



**INVOLVEMENT OF NURSES & MIDWIVES IN  
INTERDISCIPLINARY TEAM MEETINGS TO REVIEW CASES  
AND DISCUSS THE APPROPRIATENESS OF C-SECTION  
DELIVERY BASED ON MEDICAL INDICATIONS, MATERNAL  
PREFERENCES AND FETAL WELL-BEING**

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**MOBILE FACILITATION TEAM**



## **GENERAL OVERVIEW OF CS DELIVERIES**

- Cesarean section (CS) delivery is a mode of childbirth by surgical intervention, usually done when a vaginal delivery is unsafe or impractical, or when the safety of the unborn baby is in danger <sup>1</sup>. CS deliveries conducted in the LMICs are either due to doctor's preferences or maternal requests, and mostly without medical indications<sup>2-4</sup>. However, common obstetric or medical indications of CS deliveries are well-documented, and the Robson protocol is more recommended today <sup>5</sup>.



## GENERAL OVERVIEW OF CS DELIVERIES CONT..

- The CSRs are essentially high in the world: for example, 25.9% in China, 32.3% in Australia/New Zealand, and 45.9% in Brazil <sup>6</sup>. In SSCs, the rate differs from country to country, but in Tanzania as a country, CSR data is limited, however, based on institutional data: CSR of 58.7% at Iringa RRH <sup>7</sup> and 26.8% at KCMC <sup>8</sup> is documented. Globally, due to overuse of the procedure, the CS rate is projected to increase to 29% by 2030, which is equal to 38 million CSs of which 33.5 million in LMIC annually <sup>9</sup>. WHO recommends CSRs range of 10% to 15 % <sup>10</sup>.



**COLLABORATIVE  
CLINICAL DECISIONS DURING  
INTERDISCIPLINARY TEAM  
MEETINGS:**

**WHAT IS THE STATUS?**

■ A clinical decision is defined as the process that starts with assessing patients and diagnosis and ends with the decision of what is to be done after the assessment and a diagnosis is made <sup>11</sup>. The involvement of nurses/midwives in clinical decisions is an issue of concern; evidenced by repeated lamenting/complaints among nurses/midwives themselves through social media and nursing forums. One study conducted in Tanzania recently confirmed that being a nurse or midwife, your opinion regarding medical care is more likely to be ignored by medical doctors during formal and informal clinical meetings <sup>11</sup>. Research evidence further supports this concern from countries other than Tanzania <sup>12-14</sup>.



## WHAT IS THE STATUS?

- The need to involve the nurses/midwives in shared clinical decision power for patients' treatments is significant because they spend more time with patients and tend to understand the needs of patients better than others in the team <sup>15</sup>. The involvement of nurses in clinical decisions enables them to effectively advocate for patients, and feel part of the team <sup>11</sup>. Research indicates that medical care based on interdisciplinary cooperation is associated with increased patient safety, lowered patient hospitalization rates, and reduced rates of complications and medical errors <sup>16</sup>.



## WHAT IS THE STATUS?

- It also fosters **job satisfaction** among health professionals <sup>17</sup>. Furthermore, interdisciplinary interactions for clinical decisions enhance the nurse/midwife's commitment to patient care, employ group skills, and utilize creative problem-solving and decision-making skills to achieve desired patient outcomes and goals <sup>18</sup>.



# WHAT IS THE STATUS? CONT...

- ❖ Because nurses/midwives' views regarding patient care (i.e. CS indications) are ignored:
- ✓ They tend to be silent during clinical decision meetings
- ✓ Take no further actions
- ✓ Do not follow medical orders
- ✓ Lose job morale
- ✓ Emotionally stressed
- ✓ Feeling inferior (source of inferiority complexes)
- ✓ Job dissatisfaction
- ✓ Feelings of moving away from the profession
- ✓ Provide services under quality/suboptimal care
- ✓ Increased interdisciplinary conflicts – indirectly affecting patient care

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**AREAS OF  
IMPROVEMENT/FACTOR  
S THAT MAY AFFECT THE  
INVOLVEMENT OF  
NURSES/MIDWIVES IN  
CLINICAL DECISIONS**

- Community definition of who a nurse/midwife is vs. a doctor (nursing image to the community). Nurses/midwives lack confidence when they think they are not trusted as part of the health care system by the community.
- The healthcare system: organizational structure <sup>13</sup>, hospital policy (interprofessional roles, intra-professional roles), etc. (refer to currently approved functions and organization structure of PO-RALG<sup>19</sup> and The Public Health Act 2009 <sup>20</sup>).
- Clinical relationship among healthcare workers/team (nurses vs. obstetricians/physicians, nurses/midwives vs. nurses/midwives, etc.)
- The nurses/midwives' level of updates/competence on the topic under discussion <sup>13</sup>





**AREAS OF  
IMPROVEMENT/FACTOR  
S THAT MAY AFFECT  
THE INVOLVEMENT OF  
NURSES/MIDWIVES IN  
CLINICAL DECISIONS**

**CONT.....**

- Individual nature of the doctor/obstetricians (who is favored mostly by the system regarding clinical decisions)
- The curriculum power (nurse surgeons or Certified Registered Nurse Surgeons, extended midwives' role to include CS interventions, etc.) – this needs political will, professional development will – Professional councils i.e. TNMC, MCT, PC, etc.
- Professional confidence of the nurse/midwife: feeling competent, nursing education (curriculum that aims to provide a full package), and feeling supported by the system/organization.
- Assertive presentation of discontented feelings to the responsible figures.

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# WAYS FORWARD

- ✓ Nursing research should focus on strategies, such as training programs that empower nurses/midwives to take an active role in decision-making.
- ✓ Health system reforms (harmonization of the system)
- ✓ To improve the extended roles of the nurse/midwife. Curriculum review – target to build nurse’s/midwife’s professional confidence.
- ✓ Interprofessional reform/empowerment – valuing one another in the nursing cadre/profession, self-determination, and self-acceptance.

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# **WAYS FORWARD CONT...**

- ✓ Holding professional forums that involve political figures who can be ready to buy our concerns and forward them for urgent health system reforms.
- ✓ Exchange programs (TANNA & TAMA, TNMC) for nurses to learn from their counterparts (fellow nurses, midwives, etc.) from abroad.
- ✓ Avoiding passiveness, submissiveness, and apologetic behaviors; investing more in professional growth (staying up to date), assertiveness, curiosity and inquisitiveness, and critical thinking (factors for confidence building). This promotes how a nurse/midwife participates fully in interdisciplinary clinical meetings.

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