Global and Cultural Perinatal Nursing Research

Improving Clinical Practice

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ABSTRACT

High-quality perinatal nursing care should be based on the best evidence including research findings, clinical expertise, and the preferences of women and their families. Principles of perinatal research initiatives are defined, with suggested research priorities designed to close current gaps in the micro and macro environments of perinatal nursing throughout the world. Nearly a decade ago, the following question was asked, “Where is the ‘E’ (evidence) in maternal child health?” Improving the quality and safety of perinatal nursing care for culturally diverse women globally is the primary goal of nurse researchers leading the future of perinatal healthcare.

Key Words: culture, global health, global perinatal research

This article focuses on suggestions for global and cultural perinatal research initiatives. Principles of perinatal research initiatives are defined with suggested research priorities designed to close current gaps in the micro and macro environments of perinatal nursing care throughout the world.

PRINCIPLES OF PERINATAL RESEARCH INITIATIVES

Research should engage clinicians with childbearing women in identifying research priorities to increase the clinical effectiveness of care. The views of childbearing women can be accessed through national surveys such as the landmark studies of women’s perceptions of their childbirth experiences, focus groups, and individual interviews. When clinicians are engaged in identifying research priorities, resulting studies will be clinically important and of high value to women and their families.

Varied research methods should be used and not limited to experimental studies. In addition to quantitative studies, qualitative inquiry provides essential data. Horton speaks of the need for such studies focusing on overcoming the continuing invisibility of women. The use of a communitarian ethical framework in conducting global research is recommended, demonstrating respect for the values and needs of those under study.

Integrating data from multiple studies in meta-analyses, meta-syntheses, and meta-ethnographies makes important contributions to the literature. For example, a recent work by Elmir and associates summarizes data on women’s perceptions and experiences of traumatic birth. These data should be integrated to guide practice and enhance the quality of the birth experience for all women.
SUGGESTED GLOBAL RESEARCH PRIORITIES
IN THE MICRO ENVIRONMENT OF PERINATAL
NURSING CARE

Suggested global research priorities are designed to
close current gaps in the micro environment of nurs-
ing care that includes women and their support sys-
tems and the provision of direct professional care, in-
cluding women’s experiences with their care, especially
culturally diverse and vulnerable women. Examples of
recent work include a longitudinal study of Japanese
women’s experiences across the childbearing year.2
Another study of postpartum depression and help seeking
behaviors in immigrant Hispanic women identified per-
sonal, social, and healthcare delivery barriers to seeking
mental health services. The researchers recommend that
mental health services are embedded in primary care or
obstetric care clinics to facilitate access, with culturally
competent and bilingual healthcare providers.10

A study focusing on adherence to cultural practices
in Chinese childbearing women highlights the conflicts
these women may feel between the highly technolog-
ical birthing environment in the United States, tradi-
tional practices, and societal norms. One study partici-

Table 1. Perinatal research priorities

| Micro environment of perinatal nursing care
| Women’s experiences with healthcare
| Professional communication
| Working with interdiscipliary team members
| Impact of technology
| Managing and learning from errors
| Macro environment of perinatal nursing care
| Comparative effectiveness and outcomes
| Physiology of labor
| Evaluation of effects of healthcare interventions
| Establishment of practice-based research networks

SUGGESTED GLOBAL RESEARCH PRIORITIES
IN THE MACRO ENVIRONMENT OF PERINATAL
NURSING CARE

Global research priorities in the macro environment
of perinatal nursing care have been identified. These in-
clude comparative effectiveness and outcomes research
to refine the evidence base for global perinatal nurs-
ing care. These data inform the development of peri-
natal care guidelines and performance measures such
as development of a protocol related to active versus
expectant management of third stage labor.18 Another
example is the development of standardized criteria for
scheduling elective labor inductions by nurses working
with their multidisciplinary team.19 In a similar work,
in a collaborative project between the March of Dimes
and the California Maternal Quality Care Collaborative
resulted in a toolkit to eliminate nonmedically indi-
cated (elective) births before the gestational age of 39
weeks.20

An example of global research documenting out-
comes from care practices includes outcomes of group
versus individual prenatal care in Iran (similar to the
Centering Pregnancy model used increasingly in the
United States).21 A study of the implementation of ac-
tive management of third stage labor in Zambia by the
Ministry of Health documented infrastructure challenges
and supply shortages.22 An evaluation of the use of a
nonpneumatic antishock garment found this to be a
relevant technology for the management of obstetrical
hemorrhage in rural Mexico.25

Throughout the world traditional birth attendants
provide the majority of perinatal care, including
Bangladesh where 90% of births take place in the home
with traditional birth attendants or a relative provid-
ing care. A quasi-experimental community study placed
skilled midwives in Dhaka to attend births, and difficul-
ties in acceptance were encountered. It was concluded
traditional beliefs and cultural practices are associated
with self-care, home remedies, and use of traditional
caregivers.24

In the study of healer shopping among Ghanaian
childbearing women, it was found that these women
consider pregnancy to be a vulnerable time when the
effects of witchcraft may contribute to negative out-
comes, creating an environment of fear when women
may seek alternative and complementary therapies
rather than biomedical healthcare.15 Many more stud-
ies of culturally diverse women need to be conducted
to contribute to culturally competent nursing care.

Other priorities include professional communication,
working with interdisciplinary team members, the im-
pact of technologies such as electronic patient records,
as well as managing and learning from errors.1,5,16,17
Another example of a global initiative is the integration of traditional midwives as doulas in Mexican public hospitals. The initiative was implemented in 2 poor Mexican states, Morelos and Guerrero, where in poor, rural, or indigenous communities 25% to 50% of births are attended by traditional midwives or parteras tradicionales. The strength of care by traditional midwives is the provision of culturally valued and personalized perinatal care with continuous support that is often lacking in busy public hospitals in Mexico, which many women prefer to avoid. The initiative focuses on incorporating traditional midwives acting as part of the healthcare team as doulas for women giving birth in these hospitals. The goal was to decrease the number of births occurring at home, reducing morbidity and mortality, while providing a quality, culturally appropriate, and safe birth at the hospital. Challenges included developing professional relationships and appreciating the contributions of the traditional midwives, which are being overcome by interactive education.

It is interesting to compare this intervention with the Hispanic Labor Friends Initiative in Utah, in which Hispanic immigrant women are assigned a “wise woman” from the Hispanic community who acts as a “labor friend,” connecting with the woman in the third trimester of pregnancy, attending the woman during labor and birth, and participating in discharge teaching and the postpartum maternal checkup. This is proving successful in providing a quality childbearing experience for disadvantaged women using the same principles of the Mexican initiative. Further comparative research is indicated.

Recent research provided the first data on the organization, distribution, and quality of maternal health service in Lebanon, a country in which the cesarean birthrate is nearly 41%. As a result of these landmark efforts, an accreditation system for private hospitals was recently established to enhance the quality of care for women and their families. Such work emphasizes the importance of perinatal care providers working with health policy makers to ensure that such care is evidence-based, and that work needs to be done to reduce the rate of cesarean births. It also ensures that systematic data are made transparent for the consumers of care.

Other priorities focus on the provision of perinatal healthcare, the reimbursement of perinatal services, and professional and consumer education. Examples include a recent study of Turkish women’s perceptions of antenatal education, the effects of guided imagery on Canadian pregnant women with hypertension in the reduction of blood pressure, and home-based life-saving skills in Liberia. The Liberian study relates to another example of a model community and home-based perinatal outreach program in Tibet. Tibetan women living in isolated areas are at a risk for unattended home births. Outreach includes basic maternal/newborn health education and simple obstetric/neonatal life saving skills. Birth kits, newborn hats, blankets, and provision of micronutrient supplements are also provided to families. This initiative is contributing to the reduction of maternal/newborn morbidity/mortality in this vulnerable population.

The provision of birth kits to traditional midwives is making a difference in Kenya, where the maternal mortality rate is 560 per 100,000. In Kenya, 75% to 90% of women give birth with a traditional midwife as a birth attendant, and the provision of kits that include birthing sheets, soap, scalpels, gloves, swabs, and cord clamps. Such research documenting positive outcomes should be a priority for global nurse researchers relating to the fulfillment of the Millennium Development Goals 4 and 5.

Additional research focusing on the physiology of labor is addressed in James article in this issue. Little is known about perceptions of childbirth pain in culturally diverse women and how to appropriately assess that pain. More work needs to be done focusing on the implementation of the Coping With Labor Algorithm as an effective pain assessment tool for laboring women with differing beliefs and behaviors associated with childbirth pain.

Other research priorities include the evaluation of long-term effects of healthcare interventions including prenatal, intrapartum and postpartum care, nutrition and lifestyle, and environmental exposures during the childbearing year. It is essential that practice-based research networks be established that collect, measure, analyze, and provide feedback data to perinatal care providers. For example, the American College of Nurse-Midwives datasets on prenatal and intrapartum care are being utilized to change clinical practice and document the positive outcomes of midwifery care. Research should focus on perinatal quality measures identified by the National Quality Forum and the Joint Commission, including elective births before 39 completed weeks of gestation, cesarean birth rate for first-time, low-risk (singleton, vertex) women, prophylactic antibiotics prior to cesarean birth, episiotomy rate, appropriate prophylaxis for women having cesarean birth, and birth trauma rate. Nurse-sensitive outcomes such as nursing hours per patient day should also be a focus for perinatal research, particularly in light of the new Association of Women’s Health, Obstetric and Neonatal Nurses staffing recommendations that include classification of patients and clinical situations to determine staffing ratios.
This is an exciting time for nurse clinicians and researchers to conduct research to document that nursing is making an important difference in the health and well-being of childbearing women and their families. Nearly 10 years ago, Miller and associates asked, "Where is the 'E' (evidence) in maternal child health?" A number of exciting initiatives are being addressed in the United States. Global Health Policy needs data documenting that these interventions are not only innovative and cost-effective but also contributes to the reduction of maternal and neonatal morbidity and mortality rates.

Improving the quality and safety of perinatal healthcare globally is the primary goal of nurse researchers leading the future of perinatal healthcare.

References


