



**SREE NARAYANA
NURSING COLLEGE**

Mrs.B.Pallavi

M.Sc(N)., Associate Professor

Department of OBG

Sree Narayana Nursing College

**TRENDS IN
MIDWIFERY AND
OBSTETRICS
NURSING**

MIDWIFERY :-

- Midwifery is the art and science of caring for women undergoing normal pregnancy labor and the period following childbirth
- Midwifery is a health care profession which believes in providing care to childbearing woman during pregnancy. labor and birth not only this but even during the postpartum period

OBSTETRICS :-

☐ It is the branch of medicine that deal with the care of women during pregnancy, childbirth and the reproductive period following delivery .



➤ TRENDS :-

- I. Economic issues and trends
- II. Trends related to technology
- III. Demographic issues and trends
- IV. Trends in health care setting
- V. Trends of patient involvement ,self –care and focus on health care
- VI. Other trends
 - a) Increase in high risk pregnancies
 - b) High cost of health care
 - c) Limited access to care

I. **ECONOMIC ISSUES AND TRENDS**

The cost of having and raising children continues to increase faster than family income as costs have increased and as more women work outside the home ,the number of children in a typical family has decreased .

More women of child bearing age are employed outside the home than ever before .most common work because of economic necessity .


Single poorly educated parents are even more likely to experience difficulty coping with the demand .

II. TRENDS RELATED TO TECHNOLOGY

- Advance in technology had led to change in every aspect of our lives .it affects us as individual ,our society or culture and may the approach child bearing .

Technology allows to diagnose and treat serious deformities and disease .

Specific areas where advance in technology affect child bearing family include concerns ,genetic counselling and ante partum or intra partum diagnostic testing .

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- a) Fertility concern
 - b) Genetic counselling
 - c) Diagnostic testing

III. **DEMOGRAPHIC ISSUES AND TRENDS**

Shift in population distribution –

large cities provide the greatest number of economic opportunity and convenience .there fore they attract more people .so there will be shifting of people from rural to urban areas so most of maternity services are concentrated in urban areas.

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- a) Availability of maternity care
 - b) Increased cultural diversity
 - c) Vital statistics
 - Maternal mortality
 - Birth rates
 - Number of LBW infants
 - Infant mortality rate

iv. TRENDS IN HEALTH CARE SETTING


The setting of maternal and child health care and changing to better meet the needs of increasingly well informed and vocal consumers .

- a) Managed care
- b) Alternative setting
- c) Community based care
- d) Shorting of hospital stay



V. Trends of patient involvement ,self –care and focus on health care :-

In the late 1960 s patient began to demand information about medical technology and their medical care . A movement towards self-help and assuming responsibility for wellness occurred no longer do patient passively accept and comply with the advice of health care providers ,rather they demand information and take advice role. self care is both appealing to patient and the health care system because of its potential to reduse health care costs .




Maternity patients are usually well and thus their care focuses on enhancing health and wellness. Visit to health care providers presents opportunity to address topic such as nutrition education ,stress management, smoking cessation alcohol and drug treatment , improvement of social support and parenting education .

VI. OTHER TRENDS

1) *Increase in high risk pregnancies*

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the number of high risk pregnancies has increased which means that a greater number of women are at risk for pregnancy outcome. Escalating drug use has contributed incidents of prematurity ,LBW, congenital defects , learning disabilities and withdrawal symptoms infants.



Alcohol use in pregnancy has been associated with miscarriages ,mental retardation low birth weight babies etc .

the two most frequently reported maternal medical risk factor are hypertension associated with pregnancy and diabetics .

2) High cost of health care :-

health care is one of the fastest growing sectors , a shift in demographic and increased emphasis on high cost technology etc contribute to the high cost of care .most researchers agree that the cost of carrying for the increased number of low birth weight infant in neonatal intensive care units contribute significantly to the overall health care costs.

nurses must become involved in the politics of cost containment because they as knowledgeable expert, can provide solution to many to the health care problem at a relatively low cost.

3) Limited asses to care

Barriers to asses must be removed so pregnancy outcome can be improved .the most significant barrier to assess is the inability to pay lack to transportation and dependent care are other barrier .

in addition to a lack of insurance and high cost, a lack of providers for low income women exists .

CURRENT PROBLEM

Decrease length of hospital stay :-

as health care become increasingly ambulatory, today mother is up and out of hospital or health center in two or three days or even a day .early discharge posses a challenge to the nurse .who must provide nursing intervention during a brief time frame and disseminate information ,reinforce learning and affirm the mothers role in hours rather than day.

□ Higher patient acuities :-

Multiple socioeconomic problem coupled with lack of knowledge about prenatal care have contributed to increasing number of women who have neglected their health during pregnancy .many have anemia ,hypertension ,chronic illness and STDs .



□Lack of facilities in rural areas :-

About 30 % of deliveries in India and conducted by trained dais ,who lack scientific knowledge .most village still have traditional dais to help with deliveries. This result in lack of detection of prenatal problem for management .



□ Changes in maternal – newborn nursing

Socio ,economic ,political and technological factors have contributed too many changes that have occurred in maternal newborn nursing with in recent years. The focus is now on child birth as familial process with less technical interference ,greater humanism and a reaffirmation of the natural birth process .



□ Family centered care :-

The emphasis here is on the delivery of professional health care that fasters family unity while maintaining the physical safety of the childbearing unit the mother ,father and the infant .the nurse counsels and educates all age groups.



□ Labor ,delivery, recovery and postpartum care :-

Labor ,delivery, recovery and postpartum care also called single room maternity care was devised as a replacement for traditional maternity unit . In it the mother labors ,delivers and recovers in the same room and in the same bed . The LDRP has the advantage of providing comprehensive care within a single setting .

❑ **mother –baby couplet care**

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Here one nurse cares for the postpartum mother and her newborn as single unit. It focuses and adapts to both the physical and psychological needs of the mother the family and the neonate and fasters family unity .

❑ **LEGAL ISSUES IN THE DELIVERY OF CARE**

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nursing standard of practice in perinatal and women health nursing have been described by several organizations .

▪ **RESEARCH ::-**

- The incorporation of research finding into practice is essential to develop a science based practice . Practicing nurses can identify problem and read research literature to identify studies that address their clinical concerns . They can develop procedure and protocols based on published research . Health care providers need to support researchers in their works e.g. they can participate in research as data collectors.

▪ FUTURE TRENDS :-

Maternity nurses specializes in providing care of the women throughout the child bearing cycle. Recent trends indicate that a new approach to women health during the child bearing cycle is critical to the improvement of the overall health and wellbeing of the women and their infant . Increased access to preventive care must become the focus . Maternity nurse can play a vital role in the process .



**Thank
You!!!**