

Sigma's 30th International Nursing Research Congress Centering of Maternity Care: A Holistic Journey Toward Decreasing Maternal Mortality

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Introduction

Each day an estimated 830 women die globally from pregnancy and childbirth related complications. Overall, between 1990-2015, the maternal mortality rate has decreased around 44% globally. However, the United States of America is the only developed country experiencing an increase in maternal mortality at the rate of 26.6% over the past decade (World Health Organization: WHO, 2018). This is the same reported rate as found in 1977. A holistic multidisciplinary approach meeting women in their communities is necessary to further understand the complexities surrounding maternal mortality.

Purpose

The purpose of this session is to present appraised evidence that intersects psychospiritual and sociocultural needs focused on holistic nursing strategies to prevent maternal mortality.

Background

The causes of maternal mortality are found to be inequitable surround issues of both health care delivery systems and social determinants (WHO, 2018). The risk of maternal mortality is higher in disparate populations such as racial minorities, socially disadvantaged populations, women with unintended pregnancies, those with decreased support systems, and impoverished rural and urban communities (Mazzoni & Carter (2017). The United States of America (USA) does not currently have a standard model of equitable care for women of childbearing age, making equality among these women even more difficult to attain. According the American College of Obstetricians and Gynecologist: ACOG (2018) and Mazzoni & Carter (2017), over 50% of low income and minority women report postponing or not seeking out needed care related to cost and local access to services. Research has shown that women are strongly linked to personal religious, community, social, and personal values (Figueirdeo, 2018). When looking at pathways to address maternal mortality, a focus on nurse-theorist Kolcaba's (1994; 2013) sociocultural and psychospiritual elements of holistic comfort should be explored to further understand the holistic paradigm of the person in relation to the prevention of maternal death. The synergy between faith, community, cultural sensitives, familial, and personal beliefs adds a complex layer to maternal health.

Methods and Evaluation Strategy

The *Johns Hopkins Nursing Evidence Based Practice* model of research appraisal was used to evaluate evidence for this session. Research focused on support for centering of maternity care as a holistic standard was found in research from CINHAL, Virginia Henderson Library, and PubMed. International studies, seminal works, governing body position statements, and global health initiatives were included in the appraisal of evidence for this presentation. This evidence was viewed through Kolcaba's mid-range theory of holistic comfort. Moreover, a focus on studies no older than 5 years were included.

Appraisal Findings

Garratto and Bernstein (2014) elucidate that “the goals of prenatal care have grown beyond the purely biological to include the psychosocial influences on pregnancy outcome” (p. 14). Centering pregnancy care is a naturalistic based method that assists to engage moms in their care through providing community based peer support groups. The concept of centering goes back to our basic communal needs as a society allowing women to empower and support each other. Groups are typically put together with women at the same gestation of different races, ethnic backgrounds, ages, and socio-economics, sharing the common experience of pregnancy, birthing, and post-birth needs (Centering Health Care Institute, 2018). Research suggests that “group prenatal care is an innovative and promising model with comparable pregnancy outcomes to individual prenatal care in the general population and improved outcomes in some demographic groups” (Mazzoni & Carter, 2017). While known complications of pregnancy represent physiological conditions, they only reveal a small portion of the picture; many risk factors for maternal mortality begin long before pregnancy. Social determinants such as community, family support systems, transportation, education, access to adequate healthcare, implicit bias of providers, socioeconomic status and race/ethnicity influence prenatal and childbirth-related complications (Maternal Health Task Force, 2017). Research has shown that a focus on sociocultural and psychosocial needs surrounding centered maternity care has provided an outlet for meaningful prenatal care and provided for improved maternal and infant outcomes (Garretto & Bernstein, 2014).

Implications and Conclusion

Centering maternal care from a holistic nursing perspective has clear implications for nursing practice and health policy. This can help to reduce maternal mortality and provide an innovative model to deliver care. The Maternal Health Taskforce (2017) recommendation focuses on an effort to reduce maternal mortality rates by at least two-thirds from country-specific 2010 global baselines. Holistically evaluating maternal patients in appropriate comfort contexts involves providing a healthcare team that possesses an intrinsic understanding of provisions surrounding maternity centered care (Bailey, 2017). Nurses use of comfort theory to address multifaceted issues of maternal wellbeing has shown women feel safer about childbirth when comfort-based measures are used (Derya & Pasiniog̃lu, 2017). It is imperative to refocus traditional deliveries of prenatal care to that of an organic and flowing one. This allows for focus on the patient while integrating familial, peer, and community support systems to provide holistic comfort to our global society.

Title:

Centering of Maternity Care: A Holistic Journey Toward Decreasing Maternal Mortality

Keywords:

Centering Care, Holistic Comfort and Maternal Health Nursing

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Abstract Summary:

This session will focus on appraising evidence that intersects psychospiritual and sociocultural needs focused on holistic nursing strategies using centering of pregnancy care to prevent maternal mortality.

Content Outline:

Title

I. Centering of maternity care: A holistic journey towards decreasing maternal mortality

Introduction

I. The U.S. is the only developed country experiencing an increase in maternal mortality at the rate of 26.6% over the past decade.

II. Holistic psychospiritual and sociocultural nursing strategies to prevent maternal mortality through the centering of pregnancy care has evidence to improve maternal outcomes.

III. The purpose of this session is to present appraised evidence that intersects psychospiritual and sociocultural needs focused on holistic nursing strategies to prevent maternal mortality.

Background

I. Maternal mortality causes are found to be inequitable surround issues of both health care delivery systems and social determinants

II. The risk of maternal mortality is higher in disparate populations and impoverished rural and urban communities.

III. A focus on sociocultural and psychospiritual elements of comfort should be explored to further understand the holistic paradigm of the person in relation to the prevention of maternal death

Evaluation Strategy

I. The *Johns Hopkins Nursing Evidence Based Practice* model of research appraisal was used to evaluate evidence.

II. Support for centering of maternity care as a holistic standard was found in research from CINHAL, Virginia Henderson Library, and PubMed.

III. International studies, seminal works, governing body position statements, and global health initiatives were included in the appraisal of evidence for this presentation.

IV. No studies older than 5 years were included.

Appraisal of Findings

I. The goals of prenatal care go beyond the biological and need to include a focus on psychosocial influences.

II. Centering pregnancy care is a naturalistic based method that engages moms in their care through community and peer support groups.

III. Social determinants such as community, family support, access to adequate healthcare, implicit bias of providers, and socioeconomic status have an impact on maternal mortality and poor outcomes.

IV. Risk factors for maternal mortality begin well before pregnancy occurs and develop as a result of environment and access to care.

V. Sociocultural and psychosocial needs surrounding centered maternity care provides an outlet for meaningful prenatal care and improved maternal and infant outcomes

Implications and Conclusions

I. Centering maternal care has implications for nursing practice and health policy to reduce maternal mortality through innovative care delivery models

II. Healthcare teams must possess an intrinsic understanding of provisions surrounding maternity centered care in order to holistically provide comfort to improve outcomes.

III. Nurses use of comfort theory can be used to address multifaceted issues of maternal well being.

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Author Summary: Dr. Kellie Griggs has been a practicing registered nurse in the field of women's health for 15 years, obtaining her BSN, MSN & DNP from Gardner-Webb University. She passionately works to impact maternal care through advocacy and leadership in diverse professional roles as a clinical nurse education specialist, nursing administration, and most recently as an Assistant Professor and lead for the maternal-infant department at the University of North Carolina Wilmington.