

Update on Care Produced to Childbirth in Immediate Post Partum in Morocco

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ABSTRACT

At maternity, the systematic approach is undoubtedly one of the main pillars of quality of care. Without it the caregiver can not claim to achieve the maximization of the quality of care. The aim of this quantitative study, is to describe the nursing care provided to women who have given birth in the immediate postpartum period at maternity level in Morocco. Results from the self-administered nurse questionnaire and observations of postpartum care, revealed deficiencies in nurses knowledge of the care approach, a lack of use of a supportive care plan Postpartum and a practice of care without planning or evaluation.

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Introduction

The birth of a child is generally a happy event. Despite the pain and discomfort, this event is the culmination of pregnancy and the beginning of a new life. Postpartum, as an important phase in this process, covers a period of critical transition for the woman, her newborn and her family on a physiological, biological, emotional and social level [1]. More than 60 percent of maternal deaths occur during this period, and nearly half of these deaths occur less than 24 hours after childbirth [1-2]. Psychological difficulties are also frequent in the postpartum period. Appropriate social support and skilled caregiver support during pregnancy, labor and postpartum mitigate them [1]. Most of these deaths could be avoided if preventive measures were taken and the necessary care for the mother and newborn was available [3]. According to WHO in 1996 [4] addressed to mothers and newborns fall under the jurisdiction of a midwife. Experience shows that by enhancing midwifery skills to enable them to cope with obstetric emergencies and consequently, it is possible to achieve a reduction in maternal mortality (guide pour une maternité sans risque: dossier mère enfant, 1996) [5]. In developing countries, only 3 out of 10 mothers receive postpartum care. Globally, there are 92 million women every year giving birth without the benefit of postpartum care. However, it is possible to avoid deaths and disabilities in mothers and children, by intervening rapidly during this period [3]. Morocco, like other countries, is not an exception. The health of the mother and her child is still a priority for the Ministry of Health in order to reduce maternal and neonatal mortality. Nearly half of maternal deaths occur within one day of delivery and 70% in the following week [4]. This problem can be explained by the inadequacy or lack of care provided to women and their newborns in maternity hospitals [1]. According to the WHO in 2004, This problem of maternal deaths and the complications observed in

mothers and newborns can be explained by the fact that the care that the women who have given birth to a health service is inappropriate or even harmful. [3]

At the level of childbirth structures, the findings reveal that nursing care for women who give birth during the 24-hour period in nursing services is not included in a well-defined model of care plan that meets the needs of the mother And the child. But they are part of a curative approach, often focused on treatment administration, globe checking and bleeding monitoring. They could be delivered using a care approach based on data collection, diagnostic analysis, goal planning, implementation and evaluation of expected outcomes [7-8].

Particular attention needs to be paid to this practice of care while considering the mutual interactions of the technical and relational care that are played in this crucial stage in maternity. The authors of this research remain animated by the desire to make their contribution through the outcomes of this research, which aim at describing the nursing care provided to women who have given birth in the immediate postpartum period in the "diaper suite" services, Four maternity hospitals.



Diagram: Conceptual framework of care approach.

Material and Method

The study includes all nurses / midwives involved in the care of the mother and her newborn, at nursing services. The selection of these study sites was based on several criteria, such as the history of these maternity hospitals in the field of emergency obstetric care and the accessibility of data collection. For the selection criteria of the participants in the study, only one criterion is specified, that of belonging to the four maternity units, specifically in the service of the diaper suites. However, no exclusion criteria were considered. All these nurses / midwives are involved in this study. For this reason a census was made accessing a number of 25 participants. The appropriate data collection instruments for this descriptive study are the self-administered questionnaire and the observation grid of care provided to postpartum women. For the analytical methods, a detailed exploitation of the data collected by the direct observation of the care and the capture of the data collected by the questionnaire using the Epi-info software. This allowed us to carry out descriptive statistical analyzes in the form of frequency distribution. For ethical considerations, respect, informed consent and confidentiality of data as well as the introductory letter of the questionnaire provided details on the research topic and ensured the anonymity and confidentiality of the information collected.

Data collection took place at the beginning of May 2009 after having constructed the questionnaire and after having tested and validated it. The questionnaire was distributed to all nurses / midwives selected for the study. Recollecting after filling in was carried out one week after distribution. However, 25 questionnaires were distributed. The number of those who answered was of the order of 25, or a filling rate of 100%. Participatory observation was carried out at the service of the beds, using an observation grid. In order to validate this grid, we observed the progress of the care sessions on different days so that the nurse observed becomes accustomed to our presence. The data collection phase was preceded by a pre-test of the survey instruments. And to other maternity nurses with similar activities, in order to estimate the internal reliability and the validity of the content. The nurses / midwives, with whom the pre-test is performed, are excluded from the study.

Results and Discussion

The results of the observation grid and the questionnaire show that the care given at the four maternity hospitals studied is not part of a scientific process based on problem solving. And that the care is still insufficient and does not respond to the needs of women and their children, which unfortunately coincides with the observation made by the WHO in 1999.

Table 1. Observing Grid Results.

Activities	done	Not done
Respect of the data collecting stage from the Childbirths		62 %
Makes a clinical judgment on the reactions of the Childbirth to postpartum health problems except in cases of severity;		75%
Achievement of a care plan;		100%
Delivering care with planning		74%
Evaluation of the effectiveness of learning for breastfeeding and care of the newborn.	18%	

For the reception, more than 62% of nurses / midwives do not respect the collection of information on the birth (Table 1). While Helen [9] considers this step to be one of the components of nursing assessment. According to the WHO Capacity Building Manual (Le Manuel pour le renforcement des compétences) in 2013. The reception stage is considered important, and the midwife and nurse can provide help in this

step by providing information and providing appropriate care, support and comfort [10].

Thus, the results pointed out that the latter is virtually neglected in the services under study (Table 2). This relational connection between the mother and the midwife remains inappropriate.

Table 2. Results on staff identification Baccalaureate: Without high school certificate.

Profile (Type of certificate)	Midwife (3 years of study after Baccalaureate)	Versatile Nursing (3 years of study after Baccalaureate)	Nurse Midwife (Without high school certificate)	Patented Nurse (Without high school certificate)
	40%	28%	16%	16%
Experience in the position	Under 5 years	5 to 10 years	More than 10 years	
	8%	24%	68%	

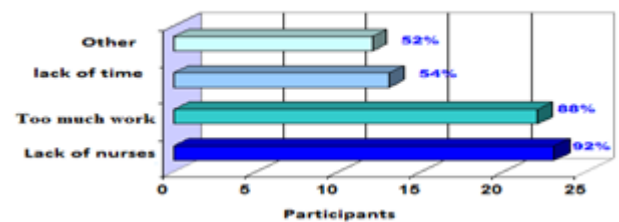


Figure 1. Distribution of participants' responses to problems Hinder the application of quality postpartum care.

According to the respondents, this shortage is explained by the workload, and the lack of the personnel (Fig. 1). According to the WHO guide for midwives and doctors (Le Guide destiné à la sage femme et au Médecin) in 2003; Improving the quality of health services in order to provide responses that are better suited to the needs of women, therefore implies health systems to provide the appropriate institutions with appropriate personnel, logistics and equipment [11].

In the process of care, the analysis and interpretation of the data allow the nurse to imagine possible actions and help in the diagnosis of nursing, and is the focal point of nursing [12] but for 74% of nurses / midwives, this step seems optional and so the lavish care would lose all its incense and purpose. Also, care planning is an important step in enabling nurses to review actions to address problems [13], while the results of the study demonstrated that no nurse / midwife referred To the existence of a well-defined care plan for childbirths at the level of their care structures (Fig. 2).

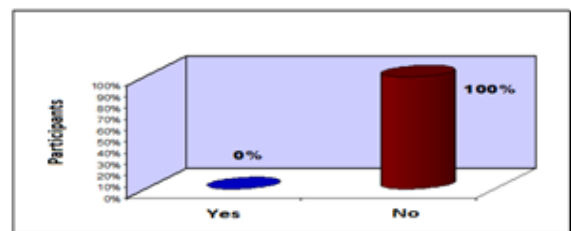


Figure 2. Distribution of responses on the existence of a plan of care.

Notwithstanding, all participants consider it useful to have a plan of care to meet the needs of the mother and her newborn, to solve the health problems of the mother and her child, and to expose , Organize and argue nursing. According to participants, the failure to apply the care plan may lead to increased health

problems (80%), devaluation of nursing practice, increased risk factors and postpartum complications (68%).

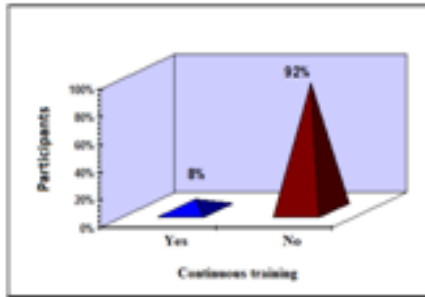


Figure 3. Distribution of participants according to continuing education Immediate postpartum care.

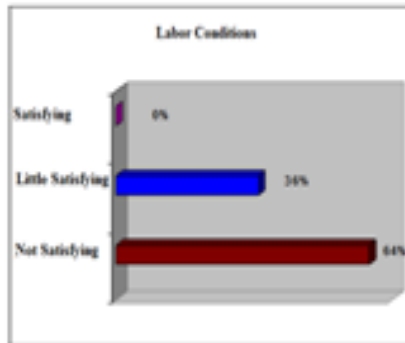


Figure 4. Distribution of participants according to working conditions.

These findings were confirmed by WHO in 2003, which stated that improving the skills of health workers is a process in developing guidelines and standards tailored to local needs for the management of pregnancy and delivery at various levels of the health system [11]. In every care, health education has become paramount. In the postpartum period, she allows the mother to take care of herself and her child, allows the promotion of breastfeeding, prevents complications, and directs the baby to the health structures of the Maternal Infant Health (SMI), planning and promoting the reproductive health of women. The evaluation of the understanding of these messages provided by women midwives is lacking (just 18 %). The means adopted to evaluate the effectiveness of the childbirth's learning are either interrogation or observation (Table 1).

This evaluation concerns the promotion of breastfeeding, episiotomy, cord care, the importance of follow-up treatment and post-natal care. According to the Skills Building Manual in 2013 (Manuel pour le renforcement des compétences), WHO states that it is very important for midwives and nurses to provide practical advice on breastfeeding and to support breastfeeding mothers in providing information Care of the newborn at home, cord care and other care [10]. According to these authors, the care given to postpartum mothers should include explanations to the parents and the family about the usual care of the newborn, as it is important to alert them to the signs of danger in this Phase [10].

However, according to the respondents, the lack of application of the approach to care at the level of diaper suites is due mainly to insufficiency in basic training.

Indeed, 56% of the midwives confirmed the lack of knowledge on the approach of care. It should be noted that the teaching of the module of the scientific approach of nursing in the IFCS Health Career Training Institute of Morocco did not begin until the early 1990s, which may explain this inadequacy (Fig. 5). Considering the Safe Motherhood Guide in 1996 (Le Guide pour une maternité sans risque en 1996) The WHO

explains that risk assessment in prenatal surveillance is not in itself sufficient to identify all women who suffer complications during pregnancy; Labor and childbirth. Indeed, in many countries this is partly due to the quality of care, that is to say the skills; Mentalities and motivations of health workers. So many complications can be avoided by delivering prenatal health care; Perpartum and postpartum and avoiding certain harmful practices [4].

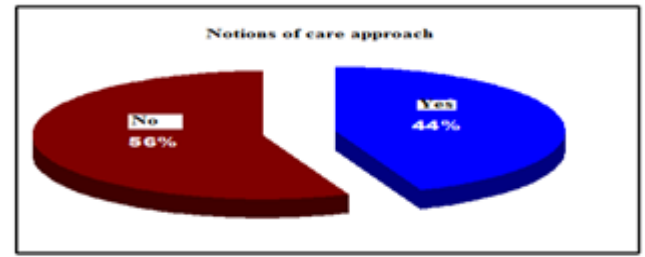


Figure 5. Distribution of participants according to the notions of the care.

This study was much appreciated by the study participants. It is considered the first of its kind to address the importance of applying a postpartum care approach to the maternity services being studied. However, its realization has been thwarted by certain limitations. Among other things, the study should be extended to all maternity hospitals that provide postpartum care. Also, women who have given birth are a cross-sectional component that must be present in this study as they are the focus of this study. But, time constraint is a limit that has hampered this extension. Thus, the scarcity of comparable empirical data on the phenomenon under study does not allow comparison with other results.

Conclusion

In conclusion, the participants are aware of the usefulness of following a well defined postpartum care protocol because they have confirmed the importance of its application in the satisfaction and the resolution of the problems of the births as well as the valorisation of nursing practice.

Nursing is not part of a science-based problem-solving process; This could be explained by the inadequacy of basic and continuing training, too much work and the shortage of personnel.

Recommendation

The application of the care approach as a scientific method of post-partum problem-solving, requires strengthening of qualified staff, nurses' training in care approaches, institutionalization of a standardized type of care plan Allows the creativity of the midwife and the adaptation of the tool to the working context.

The main recommendations proposed are:

For the formation

- Strengthen the theoretical and practical learning of nursing students in terms of care
- Organize continuous training cycles for nurses / midwives, with the aim of raising awareness and initiating them on the control of the process of care

For practice

- Raising nurses' awareness of the spirit of analysis and initiative in the practice of care
- Promote the Valuation of nursing practice through the application of a postpartum care approach.

For management

- Implement a personalized care plan for postpartum units

- formalize the postpartum care approach to delineate responsibilities and justify the nursing act
- For research
- Opening up other tracks of research to explore the relationship between adopting a care approach and the quality of immediate postpartum care

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