

Effect of PronurturancePlus on Labor Outcomes of Women at Risk to Postpartum Hemorrhage

ملخص البحث باللغة الانجليزية:

Introduction

Postpartum hemorrhage (PPH) remains a significant contributor to maternal morbidity and mortality throughout the world. The World Health Organization defines primary postpartum hemorrhage as blood loss of 500 ml or more in the first 24 hours postpartum occurs in approximately 5% of postnatal mothers and late or secondary PPH occurs beyond 24 hours and extending up to 6 weeks following delivery. Annually, PPH is a major cause of more than 500,000 maternal deaths that occurs, responsible for approximately 25% of all maternal deaths globally.

. According to the Ministry of Health and Population, accessed on 2015, the maternal mortality rate in Egypt was 33 per 100,000 live births, 19.7% of maternal deaths nationwide are due to PPH[3]. Nearly 34% of maternal deaths in Africa, and more than 30% in Asia are due to PPH.

Evidence-based interventions to reduce the incidence of PPH include the use of active management of third stage of labor (AMTSL) by a skilled provider. The AMTSL has been shown to decrease the incidence of PPH by up to 66%. So, there is another effective evidence-based practice risk reduction strategy for PPH called pronurturance plus. It is defined as a combination of early skin-to-skin contact (SSC) and breastfeeding within 30 minutes of birth which helps to optimize the release of endogenous oxytocin, which can help to improve the labor outcomes and reduce the occurrence of primary postpartum hemorrhage. Nurse's care has a key role to play in optimizing the woman's reproductive psychophysiology because the nurse can positively influence the woman's external environment. By having a trusting relationship with the woman, the nurse can also be aware of and facilitate the woman's positive response to her labor and therefore, the emotions that she feels and ultimately whether the woman's parasympathetic system dominates or not . Also, the nurse must be knowledgeable with a different nursing strategy, which helps to reduce

the occurrence of PPH and enhance the women to implement it, so the nurse should be the main member who supports all women and babies to have immediate and prolonged SSC and breastfeeding at birth. In this way, women's reproductive physiology is optimized so that, among other things, eutony and eulochia are achieved and the risk of postpartum hemorrhage is minimized.

Aim: The aim of the current study was to study the effect of pronurturance plus on labor outcomes of women at risk to postpartum hemorrhage.

Research hypotheses

Women at risk to PPH who apply the pronurturance plus will have better labor outcomes than those who did not

Material and Methods:

Study Design : Design :

A quasi-experimental design was adopted in carrying out the current study..

Setting : The study was conducted at the Delivery Room and Postpartum Department in one of the Hospital that affiliated to the Ministry of Health, Fayoum, Egypt .

Sampling: A purposive sample of 90 laboring women was selected based on the inclusion criteria.

Tools of the study:

Four tools were used to collect the data:

Tool I. Laboring women demographic data assessment tool(Structured interviewing questionnaire):It used to assess women age, educational level and occupation.

Tool II: Risk factors' postpartum hemorrhage assessment tool. This tool is used to identify the risk factors among the studied groups that might lead to primary postpartum hemorrhage

Tool III. Labor Outcome Assessment Tool. It is used to gather data related to labor outcomes in 3rd and 4th stage of labor as the following;

Tool IV. Women satisfaction assessment tool (Six Simple Questions) .It is used to assess the satisfaction with the procedure among the study group .

Results:

There were no significant differences between all the parameter of demographic characteristics among the control and study groups ($P > 0.05$). Also, there were no statistically significant differences regarding all the risk factors among the studied sample except in the following factors; placenta previa ,polyhydramnios, macrocosmic baby. The mean duration of third stage of labor was less among the study group than the control group. In the third stage of labor the high percentages of firm uterus, and the less percentages of women who, needed to additional dose of uterotonics in the third stage of labor were among the study group.

Regarding to the labor outcomes in 4th stage of labor were, the percentage of firm uterus and less amount of blood loss /lochia were more among the study group at 1st, 2nd and 3rd hour after delivery. While percentage of occur primary PPH and its severity, as well needed to blood transfusion and length of stay hospital were more among the control group. Totally, there were statistically significant differences between both groups regarding their labor outcomes in the third and fourth stages of labor. the majority of women in study group exhibit more satisfaction regarding the care which received in the 3rd stage of labor.

Conclusion:

Based on the study findings, it's apparent that the women who were at risk to PPH, and received early pronurturance plus as evidence based practice during the third stage of labor have better labor outcomes in 3rd and 4th stage of labor than those who didn't.

Recommendations:

Based on the study findings, the researchers recommend that:

- The practice of pronurturance plus should be a part of routine 3rd and 4th stage care for all birthing women regardless of their level of risk.

- All nurses in obstetrics and gynecology departments, especially those in labor and postnatal departments should be trained to perform pronurturance plus (early skin to skin and breast feeding), and be aware with its benefits