compared to immediate post and follow-up intervention P= < 0.01. Additionally, 95% of the studied sample were satisfied with the advanced knowledge included in the training program. **Conclusion:** The present study findings concluded that a highly statistically significant improvement among studied sample' knowledge and practices post-intervention. Also, the majority of the studied sample was satisfied with the implemented training program. **Recommendations**: Implementation of labor supportive measure training program on different childbirth units to improve nurses' practice.

Keywords: Labor, Supportive Measures, Training Program, Nurses' Practices, and Satisfaction.

Introduction

The new Sustainable Development Goals (SDGs) to 2030 aim to reduce maternal mortality and provide equitable access to maternal healthcare. Compromised access to maternal health facilities in low-income countries, and specifically in Africa, contribute to the increased prevalence of maternal mortality. Goal 3 of the new (SDGs) to 2030 aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births **(SDGs to 2030, 2015)**.

Maternal health is a cornerstone for healthy and productive populations. Although the United Nation's Millennium Development Goals **(MDGs)** aimed to reduce global maternal mortality ratios by 75% by 2015, there are still 830 women dying every day worldwide from preventable causes due to improper maternal care. 99% of mortality cases take place in low-income countries, with more than half of these deaths occurring in Sub-Saharan Africa, where maternal mortality is still a persisting challenge **(Black et al., 2016)**.

Maternal mortality could be attributed to poor socio-economic conditions, low quality of care (QoC), **lack of**

well-trained healthcare professionals, lack of proper infrastructure, and barriers to accessing medical facilities **(Kyei-Nimakoh, 2017).**

As highlighted in the World Health Organization **(WHO, 2018)** framework for improving quality of care (QoC) for pregnant women during childbirth, the experience of care (effective communication, respect, and preservation of dignity and emotional support) is as important as clinical care providers in achieving the desired person-centered outcomes.

While numerous studies and systematic reviews suggest the use of nonpharmacologic approaches to pain management either as a primary method or as a complement to pharmacologic approaches. Complementary and alternative therapies for pain relief involve non-pharmacologic measures that may be used either as a woman's total pain management program or to complement pharmacologic interventions **(Leifer& Keenan-Lindsay, 2020).**

Moreover, most women like to have someone to support them during labor and birth; such as a midwife, nurse, or doula; or a layperson such as the father of the baby,

a family member, or a close friend. Studies have found that continuous support during labor and delivery reduces the need for medication and a cesarean or operative vaginal delivery, and result in an improved Apgar score for the infant **(Bohren et al., 2017).**

Also, non-clinical intrapartum practices, such as the provision of emotional support through labor companionship, effective communication, and respectful care, which may be fairly inexpensive to implement, are not regarded as priorities in many settings. Similarly, birthing options that respect women's values and promote choice during the first and second stages of labor are not consistently provided **(Tunçalp et al., 2015**).

Moreover **supportive measures** from pain relief measures during labor enhance women's satisfaction, competence, and feeling of control in labor, reducing the need for obstetric interventions. However, the effectiveness of nonpharmacologic approaches on obstetric interventions and outcomes remains unclear, and there is still no consensus for the use of nonpharmacologic approaches to pain relief in hospital settings **(Chaillet et al., 2014).**