

Decision Making by Auxiliary Nurses to Assess Postpartum Bleeding in a Dominican Republic Maternity Ward

Jennifer Foster, Yadira Regueira, and AnneMarie Heath

Objective: To understand the process of decision making by auxiliary nurses regarding postpartum bleeding among women in the Dominican Republic.

Design: An ethnographic qualitative design of semistructured interviews and participant observation.

Participants: Twenty four auxiliary nurses on a maternity unit of a referral hospital in the Dominican Republic.

Findings: Auxiliary nurses use specific criteria and logic to decide if postpartum maternal bleeding is excessive. However, systematic postpartum assessments are not routinely conducted on every woman.

Main Outcome Measures: A decision tree that traces how auxiliary nurses evaluate postpartum bleeding indicates that they have knowledge of contemporary obstetric nursing care, but the organization of care delivery is not structured for them to apply it routinely.

Conclusions: A collaboration of U.S. midwives and Dominican nurses will build on the assets of the auxiliary nurses. Rather than focusing the content of educational conferences on current knowledge of labor and delivery, an important next step is modeling woman- and family-centered care. The U.S. midwives and Dominican nurses are committed to finding empowering and effective ways to improve maternity care. *JOGNN*, 35, 728-734; 2006. DOI: 10.1111/J.1552-6909.2006.00096.x

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Maternal Mortality in the Dominican Republic

The rate at which women worldwide die in childbirth has not substantially abated despite the global launching of the Safe Motherhood initiative in 1987 (Stanton, 2005). Thus, the disparity in maternal mortality has widened between women in the developed and developing world. The majority of maternal deaths occur during labor, delivery, or after birth (Donnay, 2000), and postpartum hemorrhage is one of the five major causes of maternal death (Marshall, 2005).

One reason for maternal death is delay in treatment for immediate postpartum hemorrhage due in part to lack of trained personnel (Thaddeus & Maine, 1994). For example, the Dominican Republic (DR) has a maternal mortality rate of over 75/100,000 women, one of the higher rates in the western hemisphere (Pan American Health Organization [PAHO], 2005), although more than 95% of births take place in hospitals. This paradox results from poor quality of emergency obstetric care due in part to overcrowded and understaffed wards, and inexperienced residents overseeing care (Miller et al., 2003). It is important to understand the social and economic context of delivering health care in this island nation of 8.6 million people that borders Haiti in the Caribbean.

Although some low-resource nations in Latin America and the Caribbean have greater economic challenges than the DR, the latter faces many public health obstacles nonetheless. Briefly, the DR has a relatively developed health infrastructure and universal coverage of prenatal care, and it is classified by the PAHO as a low-middle income country per capita. The DR also has a relatively high literacy rate

(84%) in comparison to other countries in Latin America and the Caribbean (PAHO, 2005).

Despite this, almost 30% of the population live below the poverty level, 27% of households consist of single women as primary wage earners, and the wealthiest 10% of the population account for 40% of the income in the country. Almost one in four adolescent girls between the ages of 15 and 19 are mothers (U.S. Agency for International Development, n.d.).

A Collaborative Nursing and Midwifery Project

One Dominican hospital that attends about 2800 births/year reported eight maternal deaths in 2003 over a 6-month period. In response, the nursing leadership in that hospital requested an evaluation by nurse-midwifery consultants from the United States. The evaluation (Foster, Regueira, Burgos, & Sanchez, 2005) developed into a cross-cultural nursing and midwifery partnership that is ongoing. One early activity in the partnership was to understand differences between the Dominican maternity ward and those of U.S. hospitals where the U.S. nurse-midwives had worked. To that end, the nurse-midwives identified both nurses' activities (Table 1) and the structural organization (Table 2) of the Dominican maternity ward.

U.S. midwives have partnered with maternity staff in a Dominican hospital to assess the clinical situation and empower staff to improve care quality.

Furthermore, the training and distribution of nurses on the Dominican maternity ward differed from those of U.S. hospitals. Only four registered nurses (licenciadas) supervised 32 auxiliary nurses (auxiliares) on the maternity ward. Since the DR has so few registered nurses in proportion to its population, the RNs usually assume supervisory and administrative roles rather than direct patient care (Burgos, personal communication, July 2004). According to the Spanish Foundation for the Development of Nursing, the DR has 3 nurses per 10,000 inhabitants, in comparison to, for example, Cuba, which has 74 nurses per 10,000 inhabitants, or Spain, which has 45 per 10,000 inhabitants (Fundación para el Desarrollo de la Enfermería, n.d.). In the DR, registered nurses have a baccalaureate nursing degree. Auxiliary nurses have a high school degree and 1 year of training in all areas of nursing. At the time of this study, however, almost half of the 32 auxiliary

TABLE 1
Activities of Auxiliary Maternity Nurses in the Dominican Republic

<i>Intrapartum</i>	<i>Postpartum</i>
Take vital signs	Take vital signs
Administer IV solutions	Administer IV or intramuscular oxytocin
Auscultate fetal heart rate with fetoscope	Administer IV antibiotics postcesarean delivery
Conduct vaginal examinations	Bimanually compress uterus
Rupture membranes	
Augment IV oxytocin	
Attend normal, spontaneous vaginal delivery of singleton infant, term and preterm	
Attend spontaneous vaginal delivery of twins, term and preterm	
Attend spontaneous breech delivery, term and preterm	
Perform episiotomy	
Repair episiotomy	
Repair vaginal lacerations	
Manually explore uterus	
Bimanually compress uterus	
Manually remove placenta	
<i>Note.</i> IV = intervenpus.	

nurses were actively working toward their baccalaureate degree.

Since the auxiliary nurses carried out many functions similar to those of U.S. midwives, both the auxiliary and the registered nurses were very interested in periodic and continuing education in the international core competencies of midwifery education (Fullerton, Severino, Brogan, & Thompson, 2003). To generate funding for educational conferences in these competencies, one of the U.S. midwives created a nonprofit organization for the Dominican registered and auxiliary nurses. They consensually agreed to call this organization Project ADAMES, an acronym for the Spanish phrase *Adelante, asegurando madres e infantes sanos* ("Onward, assuring healthy mothers and babies"). In addition to providing nursing education, Project ADAMES concerns itself with three other areas: an interchange of health professionals to promote cultural competence among practitioners in the United States with little international experience, a program for community education, and an evaluation research program. For details

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