

MIDWIFE CARE FOR LYING-IN WOMEN WITH CAESARIAN SECTION – CHALLENGES AND TRENDS

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ABSTRACT

Caesarian section is an operation which hides a risk of different complications in puerperal period. Optimal distribution of working obligations of midwife personnel is of essential importance in accomplishment of health care and assures conditions for their continuity, individual approach to lying-in women, diminishes the risk of lacks and errors.

Key words: *Caesarian section, puerperium, midwife care*

Caesarian section is an obstetric operation in which the foetus is extracted by incision in the anterior abdominal wall. Abdominal delivery-solution is imposed by indications of different nature – on mother's part or on foetus one. The most frequent of them are: anatomical and functional dystociae, atypical sites and presentations of the foetus, foetal suffering, premature placenta separation, low attached placenta, heavy foetus, multifoetal pregnancy, previous Caesarian section, active mother's infection /herpes, condylomas/, diseases of the pregnant woman and etc /6,7/.

According to data of authors dealing with this problem, the frequency of Caesarian operation in our country in the last decade increases considerably. For example in 2012 in Delivery ward of UMBAL "Prof. d-r St. Kirkovich" Stara Zagora 1402 births are reported, 997 /71,1%/ of which finished by delivery through natural birth canals and 405 /28,9%/ - by Caesarian operation. In preceding decades the frequency varies from 10 to 20%. Private obstetric – gynecological clinics register over 70% operative deliveries /8/.

The causes for increased relative part of abdominal delivery – solutions are complex. The modern development of obstetrics and neonatology, introduction of new prophylactic and therapeutic methods, extension of indications targeting complications reducing in postnatal period play a role /6/. The modern trend toward independent choice of the pregnant woman of the place and the way of delivery-solution has an importance, as well as the increased part of in vitro fertilizations and multi-foetal pregnancies.

Caesarian operation hides risks of different complications in postnatal period, such as: puerperal infection, injuries of the urinary bladder, thromboembolism, haemorrhages, uterus retarded retrodevelopment and etc. /6,7/.

The expose outlines the significant role of the health care specialists in the entire healing process of lying-in women with operative delivery. The midwife has to take adequate care of lying-in women, to know complications and to participate actively in their prophylaxis.

Up-to-date health care for patients with operative delivery involves active cooperation and team activity between doctor and midwife. The practice of the profession "midwife" and more specially the care accomplishment of the operated on lying-in women requires possession of a complex of knowledge, skills, attitudes and personal qualities drawing the basic components of professional competences of the "health care" specialist. Beside theoretical knowledge and manipulative skills for care accomplishment at normal and pathological puerperium, the midwife has to possess skills for team activity, skills for planning and organizing the activity. Of utmost importance in health care are communicative skills. In this connection A. Andonova and M. Nikolova note that "an important moment is delivering a message responding to the recipient's competence". In the process of taking health care it is of essential importance. Falling in unknown environment, the patient needs support and explanation of unknown medical terms and

manipulations. Those very communicative competences are part of the medical specialists duties helping in the process of taking care /1/.

Midwife competences are outlined in Regulation №32 for confirmation of medical standard “obstetrics and gynaecology” of Ministry of Health. According to this document medical activities at up to doctor level, made by certified midwives during puerperium involve: taking care and observation of the lying-in woman; giving various useful advices for bringing up a new-born in best conditions; carrying out a treatment administered by a doctor; supporting medical documentation/3/.

In more detailed aspect basic directions for care of lying-in women with Caesarian operation and resulting from them midwife’s tasks can be presented in the following way:

- Setting the lying-in woman from intensive to delivery ward;
- Putting up in a previously prepared bed;
- Registering of the newly entered lying-in woman in the report book and doctor’s round notebook;
- Acquainting the lying-in woman with the structure and interior regulations in the ward;
- Daily follow up of the operated on lying-in woman in the following directions: general state; size and form of the uterus; look, quantity and odour of lochial secretion; state of mammae, miction and defecation; taking and registration in a temperature chart of the pulse and the temperature every 12 hours or according to doctor’s administration; state of the operative wound; state of mammae;
- Duly notifying the doctor of any deviation;
- Accomplishment of the administered therapy /e.g. antibiotic prophylaxis or treatment of puerperal infection/;
- Making the genitalia toilet twice a day and always in case of need;
- Strict accomplishment of the aseptic and antiseptic principles in attending to lying-in woman;
- Manipulation of the operative wound, changing the dressing and taking out the stitches, administered by the doctor;
- Organization of the healthy lying-in women discharge /after the 5-th day of birth/;
- Advising about personal hygiene, breast-feeding technique, hygiene of sexual life, motor activity after delivery;
- Drawing up of medical documentation /report book, doctor’s round notebook, temperature chart, chart “History of pregnancy and delivery”, drug plate, book of discharged patients from the hospital, patient’s chart, assistance of the doctor in emission of discharge summary/.

Material and methods:

With the purpose of evaluation significance, effectiveness and challenges before modern midwife care for lying-in women with Caesarian section, an anonymous questionnaire was carried out with 42 patients in Delivery Ward of UMBAL “ St.Kirkovich” Stara Zagora during the period of March – May 2013. Results are processed by computer program SPSS.

Results and discussion:

Midwives are in the centre of information for lying-in woman. They are involved directly in the entire process of giving up health care. Probably because of that more than the half of lying-in women considers that midwife care in postnatal period is of particular significance /fig.1/.

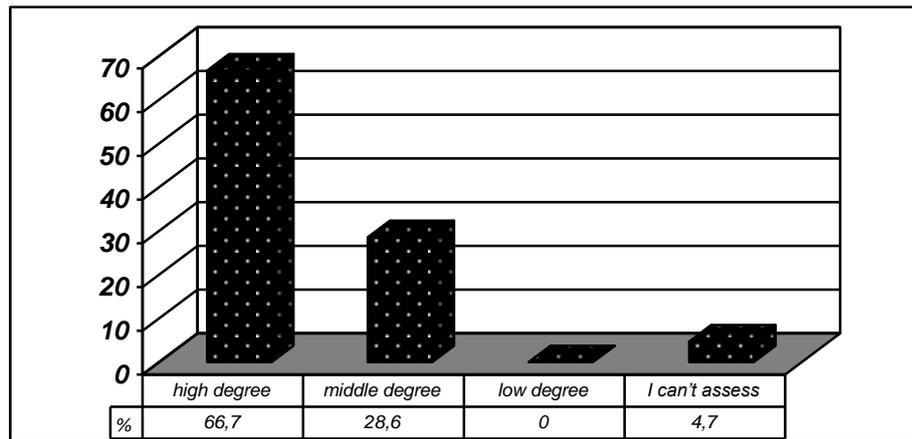


Fig.1

Significance of midwife care of lying-in women with Caesarian section

After approximately one third of patients, midwife care is of middle degree of significance. The part of respondents who can not evaluate is comparatively little /4,7%/. Data show that, as a whole, the use of activities of midwife personnel in hospital is underestimated by patients unjustifiably /fig.1/.

To the question “In your opinion, are time and attention sufficient which midwives spare for taking care of you during your stay in delivery ward?”, 42,6% of asked lying-in women answer positively. Alarming is the fact, that after 23,8%, midwives do not spare the necessary time and attention to satisfy the needs of health care of operated on lying-in women. Data note discrepancy between patients` expectances and the real volume of care which they receive. At the same time data allow one of the directions in which an optimization of midwife work with this quota of patients is necessary, be outlined.

An opportunity to examined persons was given to range midwife activities which are in insufficient volume during their stay in delivery ward /fig.2/.

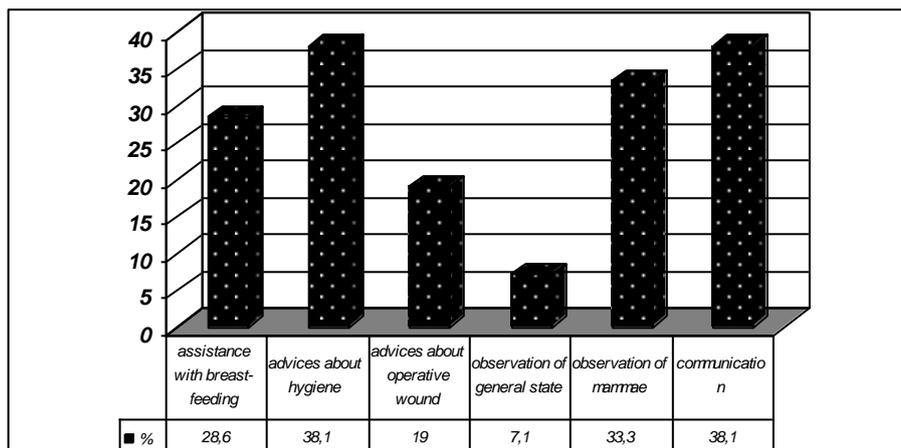


Fig.2

Midwife activities in insufficient volume after lying-in women

The biggest is the part of those who indicated that midwife care is insufficient in the following direction: giving advices about hygiene after delivery /38,1%/, sparing time for talking and asking questions about their state /38,1%/, helping mother with breast-feeding of the new-born /28,61%/, giving advices about the operative wound /19,0 %/, observation of mammae /33,3 %/.

The high relative part of patients /38,1%/ after who midwives do not spare enough time for communicate with them, is outlined. This fact raises the alarm, as communicative skills are building part of the whole countenance of the health specialist. They are necessary for creating good psychological climate in the interaction midwife – lying-in woman, for obtaining informed consent before a number of manipulations and tests, for effective advising about passing the puerperal period. Data correspond to a study of M. Nikolova and A. Andonova in which they establish that significant causes influencing the process of professional communication and behavior are: working environment factors such as overwork, lack of personnel, low salaries, medical specialist personality /5/.

Results probably are related to the increasing relative part of operative deliveries and the impossibility of midwife personnel to spare enough attention to lying-in women because of lack of time. The likely causes could be overwork with duties, sparing of great part of the working day for filling in incessantly increasing medical documentation, lack of motivation.

For the right planning and organization of their professional activities, midwife always should be based on patient's individuality, state and their basic problems. The ultimate goal of this process is giving help and qualitative health care in the frame of available powers and professional competences. Good distribution of working duties of midwife personnel secures conditions for continuity of health care, individual approach in their realization, reduces the risk of lacks and errors.

Data of carried out study permit to formulate the following more important conclusions:

- Increased relative part of abdominal delivery solutions is the cause of volume rise of midwife care in puerperium;
- Midwife care of lying-in women with Caesarian section is of a particular significance for the right course of puerperium and involves active cooperation and team-work between doctor and midwife;
- Necessity of individual approach to patients in accordance with their needs in puerperium is outlined;
- Discrepancy is present between lying-in women expectancies and midwife care volume they receive in relation to helping mother with breast-feeding of the new-born, giving advices about hygiene after delivery, about operative wound, observation of mammae, sparing time for talking and asking questions about their state.

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