



CHALLENGES PERCEIVED IN OBSTETRIC EMERGENCY MANAGEMENT BY STAFF NURSES WORKING IN OBSTETRIC CARE UNIT.

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ABSTRACT

Aim The study was conducted to assess the challenges perceived in obstetric emergency management by staff nurses working in obstetric care units of a tertiary care hospital in Ernakulam District.

Background Emergency obstetric care is one of the strategies for reducing the maternal mortality as pregnancy related complications are unpredictable. Maternal mortality and stillbirth are highly correlated with the access of emergency obstetric care services. Understanding the challenges on emergency obstetric care services is paramount in developing programs and policies that will respond effectively to the needs of emergency situations. The care providers competency and expertise in early identification and management greatly influences the outcome of such emergencies. The purpose of this study was to investigate the challenges perceived in obstetric emergency management by staff nurses working in obstetric care units.

Methods A Descriptive cross sectional survey was conducted among 117 staff nurses working in the obstetric units of a medical college hospital of south India during December 2016. Sampling technique adopted for the study was total enumerative sampling. A structured checklist was used to assess the challenges perceived in obstetric emergency management by nursing staff. Data were analyzed using SPSS version 20.

Results Shortage of protective supplies and equipments was the major challenge faced by 61.5% of participants during obstetric care emergencies. Admission of patients in closed area/room (57.3%), delayed lab services (56.4%) and delivery of medications from pharmacy (51.3%), fear of legal consequences (43.6%) were the other frequently reported challenges.

Conclusion This study identified various challenges perceived by nursing personnel in managing obstetric emergencies. Establishment of comprehensive emergency obstetric care guidelines has been difficult in low-resource settings because of lack of supplies, equipment, and staff essential for providing critical care to women with obstetric emergencies. Health care administrators need to focus on eliminating these challenges to ensure quality emergency care to obstetric population.

KEYWORDS : Perceived Challenges; Emergency Obstetric Care; Staff Nurses.

INTRODUCTION

Obstetric complications have been used as a predictor of maternal deaths and other pregnancy outcomes. EmOC refers to 'care provided in health facilities to treat direct obstetric emergencies that cause the vast majority of maternal deaths during pregnancy, at delivery and during the postpartum period. Each year, nearly 300,000 women die from causes related to pregnancy and childbirth, and more than three million babies die within four weeks of birth. Major causes of maternal deaths include severe bleeding/hemorrhage, infections, eclampsia, and obstructed labor. The concept of emergency obstetric care (EmOC) is based on the assumption that maternal complications are unpredictable and that obstetric complications can occur in around 15% of deliveries. Based on the World Health Statistics (WHS) 2016, the MMR (Maternal Mortality Rate) of India is 174/100,000 live births. It further said that India accounts for around 17 per cent of the burden of global maternal deaths and the biggest cause of maternal deaths is post-partum-Haemorrhage (37 per cent).

METHODS

This was a cross sectional study conducted in the Department of Obstetrics and Gynecology of a tertiary care hospital in south India in the year 2016. The study was approved by the institutional ethics committee. A structured checklist was used for the assessment of challenges perceived in managing obstetric emergencies among nursing staff working in the obstetric units. All nurses providing obstetric care to the women in antenatal, intranatal and post natal care units offered voluntary participation in the study. After obtaining informed consent, 117 staff nurses were enrolled in the study by total enumerative sampling.

RESULTS

The data were analyzed using statistical package SPSS version 20.

Table 1: Frequency distribution and percentage of subjects based on perceived challenges in managing obstetric emergencies n=117

Most commonly reported challenges	f	%
Shortage of protective supplies and equipments	72	61.5

Admission of patients in closed area/room	67	57.3
Delayed lab services	66	56.4
Delayed delivery of medications from pharmacy	60	51.3
Fear of legal consequence	51	43.6
Incorrect triaging of obstetric emergencies	44	37.6
Heavy Workload of nursing staff	41	35
Assignment of too many patients	40	34.2
Ambiguous instructions from treating doctors	30	25.6

The major challenge faced by the staff nurses (61.5%) to work in the obstetric care unit was shortage of protective supplies and equipments. Admission of patients in closed area/room (57.3%), delayed lab services (56.4%) and delivery of medications from pharmacy (51.3%) were the other frequently reported challenges. Nearly half of the participants (43.6%) reported fear of legal consequences as a challenge in managing obstetric emergencies. Incorrect triaging of obstetric emergencies (37.6%), heavy workload of nursing staff (35%) and assignment of too many patients (34.2%) were reported as challenges by about 2/3rd of participants. A quarter of participants (25.6%) reported ambiguous instructions from treating doctors as a hurdle in managing obstetric emergencies.

DISCUSSION

In the present study 61.5% of the staff nurses reported shortage of protective supplies and equipments in obstetric emergency situations. This finding is consistent with a study done in Malawi that revealed that inadequate supplies to appropriately handle the obstetric emergencies is a major factor contributing to the provision of poor quality care. Mkoka DA et al also reported that the unreliability of obtaining drugs and medical supplies resulted in the provision of untimely and suboptimal EmOC services. The shortage of drugs and medical supplies for maternal health is a challenge facing many health

CONFLICT OF INTEREST

The authors declare no conflict of interest in the study

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in low and middle income countries. This contributes to the provision of poor quality maternal health services and consequently to maternal deaths.

A study found that admission of patient to closed room delays emergency situations. The difficult accessibility and direct admission may hinder with early identification of emergencies and interventions as the clients are admitted in closed/isolated areas.

In the present study 56.4% (66) of staff nurses reported delayed lab services in Obstetric emergency situations. A simulation study by [1] et al. also reported similarly that decreased turnaround time to improve emergency department efficiency and reduce emergency department length of stay.

In the present study 51.3% (60) of staff nurses reported delayed delivery medications from the pharmacy as a major obstacle in obstetric emergency care management. It is assumed that delay may be due to shortage and distance of pharmacy from the obstetric care area. Reorganization of functions of different departments can improve the situation in this concern. A study conducted by Mkoaka D A et al also reported issues such as the long delays in supply of drugs and medical supplies and the supply of expired drugs and unneeded medical supplies in emergency obstetric situations.⁸

Medical errors are inevitable and can have a disastrous effect on the treating doctor, nurses and the institution as well. In the present study 43.6% staff nurses reported fear of legal consequences to act in emergency situations. The hospital and doctor were guilty of negligence in service as case records were not produced before the court in the allegation of a lack of standard care.

Emergency triage is a response to the problem of overcrowding in EDs and is a decision making process to accelerate rapid identification of critically ill patients from those with non-urgent complaints and prioritize the patients based on the severity of clinical status. In the present study 75% of staff nurses experienced incorrect triaging in obstetric emergency situations. A study conducted by Aloyce R et al on triage knowledge and skills of triage amongst nurses working in the emergency centres also support the present study by concluding that triage knowledge and skills among the subjects regarding patients' triaging in ED was very poor.

In the present study 35% of the participants reported heavy workload and 75% of participants reported assignment of too many patients which affected the quality of care in emergency situations badly. A study conducted in Sri Lanka revealed that Nurses' shortage found significantly correlated with workload level of nurses. A systematic literature review exploring the importance of human resources in the delivery of emergency obstetric care and thus in the reduction of maternal mortality is concluded that staff shortages are a major obstacle to providing quality EmOC. Staff shortages may also cause delays in initiating emergency intervention.⁷

In the present study a quarter of study participants (25.6%) reported ambiguity in instructions from treating doctors really put the staff in dilemma in emergency situations. It may be due to lack of collaboration between physicians. Standard guidelines and management protocols for emergency care to be communicated among health team members and initiatives to be taken to ensure strict adherence to those guidelines which are mandatory to avoid ambiguous and vague treatment interventions in health care setting.

CONCLUSION

This study identified various challenges perceived by staff nurses working in emergency obstetric care. The challenges identified were shortage of protective supplies and equipments, admission of patients in crowded area/room, delayed lab services, delayed delivery of medications from pharmacy, incorrect triaging of obstetric emergencies, heavy workload of nursing staff, assignment of too many patients, and fear of legal consequences. This study recommends the need for reorganization of emergency department and establishment of emergency guidelines with a focus on the identified challenges in order to improve emergency care management.

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