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Nurses' and midwives' roles in providing emotional support to pregnant women who may be facing the prospect of cesarean section

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The need to support the pregnant woman undergoing CS childbirth emotionally is one of the roles of the nurse/midwife during the preoperative phase and throughout hospitalization. This is because even though a CS delivery is planned, women may experience psychological difficulties (Puia, 2018), because any surgical intervention is a stressful event affecting the patient physically, economically, and socially (Gouin & Kiecolt-Glaser, 2011; Johnston, 1980). Adequate and comprehensive information about the procedure preoperatively reduces anxiety and increases emotional well-being during intraoperative and postoperative phases (Gautam, 2019; Maya, 2022).





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The nurse/midwife must understand not only the influences that led the pregnant woman to undergo CS childbirth but also the psychological outcomes since more than half of these women will have to repeat cesarean births with subsequent pregnancies (Guise et al., 2010). Planned CS childbirth is associated with increased negative experiences among pregnant women compared to vaginal births (Bryanton et al., 2008). However, emotional support from the nurse usually is associated with positive birth experiences among pregnant women undergoing CS births (Bryanton et al., 2008; Puia, 2018).



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Nurses/midwives ensure that the patient is fully informed about the procedure and signed the consent form. Friendly support from the nurse, encouragement, positive responses to patients' questions, and assurance of continued support promote emotional and psychological harmony of the patient preoperatively, intraoperatively, and postoperatively (MoHSW, 2008; Walker, 2002). It reduces tachycardia, hypertension, elevated body temperature, and sweating (features of anxiety to surgery) (Hanalis-Miller et al., 2022).



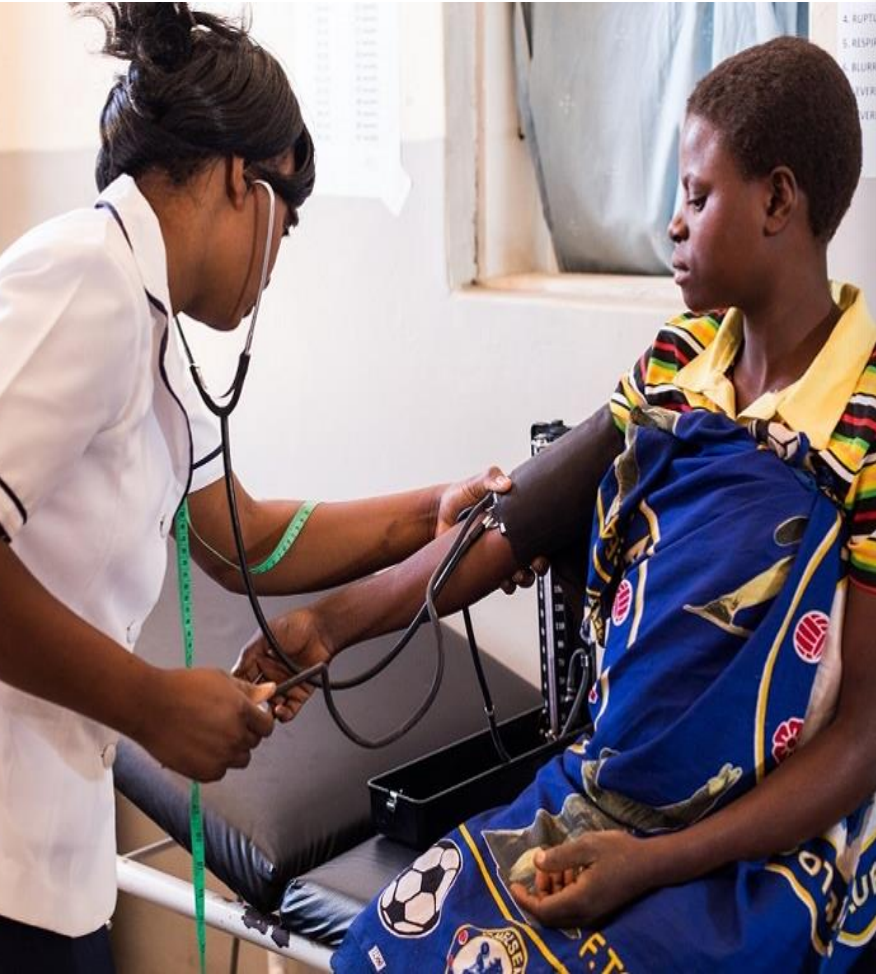
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Nursing care can influence the mode of birth because they are well-equipped to provide emotional, informational, and physical support to patients to ensure pregnant women opt for vaginal births rather than surgical births (Simpson & Lyndon, 2017).





AREAS OF DISCUSSION



- ✓ Elective CS deliveries are discussed at the Obs/Gyne clinics by Obstetricians where midwives are not always available (emotional support is not provided).
- ✓ Community confidence in doctors' advice. These patients are difficult to counsel even if you as a midwife realize the mode of childbirth suggests has little value or no indication at all.
- ✓ Nursing/midwifery power regarding their role in clinical decisions
- ✓ Nurses/midwives' knowledge & skills in providing emotional support to patients planned for CS births.

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WAY FORWARD

- ✓ Improved system to ensure nurses and midwives interact with patients undergoing CS births for emotional support (must be part of the preoperative checklist components).
- ✓ All patients (elective or emergency) candidates for CS births are first seen by doctors, the system must force nurses to review these patients for emotional support needs before the surgical intervention.
- ✓ Patients undergoing CS interventions must receive extensive informed consent before opting for the CS mode of delivery.
- ✓ Private hospitals need to be monitored closely by the MoH; most pregnant women from these hospitals have the potential for CS births; indication evaluation.
- ✓ Empowering nurses and midwives to take their roles competently and confidently.

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Thank
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