

e-Poster



Annual Congress on

MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE

Study on peer caring interaction among nurses in critical care settings

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Introduction: In current state of health system, attention to the cost is more than attention to caring and workforce shortage is evident; accordingly, nurses are too busy to do their professional duties and they don't have enough time to care for their peers. This situation among nurses who are working in critical care settings is more visible. Accordingly and because the non caring interaction among them has negative outcome that may cause violence and its complication. In first step, study has been done about peer nurses caring interaction in critical care setting.

Material and methods: In this cross-sectional study, 135 ICU nurses and 107 CCU nurses from selected hospital of Tehran university of medical sciences and health services met inclusion criteria, were selected by simple random and quota sampling. Peer group caring interaction scale has been used. This scale includes 16 items and was designed in likert scale (1-6). This self report questionnaire has been completed by participants. Fisher's exact test, Pearson, Spearman, and independent t-test were used to analyze the data.

Result: Results showed that obtained scores from the questionnaire in ICU nurses and CCU nurses were more than 64, meaning that caring interaction among nurse was strong. There were no significant differences between level of peer group caring interaction in ICU and CCU ($p > 0/05$). (Peer group caring interaction with gender was statically significant ($p < 0/005$), meaning that peer group caring interaction was stronger in women than men. There was no significant correlation with other demographic characteristic listed.

Conclusion: Based on these result, ICU and CCU nurses support and care each other and there was no differences between caring interaction in ICU and CCU nurses in this regard. Peer nurses caring interaction and supporting among female nurses were stronger than male nurses.

Biography

Vida Torabi is 41 years old. She is a critical nurse graduated from School of Nursing and Midwifery of Tehran University of Medical Sciences. She is working in CCU at Imam Hossein hospital in Tehran, Iran.

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Accepted Abstracts



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An analysis of the determinants of postpartum perineal pain in the absence of vaginal damage

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Statement of the Problem: Postpartum pain has shown to be linked to a variety of consequences on health and well-being such as: mobility and ability to perform daily tasks, bonding with infant, mental health, breastfeeding. Perineal pain is the most frequently reported pain (90% of patients) and is also associated with impact on sexual activity. Studies in midwifery have suggested that perineal pain is strongly associated to episiotomy, tear, or laceration, but that it may also be present in the case of an intact perineum. This is coherent with research in other medical specialties that suggest pain is not necessarily proportionate to anatomic lesions, and that other determinants are at stake. Studies encompassing all perineal statuses have suggested alternative determinants such as: breastfeeding, mental health, mode of delivery, pushing technique. However, no study to this day explores patients' views, nor is there a study that explores specifically the case intact perineum. This study is a Gadamerian hermeneutic study and aims to gain an understanding of postpartum perineal pain in the absence of vaginal damage. This is hoped to enable better prevention, care, and understanding by midwives in order to improve patients' experience of postpartum. Data collection will take place in France between September 2019 and March 2020. The data will be collected using open interviews of participants having given birth vaginally to a single live child and have not undergone episiotomy, tear, or laceration. The study will be guided by Fleming et al's (2003) 5 steps for data analysis.

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Assessing the quality of facility intrapartum care in China: A contribution to the adaptation of Childbirth Experience Questionnaire (CEQ)

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Objective: To adapt Childbirth Experience Questionnaire (CEQ) to Chinese context. And then to identify problems in intrapartum care in China.

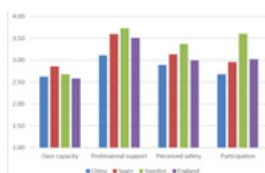
Design: Questionnaire validation study and cross-sectional study.

Setting: Postnatal wards at 50 birth facilities from 4 randomly chosen regions, Zhejiang province, China. Participants: Women who gave trans-vaginal birth in the investigated facilities during the study periods.

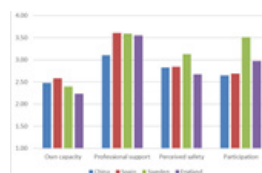
Method: A forward-backward translation procedure involved the creator of CEQ was conducted. Women completed an online questionnaire which contained demographic information, CEQ-C and clinical information. Then we performed psychometric analyses to assess its internal consistency and its content, structural and discriminant validity.

Results: Overall, 1747 women participated in this study. The Cronbach's alpha of CEQ-C was 0.88. The exploratory factor analysis supported the four dimensions but excluded three items from the original CEQ, and adjusted model was approved by the confirmatory factor analysis (SRMR=0.037, RMSEA=0.036, CFI=0.966, TLI=0.959). Four more factors (perceived pain, pain relief method, prenatal education and companionship) were identified. Insufficient and excessive intervention were revealed: only 27% attended prenatal education and 33.6% used pain relief method, whereas, 41.7% were administrated augmentation and 93.1% received continuous electronic fetal heart rate monitoring during labor.

Conclusions: The adjusted CEQ-C is reliable and valid and is easy and promising to measure childbirth experience in Chinese women at facility setting so as to help improve intrapartum care quality. Efforts are needed in respectful, evidence based intrapartum care to provide positive experience for women..



Comparison with other studies from Western countries (women with a labor durations>12 h)



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Continuity of caregivers for care during pregnancy and childbirth

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Background: Care during pregnancy, childbirth, and the postnatal period is often provided by multiple caregivers, many of whom work only in the antenatal clinic, labour ward or postnatal unit. However, continuity of care is provided by the same caregiver or a small group from pregnancy through the postnatal period.

Objectives: The objective of this review was to assess continuity of care during pregnancy and childbirth and the puerperium with usual care by multiple caregivers. Clear benefits for women from continuity of care during pregnancy and childbirth. Care during pregnancy, childbirth and the postnatal period is often provided by multiple caregivers. The term 'continuity of care' refers to the actual provision of care by the same caregiver or small group of caregivers throughout pregnancy, during labour and birth, and in the period following birth. The review of trials found that women who had continuity of care by a team of midwives were more likely to discuss antenatal and postnatal concerns, attend prenatal classes, give birth without painkillers, feel well prepared and supported during labour, and feel prepared for child care. Resuscitation was also less frequently required for their babies.

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Initial contact after birth in Al Wakra Hospital, Doha, Qatar

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Background: The bonding between the mother and their baby starts right after delivery by placing the newborn to the mothers' chest through skin to skin contact. Ministry of Health in Qatar in its National Health Strategy 2011-2016 has set the target of increasing the rate of exclusive breastfeeding at six months-of-age to 25%. A study on breastfeeding in Qatar was initiated by Sidra Medical and Research Centre and has found that many mothers discontinue breastfeeding after 40 days or after three months due to lack of information, delay initiation of initial contact right after delivery and access to professional lactation support.

The aim of our project is to initiate immediate initial contact and promotion of breastfeeding among mothers for who are giving birth in our hospital.

Methods: Audit team performed monthly statistical data collection to monitor trends of initial contact initiated between mother and their newborn.

Results: Over the past three years from 2016 to 2018 most of the deliveries conducted in labor and delivery room Al Wakra Hospital 90% and above mother and their newborns received initial contact. In 2016, there were 3332 deliveries with 3051 initial contact initiated and 286 were not initiated. Followed in 2017 there were 3573 deliveries with 3225 initial contact initiated and 318 were not done as well as in 2018 there were 3510 deliveries with 3192 initial contact done and 318 were not done due to varied reasons like the following: baby admission to NICU, mother with third stage complication, Postpartum Hemorrhage, and instrumental delivery with complication or mother refusal of initial contact.

Conclusion: AWH started this project and implemented from September 2015. It is successfully in progress in labor room and OB Operation Room for the promotion of breastfeeding and an initiative for baby friendly hospital, as it was started as an audit and as it follows we have seen many improvement in the condition of mothers and the newborn babies are well adjusted with their normal physiological adjustments during first hour of life.

Conflict of Interests: The investigator and the co- investigator will not have any conflict of interest irrespective of any financial, personal, political or academic.

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Quality improvement project: Reducing the swab retention during vaginal delivery

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In a universe of 8500 deliveries per year, between December of 2015 and March 2016, 4 incidents of swabs left in the vagina during the delivery were described on the safety reported system, with respective readmission of the patients for treatment. This repeated occurrence in a period of 4 months was an opportunity to reflect on clinical practices.

Swabs are used by obstetricians and midwives during vaginal delivery and perineal repair to clean and absorb blood. They can be difficult to identify once soaked in blood and are occasionally left inside the vagina by mistake. Retained vaginal swabs were more common than surgical swabs or any other category of foreign object. The impact of retained vaginal swabs can be severe. Women may experience serious physical and psychological complications including infection, secondary post-partum hemorrhage, sepsis, and depression, lack of bonding with their baby due to re-hospitalization and finally, loss of trust in the health organization with consequent discredit by the population. In addition, they represent a significant problem in that they are very difficult to be defended in clinical negligence litigation, as they reflex the failure of clinician to comply with practice standard. The repercussions can harm the professionals as a 'second victim'. Organizational consequences can be financial and reputational, as never events are considered to reflect quality and safety processes within an organization. Therefore, maternity service provider must put measures in place to manage this preventable clinical risk.

Aim of the Project: To implement a highly reliable and standardized count process during all vaginal births that was more in line with structured counts of the perioperative process. As consequence was expected to reduce the risk of retained swabs during vaginal delivery.

Strategies for improvement: The 4 incidents that happened in the maternity during December 2015 and March 2016, 3 were very similar situations. After delivery, the 3 patients needed to undergo perineum revision / repair under general anesthesia. The L/D team is a different team from OR and on these 3 cases, the handover does not contemplate that the patients were with vaginal swab to contain the blood lost.

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