Evidence-Based Practice in Midwifery and Maternity Nursing for Excellent Quality of Care Outcomes

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Abstract Evidence-based (EB) was defined as the explicit, conscientious, and judicious usage of the current best evidence in decision making regarding the individual patients’ care. The aim of EBP is to do the right thing, at the right time, for the right person, in other words ensure quality care for the individual client.

Keywords: evidence-based practice, midwifery, quality of care

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1. Definitions

- Evidence-based (EB) was coined/defined by Sackett et al (1996) as: The conscientious, explicit and judicious use of the current best evidence in making decisions regarding the individual patients’ care. [1]
- Certified nurse-midwives (CNMs) are those nurses who had graduated and registered from a nurse midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) and have passed a national certification examination to receive the professional designation of certified nurse-midwife. [2]
- Quality of health care is the level to which wellbeing administrations for people/populaces improve the probability of wanted wellbeing outcomes. [3,4,5,6]

2. The Purpose [7,8]

The aim of EBP is to do the right thing, at the right time, for the right person, in other words ensure quality care for the individual client. This is achieved by evaluating ideas, practices and previous events and applying the learning achieved to future practice.

Evidence is forever changing in the light of new research, new technology, new ways, as well as old ideas and options put together in new ways. This is challenging as it means best practice can’t conclusively/finally be estimated.

3. The Process of EBP [7,9,10,11]

The EBP process can be looked as a series of steps:

- Ask practice-focused inquiries, and frame the inquiries to discover an answer.
- Search, identify and access the potential evidence.
- Evaluate the quality of evidence and decide what is best evidence.
- Apply best evidence to the specific case.
- Evaluate the EBP care provided, and the processes by which care decisions were reached.

4. High Quality Care and Excellent Outcomes [12,13,14,15]

Decades of research indicate that primary care services provided by advanced practice nurses and nurse midwives compare favorably to those given by doctors. In a recent systematic review of studies comparing midwifery’s care to doctor’s care, specialists inspected various results. Results showed that women cared for by CNMs compared to women of the same risk status cared for by physicians had:

- Lower rates of cesarean section births.
- Lower rates usage of augmentation and labor induction.
- Significant decrease in the occurrence of 3rd and 4th degree of perineal tears.
- Lower utilization of partial/regional anesthesia.
- Higher rates of breastfeeding.
- Women in the CNM group were more likely to receive:
  ○ Prenatal education focusing on health promotion risk reduction behaviors.
  ○ A more hands on approach with a closer supportive relationship with their provider during labor and birth.
  ○ Fewer technological and invasive interventions.
  ○ Care during labor provided by a midwife that the woman knew.
• Increased sense of control during the labour and birth experience.
• Centering Pregnancy a midwifery-based, woman-centered model that incorporates risk assessment, support, and education into a unified program of group prenatal care.
  • increase breastfeeding rates.
  • Higher readiness for labor.
  • Better/higher prenatal knowledge.
  • increase satisfaction rates of care.
• On obstetric procedures, women receiving care from CNMs/CMs had:
  • Lower than the national average rate for episiotomy.
  • Lower the national average rate of primary cesarean.
  • Higher the national average rate of breastfeeding.
• Midwifery care reduces health care costs:-
  • The average costs for vaginal birth are approximately 50% lower than those for cesarean birth.
  • The Office of Technology Assessment analyzed nurse practitioner and nurse-midwife practice at two different points in time and found that they provided medical care that was equivalent to or exceeded physician care at a lower total cost.

5. What the Experts Say about Midwifery Care [16,17,18,19]

• “Midwives understand and protect the normal physiology of childbirth and provide safe, satisfying and supportive care to women as well as their babies.
• Obstetrics/gynecologic working cooperatively with midwives are an approach to address the gap between the supply of obstetrics/gynecology and the demand for women’s health care services.
• “Midwives offer evidence-based health-care (EBP) services. In today’s world of high innovation and technology, midwifery services give the individualized consideration and care women need.

References

[1] Sackett D L., Rosenberg W M C., Gray J A M. et al. Evidence-based medicine: what it is and what it isn’t. British Medical Journal, 1996; 312: 169-171.

[2] American College of Nurse-Midwives. Midwifery: Evidence-Based Practice, A Summary of Research on Midwifery Practice in the United States, 2012. www.midwife.org.

[3] Mohammed F., Shuhin M., Youness E., Hassan H. Survivorship in Women Undergoing Gynecological and Breast Cancer Treatment in Upper Egypt: The Impact of Quality of Life Improvement Educational Program”. American Research Journal of Gynaecology. 2018; 2(1): 1-28.

[4] Nady F., El-Sherbiny M., Youness E., Hassan H. Effectiveness of Quality of Life Planned Teaching Program on Women Undergoing Gynecologic Cancer Treatment. American Research Journal of Oncology. 2018; 1(1): 1-17.

[5] Emem E., Hassan H. Correlation between Quality of Life and Dysmenorrhea among Nursing Schools Students. International Journal of Nursing Science. 2017; 7(6): 123-132.

[6] Nady F., Said M., Youness E., Hassan H. Impact of Tailored Educational Program of Quality of Life Improvement on Women Undergoing Breast Cancer Treatment at El-Minia Region, Egypt. American Research Journal of Gynaecology. 2017; 1(1): 1-17.

[7] Cluett E. Evidence-based practice: Principles and practice of research in midwifery. https://piranshahr.umsu.ac.ir/uploads/Evidence-based_practice_119.pdf.

[8] Centre for Evidence Based Medicine in Canada. Website supporting the Sackett et al (2000) evidence based medicine textbook: www.cebm.utoronto.ca/teach/materials www.cebm.utoronto.ca/ebm.

[9] Sharon E. Strauss, et al. Evidence-based medicine: how to practice and teach EBDM. 3rd ed. Edinburgh; New York: Elsevier/Churchill Livingstone. 2005.

[10] Johnson C. Evidence-based practice in 5 simple steps. J Manipulative Physiol Ther 2008; 31: 169-170.

[11] Hassan H. The Impact of Evidence-Based Nursing as the Foundation for Professional Maternity Nursing Practices. Open Acc J Repro & Sexual Disord, 2019; 2(2): 1-3. OAJRSD. MS.ID. 000135.

[12] Hamilton BE, Martin JA, Ventura SJ, et al. Births: final data for 2009. Natl Vital Stat Rep. 2010; 59(3): 1-19.

[13] Hatem MJ., Sandall D., Devane H., et al. Midwife-led versus other models of care for childbearing women. Cochrane Database of Syst Rev. 2009; 4: CD004667.

[14] American College of Nurse-Midwives. The ACNM benchmarking project results summary. http://www.midwife.org/benchmarking. Accessed March 26, 2012.

[15] Declerq, ER. Sakala, C Corry, MP, et al. Listening to mothers II: report of the second national survey of women’s childbearing experiences. http://www.childbirthconnection.org/pdf.asp?PDFDownload=LT MII_report. Published October, 2006. Accessed March 28, 2012.

[16] Shaw-Battista J., Fineberg A., Boehler B., et al. Obstetrician and nurse-midwife collaboration: successful public health and private practice partnership. Obstet Gynecol. 2011; 118(3): 663-672.

[17] Thomson Healthcare. The healthcare costs of having a baby. http://www.kff.org/womenshealth/upload/whp061207othc.pdf. Published June 2007. Accessed March 28, 2012.

[18] Office of Technology Assessment. The Cost and Effectiveness of Nurse Practitioners. Washington, DC: U.S. Government Printing Office; 1981.

[19] Office of Technology Assessment. Nurse Practitioners, Physician Assistants and Certified Nurse-Midwives: A policy analysis. Washington, DC: U.S. Government Printing Office; 1986.

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