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

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DISCLOSURE

The author has no conflict of interest or financial disclosures
METHODS

• Johns Hopkins Nursing Evidence Based Practice Appraisal
• CINAHL, 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
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.
• 830= Daily estimated deaths/ complications pregnancy and childbirth related

• Around 40% of all deaths are preventable with early intervention

• The United States is the only developed county experiencing an increase in maternal morality at the rate of around 26% over the past decade

• A holistic multidisciplinary approach for women in their communities is needed to understand complexities surrounding maternal mortality
WHAT WE KNOW

• Maternal mortality is higher in women living in rural areas and among poorer communities
• Adolescents face a higher risk of complications and death
• Skilled care before, during and after childbirth can save the lives
• Between 1990 and 2015, global maternal mortality dropped by about 44%.
• By 2030, the “Sustainable Development Goals”, is to reduce the global maternal mortality to less than 70 per 100,000 live births. (WHO, 2018).
SOCIOCULTURAL RISK FACTORS

• Disparity is real:
  • Racial minorities
  • Socially disadvantaged populations
  • Women with unintended pregnancies
  • Decreased support systems

(Mazzoni & Carter, 2017)
PERSISTENT DISPARITY IN PERSPECTIVE

- White women experienced 12.7 deaths per 100,000 live births.
- Black women experienced 43.5 deaths per 100,000 live births.
- Women of other races experienced 14.4 deaths per 100,000 live births.
- Chronic illness impact
Causes of Pregnancy-Related Deaths, by Race-Ethnicity

- Mental Health Conditions: non-Hispanic White 1.2, non-Hispanic Black 11.3
- Preeclampsia and Eclampsia: non-Hispanic White 5.2, non-Hispanic Black 11.6
- Cardiomyopathy: non-Hispanic White 10.3, non-Hispanic Black 14
- Infection: non-Hispanic White 8.1, non-Hispanic Black 13.4
- Cardiovascular and Coronary Conditions: non-Hispanic White 12.8, non-Hispanic Black 15.5
- Hemorrhage: non-Hispanic White 10.5, non-Hispanic Black 14.4

(Crittle, 2018)
The United States of America 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.

Over 50% of low income and minority women report postponing or not seeking out needed care related to cost and local access to services.

(American College of Obstetricians and Gynecologists [ACOG], 2018; Mazzoni & Carter, 2017)
APPRAISAL - SOCIAL DETERMINATES

Healthy Pregnancy

- Access to healthcare
- Race
- Socioeconomic Status
- Support Systems
- Transportation
- Community
APPRAISAL-CENTERING PREGNANCY CARE

- Naturalistic based method to engage moms in care through community peer support groups
- The concept goes back to basic communal needs as a society allowing women to empower and support each other.
- Women at the same gestation, different races, ethnic backgrounds, ages, and socio-economics
- Sharing the common experience of pregnancy, birthing, and post-birth needs

(Centering Health Care Institute, 2018)
HOLISTIC CENTERED PREGNANCY CARE

- Linked to personal religious, community, social, and personal values
- Sociocultural and psychospiritual elements of holistic comfort should be explored to understand the holism of the person in relation to the prevention of maternal death.

The synergy between faith, community, cultural sensitives, familial, and personal beliefs

(Figueirdeo, 2018; Kolcaba, 1994; 2013)
IMPLICATIONS AND CONCLUSION

• Empowered to choose health-promoting behaviors
• Decreased rates of adverse outcomes surrounding preterm birth and low birth
• Healthy positive relationships
• Increased rates breastfeeding, birth spacing, post partum contraception use
• Increased satisfaction of care for women related to individualized education
THANK YOU AND QUESTIONS

Thank you!!

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REFERENCES

• Please see hand outs