

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

April 11, 2022 | Webinar

**Gohary's phenomenon revisited****Amin Gohary***Burjeel hospital, UAE*

Intussusception is a common condition that present with abdominal colic and is usually diagnosed by ultrasonography with appearance of (Target Sign). Over the last 35 years we have noticed a new phenomenon that mimic intussusception both clinically and radio logically but is not cause by bowel intussusception but by impacted stool at the terminal ileum. Whereas intussusceptions an emergency that require urgent attention to reduce either by air, saline or Barium and my need urgent exploration, Gohary's phenomenon if recognized can be treated by simple fleet enema. We have encountered 56 cases between 1983 and 2018, their age varied from 9 months and 7 years. They have the common features of

- Severe abdominal colic that is not responding to analgesic or antispasmodics
- US feature suggestive of ileo-colic intussusception
- No red current jelly stool .intussusception
- Good response to fleet enemas

More recently we have encountered a subgroup pf patients that have genuine intussusception on radiological examination but not causing complete bowel obstruction and still associated with had srool in the large bowel and still needs simple fleet enema to cure. We hope by highlighting this new phenomenon to avoid unnecessary radiological investigation and unnecessary abdominal exploration.

**Biography**

Amin Gohary completed his MBBS Degree at Cairo University, Egypt. He is a working as a Professor at Burjeel Hospital He was once an Ex-President and an Ex-Examiner for UAE Pediatric Surgical Association and Royal College of Surgeons, UK. He also worked as a Professor at Al Noor Hospital and also at Mafraq Hospital. He devoted himself in the field of Clinical Implications and in Pediatric Research. He has attended many National and International Conferences worldwide.

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**Determinants of BCG vaccination coverage in Ethiopia: A cross-sectional survey****Asmamaw Ketemaw Tsehay, Getasew Tadesse Worku, Yihun Mulugeta Alemu***Bahir Dar University, Ethiopia*

**Objective:** The objective of this study is to assess the determinants of BCG vaccination in Ethiopia from 2016 Ethiopia Demographic and Health Survey (EDHS) setting. Since Ethiopia has nine regional states and two administrative cities, sample was taken from all the divisions. The population-based sample was intended to provide estimates of key indicators for the country.

**Participant:** The sampling frame used for the 2016 EDHS is the Ethiopia Population and Housing Census. From 15 683 women recorded in EDHS dataset, women with no child (n=10 379) were excluded from the study. Therefore, the total sample size for this study was 5304 women. The outcome variable was BCG immunisation status of children.

**Result:** Out of the study participants (n=5304), the majority were in between 20 and 34 years of age (73.8%). The median age of the respondents was 28.4 (SD=±6.5) years old. Prevalence of BCG vaccination was 63.6% (n=3373) and BCG vaccination coverage in urban residents was higher (88%) than rural residents (57.3%). Mothers' age between 20 up to 34 (Adjusted odds ratio (AOR)=1.48; 95% CI: 1.13 to 1.93) and between 35 up to 49 (AOR=1.83; 95% CI: 1.35 to 2.46) were more likely to vaccinate their child's than those mothers' age less than Mothers settled in urban areas were two times more likely to vaccinate their child's than those living in rural areas (AOR=1.94; 95% CI: 1.45 to 2.60). Mothers with greater antenatal visits show higher BCG vaccination, Antenatal Care (ANC) 4 and above (AOR=3.48; 95% CI: 2.91 to 4.15). BCG vaccination is higher for mothers delivered at non-governmental organisation health facility than home (AOR=2.9; 95% CI: 1.69 to 4.96). Maternal occupation and wealth index also had a significant association with BCG vaccination.

**Conclusion:** BCG vaccination coverage, in this study, was lower and determinant factors for BCG vaccination were residence, mother's age, place of delivery, mother's antenatal visit, wealth index and mother's occupation.

**Biography**

Asmamaw Ketemaw Tsehay has completed his Master of Public Health in University of Gondar and Higher Diploma in Bahir Dar University in Ethiopia. He is an Assistant Professor of Health Informatics. He has various published articles and awards to her credit during her career in this field. He has an experience in Vice Dean, School of Public Health College of Medicine and Health Science in Bahir Dar University Bahir Dar, Ethiopia.

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**The shadow challenges to improve the state essential newborn care practices in healthcare providers: Evidence from a multicentre cross-sectional study in Ethiopia****Ermias Sisay Chanie***Debre Tabor University, Ethiopia*

**Background:** Many of neonatal mortality can be reduced by providing essential newborn care; however, it is overlooked in most healthcare providers in Ethiopia. Hence, this study aims to examine immediate essential newborn care practices and associated factors among healthcare providers in Ethiopia.

**Methods:** Institution-based cross-sectional study was employed among 214 healthcare providers from November 11 to December 19, 2020, at a selected South Gondar health facility. Data were entered into Epi-data 4.2 and then exported to STATA14.0 for analysis. Both bivariable and multivariable logistic regression with a 95% confidence interval was computed. The variable that had a p-value less than 0.25 in bivariable logistic regression was entered into the multivariable logistic regression. In multivariable logistic regression variable having a p-value < 0.05 were considered a statistically significant association with the poor practice of essential newborn care practice.

**Results:** The overall essential newborn care practice among healthcare providers was found to be 74.8 % (95% CI: 68.4, 80.2). Diploma educational status (AOR=7.8, 95% CI:2.80–21.9), presence of workload (AOR=9.7, 95% CI: 2.76–23.9, unavailability drugs and vaccines (AOR=9.8, 95% CI: 6.95–17.7), and hadn't training (AOR=3.9, 95% CI: 1.73–8.92) were found be a predictor for poor essential newborn care practices.

**Conclusion:** Essential newborn care practice among healthcare providers at south Gondar health institution was low. Being diploma educational status, presence of workload, unavailability of drug and vaccine, and hadn't trained were found to be independent predictors for poor practice. Hence, periodic evaluation and strategies are need for those predictor variables to address the gaps.

**Biography**

Ermias Sisay Chanie has his expertise in evaluation and passion in improving the health and wellbeing. He holds B.S. and M.S. degrees in pediatric and child health nursing in Wollo University and University of Gondar University. Now, he is working in research and education in Debre Tabor University. He has more than 37 publications. Of these, 10 of the were as principal investigators.

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**Midwives role in infertility treatment centers and fertility outcome****Fahimeh Mollaahmadi***Tarbiat Modares University, Turkey*

Infertility, in addition to the physical problem in couples, is a deep and complex mental and emotional crisis among them that will challenge the quality of a life together. Additionally, the process of diagnosis and modern methods of infertility treatment is often a turbulent and long process that requires serious psychological support. Presence of midwives in infertility treatment centres due to the special role of this group in providing general health, especially women's reproductive health and continuous and direct communication with couples in reducing stress due to lack of awareness and readiness to face problems caused by the new treatment process And successive failures and unintended consequences and high-risk pregnancies are very helpful and vital. Due to the special complexities of the field of fertility, respected experts in this field are responsible for heavy tasks from diagnosis to outcome, and the duty of informing and accompanying couples to walk this journey in peace, along with complete and continuous explanations at each stage of treatment is the responsibility of midwifery staff considering specialized knowledge of reproductive health and high skills to communicate properly with patients. Therefore, a friendly and professional relationship in reducing the anxiety of the treatment process to achieve better results and the continuation of a successful pregnancy and follow-up of the mother and baby resulting from treatment requires specialized training of midwifery experts providing such subjects in their main course curriculum. Pregnancy following ART (artificial reproductive treatment) needs more as well as special support to supervise any issues with focus on any problematic symptoms or bad effects. Midwives can be the best option in providing optimal services for infertility treatment, especially pregnancy and following the treatment outcomes, along with gynaecologists, and with an effective and close scientific cooperation and interaction, have a great impact on improving the quality of services and results and patient satisfaction. Midwife should perform special duties patient focused with excellent interpersonal communication skills. Proven track record of working effectively in diverse environments as part of a multi-disciplinary team.

**Biography**

Fahimeh Mollaahmadi has 12 years of work experience, concentrated in Fertility /Scientific / Bio, including a somewhat high-level position. Through my working years, she has mainly performed Midwifery duties, research and clinical responsibilities. She also familiar with appropriate and effective communication skills, with Full knowledge of ART Techniques, familiarity with the equipment and devices of ART, familiarity with computers and common medical software and knowledge of Molecular Genetic laboratory techniques.

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**Mobile based tools for rural women using evidence based digital technologies for increasing uptake of RMNCAH services, experience of Women Health Channel Uganda****Gabala Franco***Women Health Channel, Uganda*

Despite commendable progress made in improving survival and overall quality of life of women, children, and adolescents in Uganda, poor RMNCAH indicators persist. Uganda's 2016 UDHS report estimated maternal mortality at 336/100,000; under five mortalities at 64/1,000; infant mortality at 43/1,000; and neonatal mortality at 27/1,000 live births. Although ensuring that each baby is delivered under skilled supervision is posed as a critical strategy of reducing maternal and infant mortality rates, a significant proportion of pregnant women do not deliver under skilled supervision. Uptake of many life-saving health services such as antenatal care remains low, although 97% of pregnant women attend their first antenatal visit, only 60% complete the 4 WHO recommended minimum with variations in uptake across rural versus urban regions. On the demand side, barriers include poor utilization of services resulting from lack of vigilance attributed to social culture practices and beliefs exacerbated by low education attainment and lack of accurate information about the criticality of seeking help and use of health services. To respond to this challenge, Women Health Channel Uganda piloted "the mobile resources for rural women solution", a mobile-phone based last-mile integrated health system that effectively deliver basic Maternal & Child Health packages and links women to the health system for timely uptake of services. This solution enables clustering of lifesaving-messages across 40 weeks of pregnancy, enables tracking of ANC appointments, scheduling of immunization visits, supported prompt identification and address of pregnancy & new born risk factors. As a result, significant positive healthcare seeking patterns were observed at implementing health facilities, ANC first recipients increased from 107 to 140, fourth ANC visit increased from 25 to 65, facility deliveries increased from 54 to 78 which clearly demonstrates that effective use of appropriate information dissemination tools supports effective seeking and uptake of services.

**Biography**

Gabala Franco Holds a bachelors of Social Work & Social Administration and Masters of Science in Population and Reproductive Health Makerere university Kampala Uganda pending graduation. Prior to forming Women Health Channel Uganda, Franco started his career at Health Child a women and child health focused NGO in Uganda in 2011 first as a district project officer maternal and child health, Program manager maternal and child health and director of programs respectively. Franco has strong passion for women, children and adolescent health as well as women empowerment and has advanced 10 years expertise in design, implementation and management of RMNCAH programs. He is a member of ministry of health Uganda MCH TWG, Uganda RMNCAH Civil Society Coalition, Health Systems Global, Global Digital Health Network, Core Group community, International AIDs society and the Global Maternal Health Task Force.

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**Is Birth Trauma? Is it Post-Traumatic Growth?****Hacer Unver***Inonu University, Turkey*

Although it is thought difficult to associate the act of birth, which is accepted as a miraculous and positive life event, with the word trauma, the fact that birth is completely unpredictable and full of unknowns has led to it being accepted as a traumatic experience (Cigoli, V., Gillis, G., & Saita, E., 2006). ; Soet, JE, Brack, GA, & Dilorio, C., 2003). Studies show that more than half of women consider their birth as a traumatic experience (Garthus et al., 2013; Modarres et al. 2012). Although birth, which is a traumatic experience, turns into a life crisis in women's life and is a process in which many physiological and psychological problems are seen, it has been seen in the literature that many life events with negative effects will also bring positive results (Calhoun & Tedeschi, 1998; Tedeschi, RG, et al. Calhoun, LG, 2004; Armeli, Gunthert, & Cohen, 2001, Nishi, Usuda, 2017, Taku, Calhoun, Tedeschi, 2007). As a matter of fact, it was determined years ago that pain and stress will have positive effects on the person (Tedeschi, Park, & Calhoun, 1998). The concept of "Posttraumatic Growth" used to express these positive effects covers the positive changes in the person caused by life crises that contain high levels of stress and cause traumatic effects (5). It has been determined that individuals can experience the opposite of the expected destructive symptoms after traumatic experiences, and that this experience can be an opportunity for personal development (Tedeschi & Calhoun, 2008; Linley & Joseph, 2004). It has been determined in studies that posttraumatic growth will increase with the increase in the severity of the stress factor (Armeli, Gunthert, & Cohen, 2001, Nishi, Usuda, 2017, Taku, Calhoun, Tedeschi, 2007). Birth trauma is an important issue that should be addressed by health professionals. By identifying birth trauma, health professionals should not forget that negative experiences can bring posttraumatic growth for women. Health professionals should provide supportive care to women and be able to provide appropriate guidance when necessary. The purpose of this review is to draw attention to the fact that traumatic experiences cannot always be a loss for women, but also an opportunity for their psychological development.

**Biography**

Hacer Unver is from faculty of health sciences, faculty member at midwifery department. She wrote her doctoral dissertation titled "The Effect of Yoga on Posttraumatic Growth and Quality of Life in the Postpartum Period". She's just early in her career. Open to all kinds of developments for his profession, ready for interdisciplinary and international team work.

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**Healthy Village Initiative (HVI): The impact of community based healthcare initiative on maternal and child health****Mohammad Haqmal***The former Afghanistan Ministry of Public Health Senior Official, Afghanistan*

**Background and rational:** Utilization and access to healthcare is a huge challenge in Afghanistan. In 2003 Afghanistan had 1237 health facilities, offering only 40% of the population access to healthcare. With support from the international community, this grew to 2692 in 2013, resulting in improved health indicators. Nevertheless, some of the remote districts showed no significant improvements in their health indicators because of low utilization of health facilities. In 2015, 600 of the health facilities with skilled midwives carried out no institutional deliveries. To address these challenges, the Ministry of Public Health undertook with full involvement of the community over 18 months through the Community Based Health Care team, the Healthy Village Initiative (HVI) in two districts with the lowest utilization status. An assessment was carried out at the end of the project.

**Objectives:** This assessment reviewed the effectiveness of the HVI implementation in improving the quality and utilization of health services provided by facilities in the target districts.

**Methodology:** Quantitative data were analysed and qualitative interviews were conducted with implementers, receivers and stakeholders.

**Findings:** Results showed significant improvements:

- Utilization of health facilities doubled
- Infant and children vaccinations increased by 40%
- Institutional deliveries were increased by 35%,
- Screening of malnourished children and patient's satisfaction increased by 50%.

Further success depends on regular monitoring, effective implementation and recommendations of the assessors.

**Conclusion:** This project achieved its objectives. Evidence showed that quality improved and utilization of health services increased through involvement of community health workers under the HVI.

**Biography**

Mohammad Haqmal is an award-winning senior international public health and health system innovation expert. He has 18 years, experience of public health projects in South & Central Asia. He is a research fellow at the University of Cambridge and has led multi-millions dollar projects in primary healthcare, including communicable disease, maternal and child health at regional and national level. He led the Public Health Department of the Afghanistan Ministry of Health from 2013-2017 where he managed the health service delivery projects for over six million populations. He set up the district health system in Afghanistan in 2008-2012. In 2019 he was awarded the Health Hero award for the design and implementation of various innovations with main focus on maternal and child mortality. Dr Haqmal is a medical doctor with msc in Global Health from University College London; MPH from the University of Liverpool; MBA from Preston University in Pakistan.

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**Women's knowledge and attitudes on vaginal examinations during Labourite Tertiary hospital in Zimbabwe****Moreblessing Mapfumo***National University of Science and Technology, Zimbabwe*

**Statement of the problem:** From the researcher point of view, as a midwife with Experience, women at UBH and Zimbabwe as a whole seem to have no adequate Information about the significance of vaginal examination and the actual knowledge on the process itself. This has triggered different attitudes of women toward which need to be exploited. The purpose of the study was to determine women's knowledge and attitudes on vaginal examinations during Labourite tertiary hospital in Zimbabwe.

**Study design:** A quantitative cross-sectional study was done where by interview based question nares having both closed and open ended questions, were used. A total of 226 women were sampled. Data was Analyse during SPSS version21. Chi-squared test was used to access association between variables. The results showed that 73.6% (n=166) of the sampled women had correct understanding on vaginal examination. There was a significant statistical association between parity and knowledge on vaginal examination ( $p < 0.05$ ). Findings: The majority of the respondents 63.7% showed positive attitude towards vaginal examination. 75% (n=170) of the women preferred to be examined by female midwives or female doctors. Some Women preferred to be examined by doctors instead of midwives, 47.3% of the participant's preferred aged midwives. There was no statistically association between attitude and level of knowledge on vaginal examination ( $p = 0.612$ ).

**Conclusion and Significance:** In general women at UBH had knowledge on vaginal examination. The attitude towards vaginal examination was good. The study will help identity teaching gaps, where midwives will need to enforce education for the women and services being given to women on knowledge of vaginal examinations during labour which has an impact on their attitude on the vaginal examinations during labour.

**Recommendations:** There is need for increased education on vaginal examination on pregnant women and on women in labour.

**Biography**

Moreblessing Mapfumoisa is a Nurse from Managerial Hospital in Zimbabwe, She had the passion of being a Midwife when she was pregnant and the experience she went through motivated her to become a midwife. She did her Midwifery Diploma and went on to do a Schooners Degree in Midwifery with the National University of Science and Technology, Zimbabwe and a Post Graduate Diploma in Paediatric Nutrition with Boston University, USA. She is an alert midwife who is keen on Learning and loves keeping a breast with current information. Research is her starting point as she believes in scientific based evidence. She looks forward to being part of a research Centre in the near future, and to be able to identify problems in women of child bearing age and their families. Being a midwife, she uses her work experiences to treat women as individuals who have right to their care.

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**Knowledge, attitudes and barriers to maternal oral health among pregnant women and nurse-midwives at moi teaching and referral hospital, Eldoret, Kenya****Paulina Kaba***Moi University, Kenya*

**Introduction:** Diseases that affect the teeth, lips and tongue are known as oral diseases (Nouaman et al., 2015). The most common global oral health burdens are dental caries and periodontal diseases (Nouaman et al., 2015). Internationally, oral health has been given minimal attention in terms of research. However, poor oral health has a significant impact on the quality of life of affected individuals. It is evident that most people are affected worldwide, but the majority of the people affected are in Low and middle-income countries (LMICs). This high prevalence is because LMICs have limited access to dental services (Iseselo et al., 2017). Pregnant women are more at risk for oral health problems like periodontitis and gum diseases due to hormonal changes, frequent vomiting, changes in diet coupled with lowered immunity (Toker et al., 2020). Progesterone levels rise during conception, and this promotes dilation of gingival capillaries. As a result, gingival capillaries are dilated. The increased hormonal levels put the mother at risk of being affected by an oral condition like bleeding gums. This condition may result in adverse health effects on mother and infant (Africa & Turton, 2019; Govindaraju et al., 2015; McNeil et al., 2016; Vamos et al., 2015). New mothers with dental caries can quickly transfer decay-causing bacteria to the infant through kissing, cleaning toys with saliva and blowing air on food. These practices can lead to early childhood caries (Bahamians et al., 2018; George, Dahlen, Blinkhorn, et al., 2016; Heilbrunn-Lang et al., 2015). Furthermore, periodontitis has also been linked to preterm birth, but this association has not been fully established in some countries (Govindaraju et al., 2015).

**Objectives:** To assess the knowledge, attitude and associated barriers to maternal oral healthcare among pregnant women and nurse-midwives at Moi Teaching and Referral Hospital.

**Methods:** A cross-sectional descriptive study was conducted with 379 participants. A total of 309 pregnant women were selected using a systematic sampling technique. A census approach was used to recruit 70 nurse-midwives working at the maternal and child health units. The functionalist theory and health belief model were used to generate the conceptual framework for this study. Interviewer administered structured questionnaires were employed for pregnant women and self-administered questionnaires were used in the case of nurse-midwives. Data were analysed with the STATA statistical analysis software (version 15). Descriptive results were presented in frequency tables, bar charts and pie charts as appropriate. Ordered logistic regressions were conducted to respectively ascertain the predictors of and differences in pregnant mothers' and nurse-midwives knowledge and perceived barriers to maternal oral health. A p-value <.05 at a 95% confidence level was considered significant.

**Results:** The mean age of participants was 28±5 years. The mean parity was 2±1. Almost half 132 (42.7%) indicated having some form of oral disorder such as bleeding gums, sensitive teeth, toothache or tooth decay. Among them, only 30 (9.7%) had visited the dentist in the last 12 months. The majority 266 (86%) had a low level of oral health knowledge by agreeing to the statement that it is normal to have bleeding gum during pregnancy and that dental extraction is unsafe during pregnancy. Women who had basic or secondary education demonstrated poorer knowledge (Coef. =-0.736, p=0.016) and attitude (Coef. =-0.453, p=0.54). Barriers to oral healthcare included not being informed about the need to visit the dentist 256(83%) and the high cost of dental treatments 232(75%). The nurse-midwives in the antenatal ward were more knowledgeable on maternal oral health than those in the antenatal clinic (Coef. = 3.082, p<0.005). Barriers cited by nurse-midwives were among others, lack of guidelines on oral healthcare during pregnancy 43(61%) and lack of in-service training on maternal oral healthcare 39(56%).

**Conclusion:** A significant number of pregnant women have oral health disorders. The majority of them do not seek the care of a dentist. Pregnant women have low knowledge and attitudes on the importance of oral health care during pregnancy. Nurse-midwives knowledge and attitudes on oral health care during pregnancy is sub-optimal.

**Recommendations:** There is the need for targeted in-service training programmes for nurse-midwives on maternal oral healthcare and the development of customised guidelines for oral health assessment and care during pregnancy. Dental health care should be incorporated into the Kenya free maternity care policy for better pregnancy experiences.

**Biography**

Paulina Kaba is a Ghanaian midwife and a Queen Elizabeth Commonwealth scholar at Moi University Kenya. She obtained her bachelor's degree in midwifery from the University of Health and Allied Sciences in Ghana. She is a final year student at Moi University Kenya where she is undertaking her masters in nursing (maternal and neonatal health). Paulina is a registered midwife in Kenya and in Ghana. At Moi University Paulina works at the department of midwifery and gender as a graduate research assistant.

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**Labor induction with randomized comparison of cervical, oral and intravaginal misoprostol****Somayeh Fallah and Masoumeh Dadashaliha**

Qazvin University of Medical Science, Iran

**Background:** This study attempted to evaluate the safety and effectiveness of 50µgm intracervical misoprostol in comparison with intravaginal and sublingual for the induction of labor at term pregnant women.

**Methods:** This study is designed as a parallel clinical trial study. Three hundred and fifteen term pregnancies requiring induction of labor were treated with the maximum used misoprostol intracervical, sublingual, and vaginal doses. Participants were randomly allocated into three groups of 105. The dose was repeated every 4 hours until adequate uterine contraction and Bishop Score were achieved. The duration of induction to births, time to the active phase, the rate of births, and the need for caesarean section were compared in three groups. Additionally, labor course and side effects were recorded and analyzed. Data were analyzed using SPSS software. A significance level of  $p < 0.05$  was considered for statistical analyses.

**Findings:** Labor was successfully induced in all cases most (63%) of which required a single dose of misoprostol. Ninety-three (93.0%,  $p < 0.05$ ) cervical participants proceeded to vaginal births. This figure was also the same in the vaginal and sublingual group of 83 cases (83.0%). The other 41 cases received caesarean section with more indications of failure to progress and meconium-stained liquor. The results indicated that 278 (92.7%) births were achieved in less than 10 hours. Time from start of medication to the active phase of labor and childbirth was  $3.01 \pm 0.86$  and  $6.1 \pm 1.3$  hours in the Cervical group,  $4.2 \pm 0.66$  and  $8.4 \pm 0.92$  hours in the sublingual group, and  $5.06 \pm 1.1$  and  $9.2 \pm 1.5$  hours in the vaginal group respectively ( $p < 0.001$ ). The Caesarean rate was lower in the cervical group than in the two other groups ( $p = 0.05$ ). No significant differences were observed between the study groups in terms of Apgar score and meconium-stained amniotic fluid. Furthermore, no maternal and neonatal complications were observed.

**Conclusion:** In addition to the sublingual and intravaginal routes of administration, intracervical misoprostol at a single dose of 50µgm appears to be an effective method for induction of labor in women with an unfavorable cervix. Like all medical interventions, a discussion of the risks, benefits, and alternatives to induction of labor with this medication in each woman should be undertaken before treatment.

**Biography**

Somayeh Fallah is a Clinical Midwifery Educator and Registered Midwife, she is working more than 10 years in hospital as a staff, instructor as a Faculty member of nursing and midwifery school of Qazvin university of Medical Science in Iran. Moreover, she is a member of Children Growth Research Center, Research Institute for Prevention of Non-Communicable Diseases affiliated to the same university. She is a good researcher, so that she has published many articles that have been presented in many international congresses as a lecturer or poster presentation.

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**The effect of spiritual self-care training on feeling of comfort in mothers of hospitalized preterm Infants****Zohreh Sekhvatpour***Dezful University of Medical Sciences, Iran*

**Background and Aim:** The stress resulting from premature delivery and the related neonatal care induces psychological and physical pressure on the mothers, and adversely affects their feeling of comfort. It seems that spiritual care as a sort of communication with a higher power (God) can bring peace to the stressed mothers, and prevent anxiety. Therefore, this study was designed to evaluate the effects of spiritual self-care training on feeling of comfort in mothers of preterm infants, hospitalized in the neonatal intensive care unit (NICU).

**Methods:** In this randomized clinical trial, 60 mothers of preterm infants hospitalized in NICU of Omolbanin and Ghaem hospitals, Mashhad, Iran in 2013, were selected, using convenience sampling, and were randomly assigned to intervention and control groups. In order to familiarize the mothers with their infants' condition, the mothers in both intervention and control groups were informed and trained for 15 minutes every day, over a 14-day period. The intervention group, in addition to infant-related information, received spiritual self-care training for 45 minutes in 6 sessions, every other day. Before and after each session of self-care training, the mothers filled a self-structured questionnaire related to feeling of comfort resulting from spiritual care. Data were analysed using SPSS version 16, by repeated measures analysis of variance (ANOVA), t-test, and Chi-square tests.

**Results:** According to the results, the total mean of maternal feeling of comfort was  $50.0 \pm 4.3$  and  $55.6 \pm 3.3$  before and after the intervention, respectively. The results of t-test indicate that comfort significantly increased after the intervention ( $P=0.000$ ).

**Conclusion:** Based on the results of this study, spiritual self-care training increases the feeling of comfort in mothers with premature infants, hospitalized in NICU.

**Biography**

Zohreh Sekhvatpour has been working as nursing faculty member in Dezful University of medical science for 7 years. And also graduated from the Faculty of Nursing and Midwifery of Mashhad University of Medical Sciences with a GPA of 18.01. Top neonatal nursing student in the first national conference of professional nurses, nursing profession in neonatal intensive care units in 2011-12. The approved title of her master's thesis "The effect of spiritual self-care education on psychological stress and quality of life of mothers of premature infants admitted to the neonatal intensive care unit", which has been defended with a high degree.