

## Evidence Based Practice in Midwifery: Moving Towards Destiny

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### Abstract

Evidenced based nursing is a type of evidence –based healthcare, drawing on some of the traditions of evidence- based medicine. It involves identifying solid research findings and implementing them in nursing practices, in order to increase the quality of patient care. In order to practice evidence based nursing, practitioners must understand the concept of research and know how to accurately evaluate this research these skills are taught in modern nursing education and also as part of professional training .

**Keywords:** Evidence; Midwifery; Practice; Maternity.

### Introduction

Evidence based maternity care uses the best available research on the study and effectiveness of specific practices to help guide maternity care decisions and to

facilitate optimal outcomes in mothers and newborns. The current expectation of the maternity services, along with all other health and social care, is the provision of high-quality, clinically effective and client-centered care. Evidence-based practice (EBP) is fundamental to this, being embedded within clinical governance (NHS Executive 1999). It is therefore not surprising that all midwives are required to base their practice on the best available evidence . This means that all midwives must understand what EBP is and is not, and how it informs the practice of midwifery.

### Evidence Based Practice

According to Nieswiadomy Rose Marie (2008), nursing practice that is based on the best available evidence, particularly research findings is the evidence based nursing practice and thus broader in scope it incorporates research findings with other factors.

World health organization published “standards of midwifery practices for safe motherhood in 1999” including the best evidence based practices in midwifery.

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### *Estimation of Hemoglobin during Pregnancy*

During normal pregnancy there will be a fall in hemoglobin due to hemodilution, this will be at the lowest around 30 weeks. If the Hb is below 9.0 mg/dl, investigation done, followed by appropriate treatment. It will be necessary to check the Hb again to ascertain that the treatment is effective. In mild anemia, the common cause is iron deficiency which can be treated effectively with iron supplements while on iron supplements refrain from taking tobacco, tea and coffee around meals, but their diet should be rich in protein and Vitamin -C to help to absorb iron.

### *Estimation of Fundal Height*

Using a tape to measure the distance in cms between the tip of symphysis pubis and fundus is reliable method of estimating fundal height.

### *Supine Hypotension*

Many women during pregnancy faint when they lie flat on their backs. This occurs as a result of pregnant uterus on the main pelvic veins, inferior vena cava and parts of descending aorta causing aorta caval compression and therefore reduced circulating blood flow to the right side of the heart. Hence supine position affects both maternal and fetal physiology. All pregnant women should avoid the supine position, especially in late pregnancy. If supine position is necessary, a small pillow may be placed under the lower back at the level of the pelvis.

### *Routine Bowel Preparation*

Research has indicated not to give enema as routine in labour, to give enema only if needed. Like if mother is constipated and on her personal choice. Because evidence shows that enema does not help to shorten duration of labour or stimulates contractions, there is no increase in the rate of infection to mother or baby when no enema is given and enema has no role in preventing expulsion of bowel contents during labour.

### *Vaginal Examination*

Evidence indicates to follow strict aseptic precautions, only the person trained to do correctly should examine, examination to be done with the consent of the mother after explaining the reason and procedure, keep the number to be minimum and not to repeat within 4 hours. Vaginal examination is

necessary to diagnose, assess and monitor during labour but has the potential risk of infection to mother and baby during and after delivery, women feel vulnerable and do not like to complain but at the same time they do not lose sense of dignity.

### *Presence of Support Person*

Research shows the need to select a person of mother's choice during antenatal period; to include her in all explanation and teaching session along with mother; to allow her to be present with women in labour to help her emotionally and physically to comfort and relax. This support person acts as support for the women in labour, has beneficial effects on actual birth outcomes like reduced morbidity, shorter and less painful labour and reduced operative deliveries.

### *Foods and Drinks*

According to evidence, do not withhold food and drinks for the mother in labour, if she is not a risk of having GA. As women require lots of energy, calories.

### *Position and Movement*

Research directs letting the mother in labour to adopt any position of her choice and comfort as it results in shorter duration of labour, less pain perception, less analgesia and better Apgar score.

### *Position for Delivery*

Evidence emphasizes the need to explain to women in labour that there can be different positions.

Upright position (Squatting /Sitting) with back supported or on all fours) has advantage of less perineal trauma, short duration of labour, etc.

### *Breath Holding to Bear Down*

Encourage her to breathe normally. Do not allow to breath hold and pushing by women during second stage and of labour, encourage to breathe normally and push down as feels the urge to push. Because breath holding decreases blood flow to the uterus and placenta which are receiving the blood supply due to contractions and supine position.

### *Episiotomy*

Evidence indicate not to give it as a routine unless indicated mediolateral episiotomy is the better choice, but has further no benefits.

*Injuries to Perineum*

Research findings indicate to let mother deliver in upright position, donot suture small perineal tears as they heal by auto approximation episiotomy does not ensure to reduce trauma to perineum and deliver in squatting position can reduce the amount of damage to perineum .

*Clamping and Cutting the Cord*

Contrary to the practice, evidence indicates not to be in a hurry to clamp and cut the cord unless there is an indication, to wait till cord pulsations stop, let the baby be at or below the level of vulva before cutting cord. This is necessary to help transfusion of blood from placenta to the baby and prevent neonatal anemia as the baby can get about 80-100ml blood.

*Thermal Regulation*

Evidence based practice points out to dry the head and body of the baby immediate after birth with a clean and warm towel and wrap properly, give baby to mother to hold and wrap properly, give baby to mother to hold and initiate breast feeding. Skin-to-skin contact is an effective method of preventing hypothermia.

*Routine Care of Newborn at Birth*

According to evidence based practice , the routine care of the newborn at birth should include the following clean and warm welcome of the baby into the world, hence through handwashing of the care provider and drying the baby immediately, observing for initiation of breathing, giving the baby to the mother for warmth.

Routine aspiration to clear away at birth is of no benefit; in fact it could be harmful if not done correctly because, pharyngeal suctioning requires direct visualization

*Breast Feeding*

Evidences guides midwives to ensure breast-feeding preferably within one hour at birth , not to restrict the frequency, time etc. advice exclusive breast milk till six months.

*Shaving of Pubic Hair*

Evidence indicates not to shave the pubic hair of the mother in labour as routine , 'mini prep' can be done if episiotomy is indicated. Research shows that

shaving of hair causes skin cuts and abtrations , which then become portal of entry for microorganisms increasing the risk of infection.

*Fundal Pressure*

This is one of the highly dangerous and harmful practices that are frequently observed in most of the labour rooms. Research based evidence recommends:-

Donot apply Fundal pressure either to aid in the delivery of the baby or to expel placenta.

Gently palpate fundus for the following indications:-

- Height of uterus in pregnancy and labour
- Status of contractions
- Condition of uterus after delivery
- Rate of involution

*Future of nursing: leading change advancing health*

- Remove scope of practice barriers
- Expand opputunities for nurses to lead and difficult collaborative improvement efforts
- Implement nurse residency programmes
- Increase the proportion of nurses with baccalaureate degree to80% in 2020.
- Double the number of nurses with a doctorate by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health

*Application of the Best Evidence to Practice*

When you have decided what is the best evidence, review it remembering Sackett etal's (1996) definition of EBP (see 'Origins' section). This means ensuring that the evidence is applicable to the practice context. One way to do this is to reassess your conclusions in relation to:

- The woman (fetus/ neonate/ family)
- Is it an option appropriate for her/ them?
- Is it an option she can select as acceptable, practical, ethical, cultural?
- Are there choices and is she in a position to understand them and make them?
- The midwife (other health professionals):
- Is it within her sphere of practice?

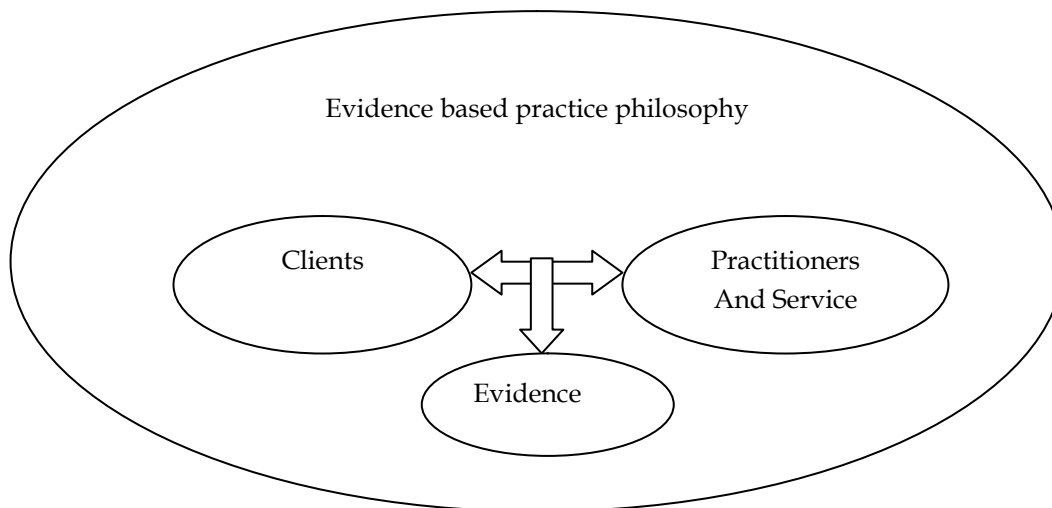
- Has she the education, skills, confidence resources to offer / facilitate this care?
- Is it professionally and personally acceptable to provide such care or refer to someone who can?

*Application to practice may also raise management and service provision issues, including:*

- Resources: staff, equipment, environment, time,

funding

- Health and safety implications
- Guidelines developed/needed
- Compatibility/consistency with the wider service philosophy/provision demands
- Whether or not this form of care has implications for other provision, and needs to be reviewed in light of the EBP processes.



### Philosophy of Evidence based practice

#### *Considerations for the Future*

Hence the care in nursing and midwifery practice today and in the future should be based on evidence. The nurses are reluctant to make practice changes, just like other health care professionals. Nurses will have to be convinced that evidence - based practice is in the best interests of their patients/clients and themselves support from nursing administrators and other health care professionals and colleagues are critical for the implementation of evidence - based nursing practice.

#### Conclusion

EBP is a modern concept, but this could be disputed, as although the phrase is only a decade old, EBP evolved over many years. As research, methods of data collection including audit and communication technologies increased, the volume of information available on some topics made it difficult for practitioners to access and assimilate. One management strategy to deal with this was to bring

the information together by topic and make it readily available. In addition to the sphere of midwifery practice, principles of EBP have been applied to support the commissioning of health-care services, recommendations for pharmacology treatments, surgical interventions, diagnostic tests and medical devices. Of note is that although attention has been paid to the use of measures of 'outcome', limited attention has been paid to the definition or consequences of a 'good' or 'poor' outcome, something we need to be aware of..

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