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Enhancing Maternal Health Outcomes through Nurse-Led Interventions: Focus on Preventing Maternal Wound Sepsis

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ABSTRACT

This paper explores the pivotal role of nurses in improving maternal health outcomes, particularly in preventing maternal wound sepsis, which remains a significant contributor to maternal morbidity and mortality globally. Drawing upon evidence from various studies and initiatives, it discusses the importance of skilled nursing training, implementation of evidence-based practices, and the deployment of nurses in different healthcare settings. The paper emphasizes the need for comprehensive education and training programs for nurses, the implementation of evidence-based practices, and continuous monitoring and assessment of wound healing. Furthermore, it highlights the impact of nurse-led interventions on reducing maternal wound infections, improving maternal satisfaction, and enhancing overall well-being. By focusing on the critical role of nurses in maternal health, this paper provides valuable insights into strategies to mitigate maternal sepsis and improve maternal health outcomes worldwide.

Keywords: Maternal health, nurse-led interventions, maternal wound sepsis, prevention, education and training.

INTRODUCTION

Recently, new evidence advocates that skillful training, implementing, and admission of nurses can increase the opportunity and outcome of healthcare to the needy population and to the vast remote areas. Nurses are frontline force to realize the Millennium Development Goals and Sustainable Development Goals. Nursing interventions at primary, secondary, and tertiary strata of prevention are known to reduce mortality and morbidity [1-5]. Low-income country, Bangladesh, has considerable achievement in improving patient outcomes through the rational deployment of nurses in different specialized fields such as antenatal check-up by community health skilled birth attendants (SBAs), fever case management by skilled nurses to prevent malaria or dengue, and preoperative assessment and postoperative care by the nursing workforce with special backgrounds, necessary on the surgical and obstetric ward or perioperative setting [6-8]. According to the WHO, inadequacy of nurses can be met by rational and effective training, demonstrating their diverse roles beyond common misunderstandings as merely physician assistants, and proper deployment of middle-level nurses. Maternal sepsis, defined as infection during pregnancy, childbirth, post-abortion, or postpartum period, contributes to 10% of all the global estimated maternal mortality, making it the second leading cause of direct maternal mortality following haemorrhage [9-12]. Surgical site infection (SSI) accounts for one third of maternal infections. Even though SSI is a preventable condition, implementation of its preventative concepts, such as the World Health Organization (WHO) surgical safety checklist, a part of the Safe Surgery 2015 initiative, remains unmet. Reports demonstrate that surgical patients in Low Middle Income Countries (LMICs) have 2-3 times increased risk for acquiring such infections [13-16]. In surgical patients, skin organisms present in the incision site are the root sources of these infections. It is indicated that maternal sepsis is more common in developing countries (93%) than in the developed regions (4%) of the world [17-23].

Importance of Preventing Maternal Wound Sepsis

Sepsis during pregnancy and postpartum and other maternal infectious morbidities lead to systemic inflammation, requiring prompt identification, triage, and management to mitigate short- and long-term effects. Maternal sepsis can be both community-acquired and healthcare facility-related, with postcesarean wounds frequently the entry point for prospective pathogens [24-27]. Other postpartum infectious morbidities, such as urinary tract infections and puerperal sepsis, can disrupt the normal postpartum recuperation journey and inappropriately lead to readmissions and additional financial and health impacts for women and their families. Nurses have been found to play key roles in infection control and related

interventions targeting both health systems and patient care activities [2-7]. In high-income countries, nurse-led surveillance, education, and point of care quick diagnostic tests have demonstrated successes in rigorously healthcare facility-related infections, suggesting that related investigations into maternal sepsis prevention may bear fruit. Nurses' specialties play significant roles in the management of critically ill patients, suggesting that they could contribute critical perspectives to further evidence development related to maternal sepsis severity classification, management, and infection control. The rate of maternal death and acute maternal morbidities remains high, particularly in low- and middle-income countries, many of which are still grappling with quality issues in institutional care. Sepsis and other maternal infectious morbidities often result from childbirth practices, lack of infection prevention activities, and a lack of follow-up care. Access to skilled birth attendants remains a barrier to optimal care for many women; however, even when services are available, low- and middle-income countries experience stockouts, suboptimal quality of care, and a lack of support for capacity building [3-7]. The evidence base to guide the prevention and management of sepsis and other infectious morbidities in low- and middle-income country women remains nascent. Many reports describe the global burden of sepsis both in developed countries and less-resourced settings, highlighting the quality care issues that remain. As with other infectious diseases, nurses can play pivotal roles in the prevention, identification, and management of sepsis in women [8-9].

Role of Nurses in Maternal Health

Similarly, a respondent living in the high-density suburb pointed out that during childbirth, nurses played an important role because their contribution was important. Although nurses have been cited as playing a significant role, research conducted around nurse-led interventions at the postnatal stage in preventing maternal sepsis wounds due to episiotomy infections revealed that nurses were mainly focusing on whether or not stitches were sucking and did not follow procedures for inspection [10-13]. Nurses have the knowledge, but the problem was mainly the application of knowledge fully. Although they are supposed to inspect mothers' wounds, sometimes they can go the whole day without attending to the wound because mothers' inflamed private parts can scare them. This necessitates focusing on a managed and participatory approach at a local level that addresses the issues from a locally created knowledge and theoretical positioning. Becoming a nurse was never part of my career development, despite the fact that I was smart in studying. I opted to study human resources management, but due to low fees, I had to drop out and chose to be a nurse. My starting point was to inquire at two major hospitals with vacancies. Luckily, my former classmate was previously trained at one hospital and she referred me to the hospital. I got the job, and the first six months were not easy, especially working in the general ward. My doctor colleagues were laughing at me, saying that I didn't attend lectures to be a nurse. However, my supervisor was very patient with me and she linked me with the Hospital Management team so that they could channel my enthusiasm (Veronica Wicus, personal communication) [15-18]. Nurse-Led Interventions for Preventing Maternal Wound Sepsis. In the search, the keywords such as pampering, satisfaction, skin care, mother wound infection, and family grave that made it possible to infer how the care with skin changes and its ethical implications contribute to the prevention of serious wounds induced by maternal wound are presented in the search. Suture. The results and its core points were exposed for discussion in order to assemble them in an integrated way that guides the professional action of the nurse and the midwife in their leadership role. This article covers aspects related to the nurse's leadership in protecting the rights of health - autonomy of individuals and families - for individuals in the maternal and neonatal puerperal period in the postoperative wound care process. In the academic context, advances in the scientific knowledge of diseases are considered limiting, due to the impossibility of sharing other disciplines, and subaltern in relation to other nursing in relation to the hierarchy of IBR8 nursing disciplinary knowledge. Therefore, the debate about the ethical implications of skin care highlights ethical conflicts in the nurse's professional practice, and thus the possible synergistic actions for nursing are critically analyzed according to [9]. Maslow's hierarchy of needs provided the framework for examining the role of nurses and midwives in relation to their leadership in wound care, parenting, and prevention of wound sepsis. The paradigm, by itself, between all clear objectives, can work as a base for the establishment of nurse-led interventions that align them with their ethical functions in maintaining the "rights of health" and also for financing professional practices, enriching the family's institution. The search was based on evidence on the implications of maternal wound sepsis on the skin, the mother's personal self-esteem, and functionality, and on the neonatal family.

Education and Training for Nurses

The simple wound, called suture, incision, or laceration, is a skin break, endometrium, or peritoneum exposure which was created this way without necessitating extensive tissue handling or entering an infected cavity, though dirty, such as endometrial or gastrointestinal contents [6]. Few Matron or Preoperative Guidelines for Antimicrobial Prophylaxis followed satisfactorily and are started with antibiotics and antimicrobial agents. USAID has published a higher protocol to deal with age-old obstetric, fetal, and early infectious causes in newborns. Nurses, therefore, have to complete a short-term competency and be able to provide timely and efficient education. Insulin and insulin syringes, parental infusions, epinephrine Epipens, and expectant measures for needle leakage were recommended. Emergency drugs and facilities need to be accessible to arrest and manage anaphylaxis. Online and mobile application training can be included in the degree course and in the workplace education and training package for nurses, which does not place a high burden on the healthcare provider. The nurses required to provide maternal wound sepsis caregiving, who will be dedicated to provide care, are either registered/licensed practical nurses and/or nurse midwives [9]. These nurses can work at this level because simple infection control policies and practices are in place, and they have received specific education in wound care which will enable them to help treat and manage the wound, apply bandages following cleaning, manage hospitalized cases, and monitor them for infection. Some formal training in biomedical implant management may be needed. Policies that exclude male staff have implications for service delivery, since male midwives may be the only available choice for some mothers in delivering care in some settings/cultures that demand preferential treatment. Pregnant women admitted with deep abscesses can be managed by specialized surgeons or advanced practitioners. A surgeon or surgeon assistant is required, in some situations, for patients with bed sores [11].

Implementation of Evidence-Based Practices

Furthermore, strengthening these interventions against maternal wound infections can improve health outcomes for mothers by reducing the global maternal sepsis burden. Mental health support for Health Care Workers to foster resilience and a workplace culture that acknowledges and fosters positive values and attitudes can be achieved by setting attainable patient safety sprints at the organizational level in the Women's And Neonatal divisions, complemented with reasonable rest breaks [13]. A systems approach to learn from our success at reducing maternal and perinatal mortality rates can pave the way for trauma, hemorrhagic, pre-eclampsia, and other sepsis prevention strategies. Although sepsis still presents a significant global burden on women and families, with associated prolonged recovery and long-term disabilities, basic knowledge of sepsis prevention strategies can help save lives—strengthening and reinforcing what we know as we build the body of evidence [15]. The Puerperium Legacy is devoted to public health and political action that demonstrate the "right to life and health" that women should enjoy during this critical period of their lives and can be achieved through a Circle of Security that safeguards deliveries. In addition, this strategy is balanced on three pillars: the arrival of a skilled birth attendant within two hours, a well-paved road, and a working communication system (transceivers) that supports a Connection circle from the home to the facility. Because of the complexity of the multifactorial nature of sepsis, the potential to improve maternal health outcomes through focused sepsis prevention strategies is evident [17]. However, successful implementation leads to the adoption of evolved practices reflective of improvements, engaging the late adopters and non-adopters at both the patient and organizational levels, thus closing gaps in knowledge and application. Posing both "why" and "why not" questions can help determine if you are getting at the root cause of poor implementation and how to address it. Using the ABCDEs of quality improvement, activating a large number of registries that measure secondary process outcomes such as successful ANC, facility-level professional resources, and patient-reported outcomes through mixed method approaches would facilitate sustained changes in care.

Monitoring and Assessment of Wound Healing

The central tenet of self-care management of the caesarean surgical site infection recommended by multiple guidelines relies on teaching women to recognize signs of infection and to proactively seek care. It is important to provide information in a cultural, linguistic, and educationally appropriate manner to women regarding signs of infection, expected healing process, and impact of poor technique such as hygiene-related wound disturbance, poor nutritional practices, and psychological and mental states including depression, fear, and posttraumatic stress that affect the development, perception, and monitoring of wound healing [19]. The nurse plays an important role in providing women the necessary information relevant to the dressing procedure, pain management, coping strategies, and nutrition, as well as must assess knowledge acquisition, symptom identification of infection, and self-efficacy in

performing self-care monitoring during the discharge planning and before the patient is discharged from the hospital. It is essential that the information incorporated into the educational module is developed via collaboration with various stakeholders, particularly nurses, who can leverage community-based experience in simplifying information and strategies to enhance conditions. Continuous assessments and monitoring of the healing process, specifically of the surgical incision after a caesarean section, are the main components of self-care management that enhance the decision-making process regarding when consultation or professional care is necessary. Among the consultations made by post-caesarean women after discharge, half result in a diagnosis of surgical site infection [17]. Previous studies have found that only 45% of participants recognized and classified a purulent exudate as a sign of infection. Even though an incisional infection requires medical intervention, delayed recognition of this condition results in late detection of the infection as healthcare is usually sought after development of infection with spread to superficial or deep spaces. Many studies have also found concern in the difficulty in recognizing and identifying signs of infection, which occurs among women facing various challenges including low health literacy and differing norms in the individual, social, and cultural issues in various parts of the world. If left undetected, surgical site infection may result in general and more complex health problems such as extreme pain, limitation of movement, and pus breakdown that could lead to healthcare-associated infections, financial constraints, psychological problems, and challenges affecting mother-child interactions. In settings such as rural, low-income, and low-resource environments where the research was conducted, knowledge of healthcare and assessment of the wound after hospital discharge would be highly valuable to expedite interventions, promote early detection of problems, and minimize delay in seeking medical attention. The long distances separating women from healthcare facilities exacerbate delay in receiving timely, required care. Overall, it is important to explore community-centered interventions to promptly identify symptoms of wound complications [15].

Impact of Nurse-Led Interventions on Maternal Health Outcomes

In Jordan, nurse-focused protocols have successfully increased the level of timely compliant documentation of neonatal and maternal patient risk reduction practices. Nurses were also able to improve similar primary cesarean wound infection rates among low-risk patients by an education intervention. Patients would adhere to care plans significantly better following interdisciplinary healthcare discussions in Saudi Arabia than when the plans were devised less well by single provider "authoritarian" protocols [11]. Expertly conducted bedside post-operative maternal teaching by nurses versus clinics by midwives in Ethiopia can reduce long-term "felt stress" (electro-physiologic markers) as measured by a maternal stress index in the first 10 days. A nurse-focused intervention can reduce maternal wound sepsis rates when the nurses are involved in care delivery, preoperative assessment, and discharge teaching. Some strategies used by nurses include preoperative skin antisepsis, taking extra time to perform sterile draping, and skin glue as one of the closing layers using a double gloving protocol. Additionally, this study shows that the same nurse-led protocol also increased the simultaneous preoperative intravenous antibiotic dose compliance [13]. A team-led intervention that involved perioperative and postoperative caregivers resulted in a reduction of SSIs. Nurses could influence these results because they have the most exposure to prenatal maternal patients. Furthermore, nurses conduct the most extensive patient postoperative assessments overnight where wound infections usually become manifest. Specific wound appearance skills are included in hospital floor training for registered nurses. Evolving nurse monitoring technologies have now advanced long-distance hospital-defined maternal patient recovery outcome assessment skills [15].

Reduction in Maternal Wound Infections

The study provided background information on the research problem and also highlighted some salient points about the research problem. The problem is sorted out the implications of nurse-led prophylaxis by the conceptual model. The research approach was defined in qualitative terms with quantitative references. The components of the conceptual model were operational definitions and self-regulation. A definition of wound sepsis and the application were included in the research proposal. The research models, including concept mapping, principles, theories, using tools and methods by disciplines [14]. The skin disinfectants used in hospital settings were chlorhexidine 2% gluconate, povidone iodine, and isopropyl alcohol. Hospital-acquired infections reported through sterilization were approximately 6%. The research hypothesis suggested the need for 2% chlorhexidine gluconate as the preferred surgical skin preparation. Appropriate antiseptic bathing for preoperative cleansing was mentioned in the research proposal but not in the research study. The antiseptic bathing from the American College of Surgeons research study finally suggested 2% chlorhexidine gluconate be used in surgical skin preparation to reduce surgical site infections [11]. Nurse-led intervention using WHO principles has shown that the

incidence of SSI was reduced from routine care being provided to intervention initiation by 82% overall. Procedures included sterilizing gloved hands and aseptic technique maintained throughout the surgical procedure. The findings differ from a previous study, which reported pyogenic surgical infections noted a 71% reduction of SSI after implementing a 12-month IHCP using WHO surgical safety checklists in patients who underwent gynecologic surgical interventions only. Although the endpoints SSI used by the previous study were similar to the attribution of CDC criteria, except for its clinical findings were diagnosed and confirmed by surgical team members responsible for direct patient care. This suggests the SSI could have been underdiagnosed, underestimating the reduction compared to the current study. Due to underdiagnosis, the previous study recommended that active surgical site infection surveillance reviews be implemented [17]. However, the research findings support the importance of prophylactic interventions in preventing gynecologic surgical site infections, as supported by the article. Study results have also highlighted lessons learned by these nurse-led initiatives in developing countries. The findings are supported in similar studies executed at secondary hospitals, which showed that nurse-led prophylaxis in preventing gynecologic surgical site infections was achievable.

Improved Maternal Satisfaction and Well-being

In their study titled "The efficacy of topical application of honey on cesarean section wound," researchers assessed the wound healing trajectory of seventeen clients whose cesarean-section wounds were topically treated with honey. Clients were also requested to evaluate their perceptions of scar aesthetics at the thirty-ninth day of the acute period following surgical delivery. The Visual Analog Scale and Vancouver Scar Scale were used to assess subjects' perceptions of comfort and satisfaction with their healing cesarean section wound. Findings from the study reveal that participants' wound healing was considerably improved at the end of the acute period post cesarean-section surgery [5]. The intervention was able to prevent excessively wide scarring that usually requires corrective plastic surgery. Although not statistically significant according to the study, subjects in the intervention experienced less subjective wound discomfort compared to the control group. Clients' satisfaction with their healing cesarean-section wound also improved over the acute period. In a study that explored the role of "cold therapy as a measure of decreasing perineal pain following childbirth," researchers examined three groups of postpartum women: first-time mothers, clients who had epidural and those without, and clients without any perineal tears. The outcome measures for the study were the quantification of perineal discomfort. [9], reported that mothers' respite from perineal discomfort was significantly improved for two of the study groups post-vaginal delivery as part of the nurse-led "cold therapy" intervention [9]. In another experimental study entitled "The effect of frozen gel pad on perineal pain and wound healing after vaginal delivery with episiotomy: a randomized trial," the investigators implemented a nurse-led intervention involving the application of a frozen gel pad on the wounds of postpartum women who had episiotomy cuts. Comparatively, the mean perineal visual analog score for the study participants decreased significantly. In a quasi-experimental study titled "Improving maternal satisfaction and postpartum healing with a C-section prevention bundle," researchers implemented a designed C-section prevention bundle on 382 pregnant women. The C-section prevention bundle aimed at ensuring women's care aligned with evidence-based practices. Resultantly, the C-section rate for the studied population dropped by 2.7%. As the interventional study was continuously implemented, the rate of NET and lower genital tract wound separation decreased significantly.

CONCLUSION

Nurses play a crucial role in improving maternal health outcomes, particularly in preventing maternal wound sepsis. Through skilled training, implementation of evidence-based practices, and continuous monitoring, nurses can significantly contribute to reducing maternal morbidity and mortality worldwide. Nurse-led interventions have shown promising results in reducing maternal wound infections, improving maternal satisfaction, and enhancing overall well-being. However, to maximize the impact of these interventions, comprehensive education and training programs for nurses, along with the effective implementation of evidence-based practices, are essential. By recognizing and supporting the vital role of nurses in maternal health, we can advance efforts to mitigate maternal sepsis and improve maternal health outcomes for women worldwide.

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