

# Awareness of Nurse Midwives' toward Post-miscarriage Care at Bint Al-Huda Hospital in Al-Nasiriya City

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## Abstract

**Objective of Study:** To assessment of nurse-midwives' knowledge and performance concerning with post-abortion Care.

**Methodology:** A cross sectional descriptive analysis of (50) nurse midwives of this category of maternity nurse midwives was conducted in separate units of the Bint Al-Huda hospital between 19 January 2020 and 30 April 2020. The questionnaire's validity and reliability was calculated through a pilot test. Due to the condition in the nation and the governorate, the emergence of the Corona epidemic and the implementation of curfews, the questionnaire was submitted electronically and the questionnaire was completed by the nurses and midwives, data was processed using the SPSS edition (20).

**Results:** The test showed that 22% of the test sampler replied correctly to Encourage the client to clear the toilet, 44% replied correctly to isolation of infected patients, 20% of the study sample responded correctly to the importance of hand washing, 35% responded correctly to Asses vaginal bleeding, 25% of the research sample responded correctly in, In terms of emotional assistance, 30 percent responded correctly, 19 percent of the research sample replied with right Test vital signs. 38 percent of them correctly replied with regard to the patient's medical profile, 40 percent of the test group correctly replied with regard to Perineum care.

**Keywords:** Assessment, Nurse, Midwives', Knowledge, Performance, Post-abortion, Care.

## Introduction

Miscarriage is a common pregnancy failure happening in a number of women around the world. According to the American College of Obstetricians and Gynecologists<sup>1</sup>, the most frequent cause of pregnancy loss can be encountered by around one in four women in the United States. A miscarriage or spontaneous abortion is generally described in the United States as a spontaneous loss of a fetus before the 20th week of pregnancy, about half of all fertilized eggs are believed to be spontaneously lost before a woman knows that she is pregnant, approximately 15-20% of recorded pregnancies result in miscarriage, with 80 per cent of miscarriages usually occurring before the 12th week of pregnancy<sup>2</sup>. For women of reproductive age, pregnancy can be the realization of a dream or an unexpected occurrence throughout the life of a mother, however

for every individual, all pregnancy and eventual miscarriage are extremely emotional, When a woman prepares to becoming pregnant and is preparing for the physiological and emotional changes that come with pregnancy, the usual course of pregnancy ends abruptly with a miscarriage. The actual loss of pregnancy can impact women in many physiological and emotional ways, and miscarriage can often influence relationships with husbands, families and friends, which also increases emotional stress related to the woman's condition; Many variables can induce early pregnancy miscarriage and it is impossible to say for certain what induces a particular miscarriage, one or more complications of the pregnancy may be reported<sup>3</sup>. Such unregulated diabetes or uterine fibroid in significant percentage of early miscarriage in mom's medical condition in some cases. Sporadic miscarriage is the most common early-

pregnancy complication. A less frequent phenomenon are two to three consecutive pregnancy deaths. Sporadic miscarriages are considered mainly to be a failure of faulty embryos to reach viability; repeated miscarriages are suspected of having multiple etiologies, including paternal chromosomal abnormalities, maternal thrombophilia disorders, and numerous endocrine disorders, but none of these conditions are unique to frequent miscarriages or are often associated with recurring early loss of pregnancy<sup>4</sup>. Miscarriage is one of the major complications of pregnancy, causing a substantial incidence of world morbidity and mortality, estimated at 5-15 per cent of births Slavaet al, (2015), reported by the World Health Organization (WHO) at 21.6 million unwanted abortions worldwide in 2010, The rate of miscarriages is approximately 10% to 20%, while rates for all births are approximately 30% to 50% About 5% of women have two miscarriages in a row (WHO 2010), up to 20% of pregnancies end in accidental miscarriages before 20 weeks of gestation, 80% of these arise before 12 weeks of gestation, Around 20% of abortions in the United States result in pregnancy<sup>3</sup> which may result in persistent pain, grief, anxiety which signs of difficult life towards the end of pregnancy and require psychosocial assistance. WHO estimates that miscarriage happens in developed countries up to 20 per cent of surgical births, which is equal to around 14,000 miscarriages a year in Ireland Traditionally, the majority of women who have undergone routine uterine surgery. The prevalence of miscarriage increases markedly with the parents age. Female pregnancies less than twenty-five years are 40 percent less likely than female pregnancies 25-29 years of age to result in miscarriage, 75 percent of pregnancy will end in miscarriage. Around 10% of miscarriages happen in developing countries, 35.5 percent of developed countries 'miscarriages and 26.8 percent of Asian countries' miscarriages, child miscarriages "(WHO 2015).

## Methodology

**Design of the Study:** A cross sectional descriptive study of (50) nurse midwives' such maternity nurse midwives were distributed between 19 January 2020 and 30 April 2020 in separate units of the Bint Al-Huda hospital.

**Settings of the Study:** The present study is conducted in Thi-Qar Governorate; Bint Al-Huda Teaching Hospital in three departments which includes: maternal words, emergency words, neonate words and labor room during morning, evening and night shift

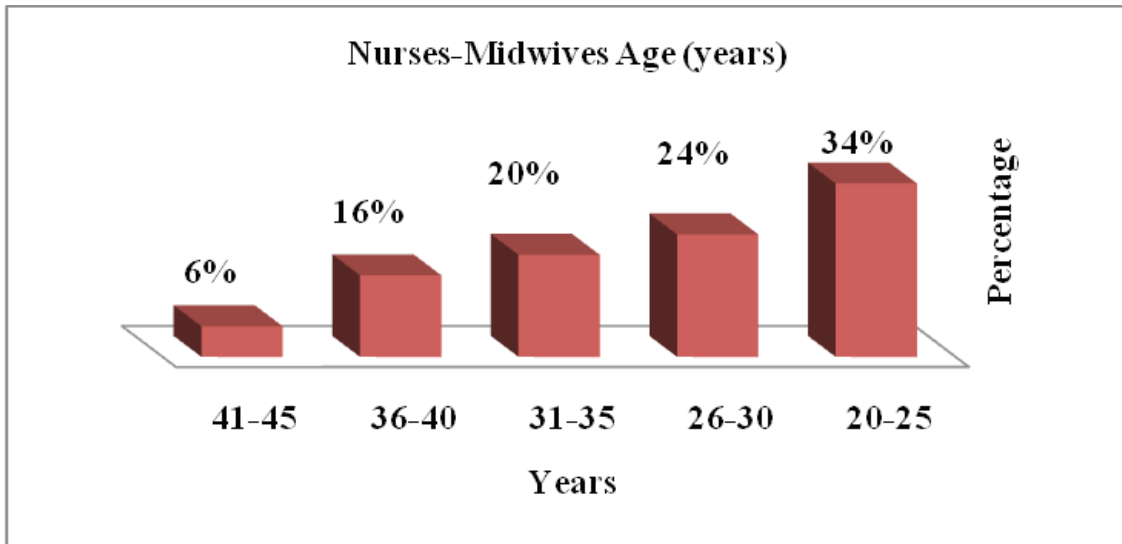
**Sample of the Study:** Which Include:

**Inclusion Criteria are:** A purposive" Non-probability" sample of (35) nurse-midwives'. These nurse-midwives', who work in maternity, were distributed in different unit of Bint AlHuda hospital units

**Instrument that Used for Data Collection:** The aim of the electronic structure questionnaire was to collect the data required for this analysis, first the sociodemographic data of the nurse midwives, such as age, employment, experience, second part awareness of post-abortion treatment and third part performance of nurse midwives on post-abortion treatment. An observational check list was created to test the efficiency of the participant

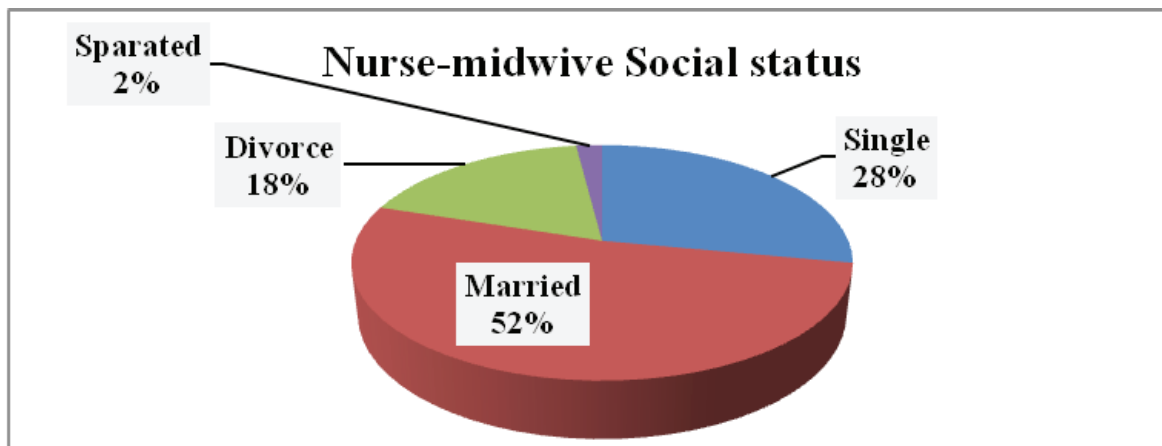
**Data Collection:** Collected data by using electronic instrument because of the situation in the country and the governorate, due to the outbreak of the Corona epidemic and the imposition of curfews, the form was sent electronically and the form was filled in by the nurses and midwives, was analyzed using the Statistical Package of Social Sciences (SPSS) program version 22 simple. They constitute the available sample during the study period frequencies and percentage tables were used to presents the results.

**Results**



**Figure (1): Nurse-Midwives Age**

Figure (1) revealed that the higher percentage (43%) of study sample were at age group 20-25-years with mean and SD (2.14±7.969), while the lowest percentage for those who age 41-45-years were (n = 3; 6.0%).



**Figure (2): Nurses -midwives Social status**

Figure (2) shows that more than a half (n = 26; 52.0%) are married of study sample, while the lowest percentage is (n = 1; 2.0%) who is separated

**Table (1): Distribution of the research sample based on experience of post-abortion treatment by their nurse-midwives**

Items	Yes		No	
	F	%	F	%
1. Treatment of miscarriage complications	20	20%	30	30%
2. Counseling on identifying and reacting to the emotional and physical needs of women	16	16%	34	34%
3. Contraceptive and family-planning programs	22	22%	28	28%
4. Reproductive and other health services	20	20%	30	30%
5. Partnerships with the Community and healthcare providers	24	24%	26	26%

Results in table (1) indicate that nurses in this study came with awareness of post-miscarriage care as follows Treatment of miscarriage complications 20%, counselling to recognise and respond to the emotional and physical needs of women 16%, reproductive and family planning programs to help women avoid potential unintended pregnancies and abortions 22%, Reproductive

and other health services preferably provided on site or through referrals to other accessible facilities, 20%, and partnerships between the Community and service providers to ensure timely care for complications of miscarriages and to ensure that health services meet the expectations of the community and 24% of the needs.

**Table (2): Distribution of the research sample results for post-miscarriage treatment according to their nurses-midwives**

Items	Done		Not done	
	F	%	F	%
1. Carry out hand washing	20	20%	30	30%
2. Test vital signs(TEMP PR BP)	19	19%	31	31%
3. Psychological (emotional) support	30	30%	20	20%
4. Instruct customer to drain the bladder	22	22%	28	28%
5. Perineum Diagnosis	40	40%	10	10%
6. An examination of vaginal bleeding	35	35%	15	15%
7. Hemoglobin degree test	39	39%	11	11%
8. Breastfeeding	25	25%	25	25%
9. Carry out bimanual pelvic test	40	40%	10	10%
10. 10. Explanation of patient’s treatment	38	38%	12	12%
11. Insulation of the patients compromised	44	44%	6	6%

Results in table (2) reflect that in this study the nurse-midwives performance in post-miscarriage care is done well in isolation of infected patients (44 percent), perineum care (40 percent), bimanual pelvic examination (40 percent), and hemoglobin checking (39 percent), as done by more than two-thirds of nurse-midwives. In other things, the post-miscarriage performance of nurses

was not well performed as it is evident in emotional assistance (30 percent) evaluating vaginal bleeding (35 percent), monitoring vital signs (19 percent), instructing clients to clean the bladders (22 percent), handling performance (25 percent), explanation of the patient’s procedure by (38%), and hand washing by (20%).

**Table (3): Distribution of the survey sample according to Resource access in health facilities**

Items	Available		Not available	
	F	%	F	%
1. Place where to wash your hand	46	46%	4	4%
2. Restauration rooms	35	35%	15	15%
3. Gloves of sterites	30	30%	20	20%
4. Conventional approach	40	40%	10	10%

Items	Available		Not available	
	F	%	F	%
5. Disposable soap	44	44%	6	6%
6. The Mask	33	33%	17	17%
7. Removable boots	39	39%	11	11%
8. Sphygmometer	45	45%	5	5%
9. Thermometers	48	48%	2	2%

Table findings (4) explicitly demonstrate that, during data collection times, services are available in the health center and all selected hospitals. All services have been shown to be accessible at more than three-fourth of the health facilities surveyed. For eg, place for hand washing in health facilities (46 percent), soap in (44 percent), antiseptic solutions in (40 percent), recovery room in (35 percent), masks in (33 percent), thermometers in (48 percent), sphygmomanometers in (70 percent) and disposable gloves in health facilities (69 percent).

### Discussion

Miscarriage is: one of the common complications of pregnancy is a major problem in developing world as an important public health problem in the world endangers women's lives by exposing them to complications which may have an impact on their health in a bio-psychosocial context. By living this situation, the woman experiences beyond the physical pain, manifested by signs and symptoms presented an existential pain for the loss of pregnancy. And led to increased mortality and morbidity death. The all findings of this study revealed the higher percentage (43%) of study sample were at age group 20-25-years with mean and SD (2.14±7.969), while the lowest percentage for those who age 41-45-years were (n = 3; 6.0%), more than a half (n = 26; 52.0%) are married of study sample, while the lowest percentage is (n = 1; 2.0%) who is separated, more than a one third (n = 18; 36.0%) of study sample had 10 years or more, while the lowest percentage (n = 7; 14.0%) had one years of experiences.). Fifty per cent said they did not undergo any post-miscarriage support program. This means that most of them did not receive the training needed to care for women after miscarriage. Results of the current study revealed that reflect that in this study the nurse-midwives performance in post-miscarriage care is done well in isolation of infected patients (44 percent), perineum care (40 percent), bimanual pelvic examination (40 percent),

and hemoglobin checking (39 percent), as done by more than two-thirds of nurse-midwives. In other things, the post-miscarriage performance of nurses was not well performed as it is evident in emotional assistance (30 percent) evaluating vaginal bleeding (35 percent), monitoring vital signs (19 percent), instructing clients to clean the bladders (22 percent), handling performance (25 percent), explanation of the patient's procedure by (38%), and hand washing by (20%). It is clear that the nurses in this sample perform well just three out of ten things of the performance needed for women's treatment after miscarriage, thus the overall experience is poor in this regard. Gavino (2013)<sup>14</sup> in Canada sought to broaden the perception of nurses' experience when caring for women undergoing emergency department (ED) miscarriage, analyzed using a concise methodological approach. Also the study revealed explicitly demonstrate that, during data collection times, services are available in the health center and all selected hospitals. All services have been shown to be accessible at more than three-fourth of the health facilities surveyed. For eg, place for hand washing in health facilities (46 percent), soap in (44 percent), antiseptic solutions in (40 percent), recovery room in (35 percent), masks in (33 percent), thermometers in (48 percent), sphygmomanometers in (70 percent) and disposable gloves in health facilities (69 percent). According to Neugebauer and Ritscher (2012), miscarriage should be considered a "form of deprivation and not merely an obstetric occurrence." Nurses identified a deficit in knowledge and training on how to support women's emotional needs and providing bereavement care, making them inadequately equipped to deal with this challenge.

**Financial Disclosure:** There is no financial disclosure.

**Conflict of Interest:** None to declare.

**Ethical Clearance:** All experimental protocols

were approved under the Maternity and Neonatal Health Nursing Department and all experiments were carried out in accordance with approved guidelines.

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