

Evaluation of Nurse-Midwife's Practices about Immediate Postpartum Care for Mothers

SANAA HUSSEIN ALI¹, HAWRAA HUSSEIN GHAFEL²

¹Academic Maternity Nurse, Karbala Higher Health Institute, Ministry of Health

²Assist.Prof. Doctor at, Maternal and Neonate Nursing Department, College of Nursing, University of Baghdad

Correspondence to: Hawraa Hussein Ghafel, Email: hawraah@conursing.uobaghdad.edu.iq

ABSTRACT

The first two hours following delivery are known as the immediate postpartum phase. Quality nursing care and competent health care workers, particularly experienced birth attendants, are essential requirements for providing care for both mothers and infants during this early or acute phase of the postpartum period. To determine the quality of health care services based on patient health outcomes, the most critical intervention for minimizing maternal and neonatal morbidity and mortality is to provide quality health care directly after the critical period of labor and delivery.

Objective: To evaluation of Nurse-midwives' practices about Immediate Postpartum Care for mothers.

Methodology: descriptive and analytic study conducted to evaluate nurses' and midwives' practices on immediate postpartum care for mothers. The study was started at 1st of September 2021, to 25th of March 2022. A non-probability (purposive sample) included (50) nurse-midwives who work in the Maternity Teaching Hospital's delivery room. A pilot study is done to determine the questionnaire's reliability. SPSS (24) version was used to examine the data.

Results: According to the study findings, (94 %) of nurse-midwives demonstrated a fair level of practice when evaluating nurse-midwives' practices for Immediate Postpartum Care.

Conclusion and Recommendations: The study shows that nurse-midwives they had a fair level of Immediate Postpartum Care for mothers. However, nurse-midwives require further educational programs to improve their practices, experiences, and skills in order to provide high-quality postpartum care to mothers.

Keywords: Nurse and Midwives, practices, Immediate Postpartum Care, Mothers

INTRODUCTION

The immediate postpartum period is an important period because accompany this period, several life threatening complications .¹ The fourth stage of labor is a critical time in the birthing process because it can lead to a variety of life-threatening problems. As a result, it is essential to give nurses with comprehensive information and training in order to manage the fourth stage of labor. ² The health-care team provides the basis for preventing complications by providing physical, emotional, and informational social support, with the latter strengthening guidelines that provide a woman with the conditions required to care for herself and her child. ³ Nurses can give relevant information and professional nursing care throughout the early (immediate) postpartum period. Nurses must be alert and open-minded during this critical moment. This ability necessitates nurses believing that the first two hours following delivery are of great importance. As a result, professional care for postpartum women and their families should be provided, with consideration for their values, backgrounds, and environment, as well as dignity. Because childbirth is one of the most sensitive times in a woman's life, the nurse's role during labor, delivery, and the immediate postpartum period is unique. Nurses should focus on serving, protecting, advocating for, and inspiring women during this time.⁴ Immediate postnatal care should include the mother's and baby's unique needs, including through the prevention, early identification, and treatment of problems and disease, as well as breastfeeding, birth spacing, immunization, and maternal nutrition assistance and encouragement. ⁵ Nurses should deliver competent nursing care during early (immediate) postpartum period. This serious time needs nurses to be open-mindedness and patient. This skill set needs that nurses should recognize that the first 2 hours after labor are of important concern. Thus, they should offer skilled care to postpartum mothers and their relatives taking into attentions their beliefs, experiences and environment and respecting their human rights and dignity .⁶ Nurses play a vital role in observing the mother's status, helping with procedures to control bleeding, instructing the mother about her state and provided that maintenance to the mother and her family .As with any postpartum problems, be sure to be responsible for emotional support for the mother and family, explanation all events and measures to reduce anxiety and fear, protect the family informed of the condition.A maternity nurse is a nurse who takings care of expectant mothers before, during and after their delivery. Most maternity nurses will

focus on assisting mothers during labor – remaining on the side of the patient to provide support for mother and her newborn baby, and encouraging, coaching, education and support. Others may care for women who are suffering problems before birth or provide postpartum care .⁸

METHODOLOGY:

A descriptive and analytic study was conducted to evaluate nurses' and midwives' practices about immediate postpartum care for mothers, the study was started at (1st September 2021 to 25th March 2022). Non-probability (purposive sample). The study was performed in the labor and delivery rooms of Holly Karbala City's Maternity Teaching Hospitals. The study's sample included (50) nurse-midwives, Exclusion Criteria ,Nurses - midwives' who work in Emergency wards and Clinical wards. A pilot-study is conducted to determine the reliability of the questionnaire. The pilot study was performed from the period 1st of August 2021 to 28th of August 2021 in Maternity Teaching Hospital. The sample comprises of (5) Nurse-Midwives. The pilot study of sample was not included in the study's original sample.

The evaluate of the nurses and midwives applied by a checklist that content the standards of nurses and midwives practices to immediate postpartum care for the mothers. The researcher do three observations for each nurse and midwife (the same nurse and midwife for the same condition for the deferent patients).Data were analyzed through the use of SPSS (24).

RESULTS

The descriptive analysis of data shows that nurse-midwives' age is 34±9.935 year in which 40% of them are associated with age group 20-29 years.

Regarding nursing qualification, 68% of nurse-midwives are graduated from midwifery secondary school. The years of service in hospital refers to 8.64±9.156 year, the highest percentage is seen with 6-10 years among 40% of nurse-midwives and 26% seen with 11-15 year.

Regarding years of experience in midwifery, it refers to 7.60±6.922 year and the highest percentage is seen with 6-10 years among 48% of nurse-midwives while 20% have 1-5 years of experience.

Regarding participation in training courses about postpartum care, 86% of nurse-midwives reporting they are participated in

training courses, 40% of them participated in 1-5 courses and 24% among those participated nurse-midwives (86%). participated in 6-10 courses. The participation was inside country

Table 1: Distribution of Nurse-midwives According to their Demographic Characteristics

List	Characteristics	F	%	
1	Age (M±SD=34±9.935)	≤ 19 year	1	2
		20 – 29 year	20	40
		30 – 39 year	14	28
		40 – 49 year	10	20
		50 ≤ year	5	10
		Total	50	100
2	Nursing qualification	Middle school	0	0
		Midwifery secondary school	34	68
		Nursing secondary school	8	16
		Nursing institute	8	16
		College +	0	0
		Total	50	100
3	Years of Service in hospital (M±SD=8.64±9.156)	< 1 year	7	14
		1 – 5 years	8	16
		6 – 10 years	20	40
		11 – 15 year	13	26
		16 – 20 year	1	2
		21 ≤ year	1	2
		Total	50	100
4	Years of experience in midwifery (M±SD=7.60±6.922)	< 1 year	8	16
		1 – 5 years	10	20
		6 – 10 years	24	48
		11 – 15 year	7	14
		16 – 20 year	0	0
		21 ≤ year	1	2
		Total	50	100
5	Participation in training courses	No	7	14
		Yes	43	86
		Total	50	100
6	Number of courses	None	7	14
		1 – 5	20	40
		6 – 10	12	24
		11 – 15	5	10
		16 ≤	6	12
		Total	50	100
7	Place of training courses	None	7	14
		Inside country	43	86
		Outside country	0	0
		Total	50	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

Table 2: Assessment the level of Nurse-Midwives' Practices about immediate Postpartum Care for Mothers (N=50)

List	Practices of Mothers' Care	M.S	R.S	ASS.
1	Wash hands during contact with mother	0.10	2.5	Poor
2	Wearing gloves, cup, and gown.	2.98	0.745	Good
3	Promote respectful and women-centered maternity care where women are treated with kindness, dignity and respect.	2.72	68	Good
4	An immediate assessment at birth; a full clinical examination around 1 hour after birth and again before discharge.	0.22	5.5	Poor
5	Ensure healthy women and their newborns stay at a health facility at least 12 - 24 hours and are not discharged early for control of mother bleeding and reduce signs of infection for newborn	0.32	8	Poor
6	Inspect placental membrane	2.76	69	Good
7	Uterus massage after delivery of placenta.	2.70	67.5	Good
8	Administration of a uterotonic during the third stage of labour	3.00	75	Good
9	Observe vaginal discharge (bleeding)	2.88	72	Good
10	Check perineum for any laceration and tear.	2.74	68.5	Good
11	Use of antibiotics among women with a vaginal delivery and a third or fourth degree perineal tear is recommended for prevention of wound complications.	0.72	18	Poor
12	Use drugs or some nursing practice to reduce the pain for mother	2.98	74.5	Good
13	Monitor and record mother vital signs during first hour after birth	0.10	2.5	Poor
14	Blood pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within 6 hours.	0.50	12.5	Poor
15	Encourage the mother to empty bladder and urinate through 6 hours	2.58	64.5	Good
16	evaluate the mother for distended bladder	2.88	72	Good
17	Did you observe the fundus for deviation from midline?	2.64	66	Good
18	Did you provide sterile perineal pad to the mother?	2.84	71	Good
19	Change woman clothes and care in perineum area	1.20	30	Fair
20	Did you observe the perineal pad for bright red bleeding and blood clots?	2.94	73.5	Good
21	Did you record the number of pads soaked with bleeding	2.88	72	Good
22	Educate the mother about breast feeding?	0.56	14	Poor
23	Encourage the mother to initiate breast feeding within 30 min. after birth	0.68	14	Poor
24	Encourage the mother to initiate exclusively breastfeeding from birth until 6 months of age	0.08	2	Poor
25	Provide for maternal comfort and Psychosocial support	2.28	57	Good
26	Encourage maternal fluid intake and eating a appropriate amount and variety of healthy foods	2.72	68	Good
27	Encouraged women to take gentle exercise and make time to rest immediately after birth .	2.64	66	Good

M.S: Mean of score, R.S: Relative sufficiency, Ass: Assessment

M.S: Poor= 0 – 1, Fair=1.1 – 2, Good=2.1 – 3

This table presents the mean scores for items related to practices of mother's care; the mean score indicates that nurse-midwives showing poor level of practices among items 1, 4, 5, 11, 13, 14, 22, 23, and 24; fair level in item 19; and good level in remaining items.

Table 3: Overall Assessment of Nurse-Midwives' Practices about Immediate Postpartum Care (N=50)

Level of Practices	F	%	M.S	SD
Poor	0	0	95.18	9.286
Fair	47	94		
Good	3	6		
Total	50	100		

f: Frequency, %: Percentage, M: Mean for total score, SD: Standard deviation for total score

Poor= 0 – 54, Fair=55 – 108, Good=109 – 162

This table indicates that 94% of nurse-midwives are showing fair level of practices Immediate Postpartum Care.

DISCUSSION OF THE RESULTS

Distribution of Nurse-midwives According to their Demographic Characteristics: The age of nurse-midwives is ($M \pm SD = 34 \pm 9.935$) years, with 40% of them ranging into the (20-29) year age category, according to the descriptive analysis of data. Nurse-midwives who have completed midwifery secondary school account for 68 % of nurse-midwives.

The finding of the current study is consistent with the research results done by Mohammad, H. N. (2020) specified age distribution of the respondents while revealing that the highest age group is between (20 – 29) years which made up (44.7%) of the study sample.⁹

The findings of this study contrast those with the study of Mustafa D.Y; Al –Mukhtar S. H. (2015), who found that the highest percentage of age groups is between (30 - 39) years old, with constituted (40 %) status. In regarding education, the majority of them (74%) graduated from a secondary nursing school or midwifery school.¹⁰

While the study is in agreement with Muhammed, Z.A, and Khaleel M.A; (2020), their ages range from 26 to 30 years old, and they made up 34.9 % of the study sample. The results show that half of the study participants were graduates of a secondary midwifery school.¹¹

Regarding The years of service in hospital: Refers to the average number years' service in the hospital 8.64 ± 9.156 year, with 40 % of nurse-midwives having 6-10 years of experience and 26% having 11-15 years.

The findings of the study are consistent with those of Hussein W.A. and Abbas I.M. (2021). The average ($\pm SD$) nursing experience of study sample was (9.55 ± 7), the majority (40%) of nurse – midwives ranging between (6-10) years.¹²

While disagree with the study is done by Eman W. I., Ragaa A. A., Amal A.O., Afaf M.E ;(2018). The participant in the study ranging age from (1-5) years of experience. Additionally, less than half of them had a secondary nursing education.¹³

These results is disagree with the study done by Ibrahim H.A., Abdel-Menim S.O.; (2016). who found that most ages of nurses midwives As regards years of experience, 73.4% of nurses had more than 10 years of experience in the maternity ward, with a mean 16.78 ± 5.46 years.¹⁴

Regarding years of experience in midwifery: It refers to 7.60 ± 6.922 year and the highest percentage is seen with 6-10 years among 48% of nurse-midwives while 20% have 1-5 years of experience and participation in training courses about postpartum care, 86% of nurse-midwives reporting they are participated in training courses, 40% of them participated in 1-5 courses and 24% participated in 6-10 courses. The participation was inside country those participated nurse-midwives (86%).

The current study supports by Nuriy L.A. M.'s (2018) findings in Erbil's City Maternity Teaching Hospital. More than half of the

nurse/midwives (53.3 %) had 1–9 years of experience in the labor room, and the majority (73.3 %) had attended training courses in labor and delivery care. 60 percent of them liked working in the delivery room, but only 40 % thought they were accountable for providing complete care at all phases of labor.¹⁵

The current study agree with the study done by Mohammad, H.N, Khaleel M.A. (2019).

73 (48.7%) had a duration of one to ten years had a duration of experience in delivery room.¹⁶

Regarding participation in training courses about immediate postpartum care: 86% of nurse-midwives that they had taken training courses, 40 % was that they had taken 1-5 courses, and 24 % said they had taken 6-10 courses.

The findings of this study are consistent with the results studied of Mohammad, H.N, Khaleel M.A. (2019). Who has assessment Nurse Midwives' Knowledge of Postpartum Hemorrhage Nursing Care at Al-Najaf AL-Ashraf City Hospitals. In regard of postpartum hemorrhage training, 109 nurse-midwives (40%) completed courses, 90 (33.1%) attended workshops, and 73 (26.8%) received various types of training.¹⁶

The current study is contrast with the study is done by El-Khawaga D. S., Ahmed M.H., Elwelely M. Z.; (2019). who had studied Effect of Implementation of a Teaching Program about Immediate Postpartum Care on Nurses' Knowledge and Practice. in term of duration to training courses, it was reported that three quarters (75%) of nurses didn't take any training courses.

Regarding the last training courses time, 20% of the participant studied nurses have taken the last training courses since less than 5 years' duration previous training courses, and 20% of the participants have taken training courses at Ministry of Health⁶

The participation was inside country among those participated nurse-midwives (86%). Nurse-midwives who participated in the study were from all throughout the country (86 %). While agreeing with Khudhair S.H.; (2014) who done studied of Evaluation Nurses' Practices, Neonatal Resuscitation in the Delivery Room, (100%) of the nurses in the study took Neonatal Resuscitation in the Delivery Room training courses in their own country.¹⁷

Assessment the level of Nurse-Midwives' Practices about Postpartum Care for Mothers: The present finding show that the mean scores for items related to practices of mother's care; the mean score indicates that nurse-midwives showing poor level of practices among items 1, 4, 5, 11, 13, 14, 22, 23, and 24; fair level in item 19; and good level in remaining items.

Sikorski et al. (2018), who mentioned that to provide appropriate care for immediate postpartum women, the nurses should understand of the mother's physical changes as well as the psychological and emotional changes in the family. According to the study, nurses who have a strong knowledge of postpartum women's physical, psychological, and emotional changes are better ready to face any reactions from women and respond to their requirements effectively and efficiently.¹⁸

The current findings are consistent with those of Buxton H, et al; (2019). During labor and delivery, the prevalence of adequate hand hygiene by Health care workers has been reported to be low. Health care workers continue poor hand hygiene habits into the post-natal care period, according to this study. In post-natal care, more focus on Health - care workers handwashing with soap and adequate glove use is needed, and this should be implemented into standard quality of care.¹⁹ The study result was consistent with Berhe et al. (2017), who found that 76% of healthcare providers perform it on a regular basis. Meanwhile, this could be due to a lack of information, a nursing shortage, a lack of appropriate equipment and supplies, or a poor documentation system.²⁰

In contrast to Chaudhary et al. (2018), who indicated that the majority of staff nurses had excellent overall immediate care skills.²¹

The recent findings contradict those of a study conducted by NIPOORT, ACPDR, and ICF International (2016). Breastfeeding and handwashing were two other birthing procedures that were already established at the start of the study. According to a 2014 health facility survey in Bangladesh, 79 % of district hospitals possessed the necessary materials for hand hygiene (i.e. soap and running water), indicating that facilities and supplies were being used for safe birthing care when they were accessible.²²

The current finding is consistent from Simbar et al. (2017), who found that the standard of care in many areas of postpartum care was poor in 12.95% of nurses.²³

The current finding was similar to that of Ibrahim H.A. and Abdel-Menim S.O. (2016) The study found highly statistically significant differences (P.001) in nurses' practices regarding peripheral pulse measurement, blood pressure measurement, fundus; lochia and perineal assessment, urinary catheterization, administration of ecobolic drugs and IV fluid, uterine massage, perineal care, and total practices scores.¹⁴

The current study found that all nurses/midwives working in the delivery room performed the labor alone but called for assistance when an emergency occurred.

This is in agreement with a study by Jamsheer K.M. and Shaker N.Z. (2018). The majority of the nurses/midwives delivered the baby without the assistance of another nurse.²⁴

The findings of this study are consistent with those of Khdir R. M. and Abdul-sahib S.H. (2018). According to the findings of this study, nurses and midwives did not check vital signs, but in contrast to the findings of this study, nurse midwives checked the mother's perineal area and provided comfort. Check for bleeding and uterine contractions. The policies in the Maternity Teaching Hospital in Karbala City, recognize that checking vital signs and monitoring the FHR is done by physician, for that reason the nurse/midwives did not check vital signs for mother in delivery room.¹⁷

The current findings contradict those of Nuriy and Ahmed (2019), who reported that not all nurses/midwives performed recommended procedures and interventions for postpartum mothers. midwives did not provide the mother guidance about pain management, hygiene, or food intake, and they did not observe for complications after episiotomies, and nurse/midwives did not give the mother instruction about perineal care and breastfeeding, according to the study. This could be due to a lack of information about how to provide care. With a shortage of professionals, who are speeding through their work, possibly due to overcrowding in the delivery room in the first two hours.¹⁵

These items relate to nursing care after the first half hour following delivery, including hourly vital signs, observing blood clots, assessing pain, checking tears, observing the perineal area for discoloration and swelling, observing the fundus, checking input/output, and initiating breastfeeding. In contrast, a study was done by Kaur et al. in 2014 to improve the skills of nurse midwives in the care of women in the fourth stage of labor found that none of the participants had observed the perineal area for discoloration and swelling, nor had they checked the perineal area for injuries and tears. Only a few nurse midwives had achieved other steps. The percentage of participants who checked the patient for perineal pain increased significantly.¹

The present study disagrees with Elkholy G. A., et al.; (2017). In terms of nursing practices to reduce postpartum hemorrhage, the study found that the majority of nurses don't do various procedures, such as urinary catheterization and wound care, and that less than three-quarters of nurses perform improper practices, such as resuscitation (fundus assessment, lochia assessment, episiotomy care, pulse, blood pressure, CBC and IV fluid).²⁵

The findings of this study support those of Nuriy L.A.M. and Ahmed H.M. (2018). The majority of nurse/midwives (93.3 percent) did not check the mother's vital signs. Using sterile method during catheterization, establishing a favorable delivery position, and conducting episiotomy under sterile techniques were also high performers.¹⁵

The current study results agree with the findings of Essa R.M. and Ismail N.I.A. (2015), SSC has a statistically positive effect on many factors during the third stage of labor, including complete placental separation, immediate uterine contraction after birth, uterus position between umbilicus and pubic bone, absence of any abnormal signs of uterine atony or postpartum hemorrhage, and the need for methergene to cause uterine contraction.²⁶

The Ministry of Health of the Republic of Uganda (2016). When the timing of the first immediate postnatal check was evaluated across all datasets, it was concluded that the majority of first checks took place between 1 and 4 hours on average. This is in agreement with Ugandan rules, and a number of variables support an early postnatal examination.²⁷

This study agrees with the current study because more mother try to discharge early after birth from the hospital. Ensure healthy women and their newborns stay at a health facility at least 12 - 24 hours and are not discharged early for control of mother bleeding and reduce signs of infection for newborn

WHO.; (2019). The World Health Organization (WHO) recommends that all new mothers stay in the facility for 24 hours after giving birth because this is when the most of maternal and newborn mortality occur. As a result, mothers who receive only one check in the first hour after delivery, without any additional checks, may not be adequately monitored to discover birth problems.²⁸

Campbell OMR, Cegolon L, Macleod D, et al.:(2016). A common cause given for poor attention of care is that mothers do not stay in facilities long adequate (for 24 hours) to obtain postnatal care.²⁹

The findings of this study agree with those of Peleckis MV, Francisco AA, and Oliveira SMJV (2018). Pharmacological and non-pharmacological therapies can be utilized to decrease the discomforts produced by perineal trauma after childbirth. For pain treatment, health professionals prescribe pharmacological approaches such as anti-inflammatory medicines and painkillers, however these medications have side effects such as gastrointestinal, bleeding, and allergic reactions. Despite the possibility of severe negative effects, drugs are the most common method of pain management.³⁰

Overall Assessment of Nurse-Midwives' Practices about Immediate Postpartum Care: The study results indicate that 94% of nurse-midwives are presenting fair level of practices Immediate Postpartum Care.

The current finding supports the findings study of El-Khawaga D. S., Ahmed M.H., and Elwelely M. Z. (2019)., 37.5 % of the nursing midwives had satisfactory practice with immediate postpartum care of the mother.⁶

The findings of this study are consistent with those of Kadhim, A. K., and Ali, R., M. (2021). refers to a study of nurse-midwives' self-care practices for primipara women who have had a cesarean section; the findings indication that all nurse-midwives have poor practices.³¹

CONCLUSION AND RECOMMENDATIONS

The study shows that nurse-midwives they had a fair level of Immediate Postpartum Care for mothers. However, nurse-midwives require further educational programs to improve their practices, experiences, and skills in order to provide high-quality postpartum care to mothers.

REFERENCES

1. Kaur N., Kaur S., Saha PK., (2014): Nursing & Midwifery Research Journal. Vol-10, No.1, Jan.
2. Datta P. ; (2018). Pediatric nursing. 4th ed., London, Jaypee Com., 2018; 225.
3. Rodrigues, D. P., Dodou, H. D., do Lago, P. N., Mesquita, N. S., de Melo, L. P. T., & de Souza, A. A. S. (2014). Care for both mother and child immediately after childbirth: a descriptive study. *Online Brazilian Journal of Nursing*, 13(2), 227-238
4. Ricci, S., Kyle, T., & Carman, S. (2017). *Maternity and pediatric nursing* (3rd ed). Wolters and Kluwer Com. 524–557

5. World Health Organization (2020). Safe motherhood: A practical guide postpartum care of the mother and newborn. WHO/ RHT/MSM. 1–58
6. El-Khawaga D. S., Ahmed M.H., Elwelely M. Z.; (2019) Effect of Implementation of a Teaching Program about Immediate Postpartum Care on Nurses' Knowledge and Practice Demonstrator of Maternity and Gynecological Nursing, Faculty of Nursing, Tanta University, Tanta, Egypt. *Tanta Scientific Nursing Journal*. Vol. 16 No. 1 May, 2019.
7. Hatfield, N.T.; (2014). *Introductory maternity and pediatric nursing*, (3rd ed.) Philadelphia. Lippincott William and Wilkins, 2014; 435.
8. Stephenson, E, Salih, Z., and Cullen, D. L. (2015). Advanced practice nursing simulation for neonatal skill competency: A pilot study for successful continuing education. *Journal of Continuing Education in Nursing*, 46(7), 322-325. <https://doi.org/10.3928/00220124-20150701>
9. Mohammad, H. N. (2020). Nurse Midwives Knowledge Regarding Nursing Management of Post-Partum Hemorrhage at in Iraq. *Medico Legal Update*, 20(4), 1706-1712.
10. Mustafa, D., Y & Al-Mukhtar, S. H. (2015). Evaluation of Knowledge and Practice of Nursing Staff Regarding Immediate Care after Birth in Kirkuk City Hospitals. *Mosul Journal of Nursing*, 3(2), 81-86.
11. Muhammed1 .Z.A., Khaleel. M.A ; (2020). Assessment of Knowledge And Practices Regarding Management of Fourth Stage of Labor Among Nurse Midwives In Hilla City Hospitals .Community Health Nursing, Faculty of Nursing, University of Babylon Received: 14 March 2020 Revised and Accepted: 8 July 2020 SSN- 2394-5125 VOL 7, ISSUE 13, 2020.
12. Hussein.W.A. , Abbas I.M. ; (2021) .Effectiveness of Education Program on Nurse-Midwife's Performance Regarding Immediate Newborn Care in Delivery Rooms at Maternity Hospitals in Baghdad City/Iraq1 Specialist Academic Nurse, Ministry of Health, Iraq, Ph.D. student 2 Ph.D. Emeritus Professor and Academic Supervisor, Baghdad college of Medical Sciences/ Nursing Department. *Annals of R.S.C.B.*, ISSN:1583-6258, Vol. 25, Issue 4, 2021, Pages. 8013 - 8024 Received 05 March 2021; Accepted 01 April 2021.
13. Eman W. I., Ragaa A. A., Amal A.O., Afaf M.E ;(2018).. Nursing Care of The Third and Fourth Stages of Labor: Protocol Of Care. *Egyptian Journal of Health Care*, 9(1), 16-24.
14. Ibrahim H.A., Abdel-Menim S.O.; (2016). Improving Maternity Nurses' Performance Regarding Prevention and Control of Postpartum Hemorrhage. *Obstetric and Woman Health Nursing*, Faculty of Nursing, Benha University, Egypt. *International Journal of Novel Research in Healthcare and Nursing* Vol. 3, Issue 3, pp: (101-115), Month: September - December 2016, Available at: www.noveltyjournals.com. SSN 2394-7330.
15. Nuriy L.A.M. & Ahmed; H.M.; (2018). College of Nursing, Sulaimaniya University, Sulaimaniya, Iraq. Department of Midwifery, College of Nursing, Hawler Medical University, Erbil, Iraq Nurse/Midwives' practices during labor and delivery in Maternity Teaching Hospital in Erbil City <https://doi.org/10.15218/ejnm.2018.04> *EJNM*, Vol. 1, No. (1), May, 2018 Original Article
16. Mohammad, H.N, Khaleel M.A. (2019). Assessment of Nurse Midwives Knowledge Regarding Nursing Care of Post- Partum Hemorrhage at Al-Najaf AL-Ashraf City Hospitals. MSc. Student, Maternity Department, 2 Professor, Community Health Nursing Department, College of Nursing, University of Babylon, Hilla City, Iraq. DOI Number: 10.5958/0976-5506.2019.03324.2 *Indian Journal of Public Health Research & Development*, October 2019, Vol.10, No. 10 2953.
17. Khudhair S.H.;(2014). Evaluation Nurses' Practices Toward Neonatal Resuscitation in the Delivery Room. Assistant Instructor, Pediatric Nursing Department, College of Nursing, University of Baghdad.
18. Sikorski, C., Van Hees, S., Lakanpaul, M., Benton, L., Martin, J., Costello, A., & Heys, M. (2018). Could postnatal women's groups be used to improve outcomes for mothers and children in high-income countries? A systematic review. *Maternal and Child Health Journal*, 22(12), 1698–1712. <https://doi.org/10.1007/s10995-018-2606-y>
19. Buxton H, Flynn E, Oluoyinka O, Cumming O, Esteves Mills J, Shiras T, et al. Hygiene during childbirth: an observational study to understand infection risk in healthcare facilities in Kogi and Ebonyi States, Nigeria. *Int J Environ Res Public Health*. 2019;16(7)
20. Berhe, A. K., Tinsae, F., & Gebreegziabher, G. (2017). Knowledge and practice of immediate newborn care among health care providers in eastern zone public health facilities. *Tigray, Ethiopia, Biomed central pediatrics journal*, 17(157), 4–8. <https://doi.org/10.1186/s12887-017-0915-5>
21. Chaudhary, G., Singh, V., & Kumar, D. A. (2018). Study to evaluate the efficacy of self- instructional module (SIM) on knowledge and practice regarding newborn care among staff nurses working in selected hospitals of Delhi NCR. *Journal of Nursing and health Science*, 4(2), 68–69. <https://doi.org/10.9790/1959-04216570>
22. NIPORT, ACPR, ICF International ; (2016). Bangladesh Health Facility Survey 2014. Dhaka: National Institute of Population Research and Training (NIPORT), Associates for Community and Population Research (ACPR), and ICF International; 2016
23. Simbar, M., Dibazari, A., Saeidi, J. A., & Majd, H. A. (2017). Assessment of quality of care in postpartum wards of Shaheed Beheshti medical science university hospitals. *International Journal of Health Care*, 18(5), 336–339. <https://doi.org/10.1108/09526860510612180>
24. Jamsheer K.M.; & Shaker N.Z.;(2018). Quality of Immediate Nursing Care Provided to Newborn at Maternity Teaching Hospital in Erbil City. <https://doi.org/10.15218/ejnm.2018.05> *EJNM*, Vol. 1, No. (1), May, 2018 Raparein pediatric Teaching Hospital , Erbil, Iraq; Department of Nursing, College of Nursing, Hawler Medical University, Erbil, Iraq.
25. Elkholy G. A.; Ramadan S.A. ; Ouda S., Ahmed A.A.A. ; (2017). Assessment of Nurse's Practical Skills Regarding avoidance of Postpartum Hemorrhage Obstetrics and Gynecology Faculty of Medicine – Benha University of Obstetrics & Gynecological nursing Faculty of nursing – Benha university, Technical institute of Nursing, Benha university .Original Article *Egyptian Journal of Health Care*, 2017 *EJHC* Vol.8 No.3
26. Essa R., & Ismail N.; (2015) .Effect of Early Maternal/Newborn Skin-to-Skin Contact after Birth on the Duration of Third Stage of Labor and Initiation of Breastfeeding. *Journal of Nursing Education and Practice*, 2015; 5(4):98-105.
27. The Republic of Ugandan Ministry of Health.; (2016). National guidelines for management of common conditions Uganda clinical guidelines, 2016. 23 de Graf
28. WHO.; (2019). Who recommendations on postnatal care of the mother and newborn. Geneva: WHO, 2019. https://apps.who.int/iris/bitstream/handle/10665/97603/9789241506649_eng.pdf?sequence=1
29. Campbell OMR, Cegolon L, Macleod D, et al. Length of stay after childbirth in 92 countries and associated factors in 30 low- and middle-income countries: compilation of reported data and a cross-sectional analysis from nationally representative surveys. *PLoS Med* 2016;13:e1001972
30. Peleckis MV, Francisco AA, Oliveira SMJV. ;(2018). Perineal pain relief after postpartum. *Texto Contexto Enferm* [Internet]. 2017 [cited 2018 Apr 25]; 26(2):e05880015. Available from: <https://dx.doi.org/10.1590/0104-07072017005880015>.
31. Kadhim A. K. , Ali .R. .M. ; (2021). Effectiveness of Education Program In Knowledge For Nurse-Midwife Regarding Sexual Intercourse And Contraception, Danger Signs, And Complications Self-Care For Primipara Women With Cesarean Section At Maternity Hospital In Holy Karbala, Maternal and Neonate Nursing Department, College of Nursing, University of Baghdad. *Turkish Journal of Physiotherapy and Rehabilitation*; 32(2) ISSN 2651-4451 | e-ISSN 2651-446X.