

International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Midwifery Curricula Inclusion of Sexual and Reproductive Health in Crisis Settings in the Democratic Republic of Congo**Achu Lordfred**

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Aim – This discussion paper aims to argue for the inclusion of the Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis settings in all midwifery curricula.

Background – The Democratic Republic of Congo continues to experience longstanding humanitarian crises that have affected the population's health, especially in relation to sexual violence and other sexual and reproductive health issues. The MISP was established in 1996 to meet the most vital sexual and reproductive health needs of crisis-affected populations and has become an international minimum standard in humanitarian response.

Methods – This paper is a case presentation describing the process and lessons learned related to the introduction of the MISP into the first- and third-year pre-service midwifery curricula at multiple midwifery education facilities in the Democratic Republic of Congo.

Results – Six main lessons were identified during the initial implementation phases of the revised midwifery curricula: seizing the opportunity to influence long-term change, engaging teamwork, and addressing instructors' concerns, mobilizing resources for curriculum implementation, assessing school infrastructure readiness during field visits, and meeting immediate humanitarian needs with in-service training. The lessons learned may assist other nations experiencing humanitarian crises with the implementation of the MISP.

Conclusions – This pre-service training strategy holds promise for both a sustainable and prompt solution to bridge the gap in competent human resources to deliver quality sexual and reproductive health services in humanitarian settings.

Biography

Achu Lordfred is Chief Technical Adviser for Reproductive, Maternal, Newborn and Adolescent health in UNFPA in DRC. More than 30 years of professional work experience with close to twenty of them working for UN agencies and International NGOs in complex emergencies and in post conflict/recovery and development situations. A seasoned diplomat, Achu has always won recognition within the Organizations for which he has worked. He is widely acclaimed for the great achievements that have been registered since 2017 in the area of reproductive, maternal and neonatal health in DRC with UNFPA support. Achu strives to impact knowledge hence teaching and training others to embrace and work towards the noble goal of "no woman should die while giving life". He loves reading, writing and speaking on a variety of issues: reproductive health, management, leadership, gender, humanitarian, population and development. He loves sports, walking, and playing table tennis.

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Feticide: A silenced issue**Iris Ohel-Shani¹ and Dalit Yassour-Borochowitz²**¹ Women's Health Center, Clalit Health Services, Israel² Emek Yezreel College, Israel

Statement of the Problem: "Feticide" involves an invasive action, a procedure that is usually performed by an obstetrician specializing in maternal-fetal medicine (MFM). By virtue of its technical and psychological complexity, it may create psychological pressure and moral distress among physicians who provide this service. Most studies in this field have been conducted from the point of view of the woman who is undergoing the process. Less attention has been given to the impact of feticide on the physician. The main objective of this study was to examine the experiences of MFM physicians who perform feticide, to better understand how to support them in performing an action that is highly emotional and often controversial while also necessary and recurring.

Methodology: We interviewed 14 MFM physicians in Israel. They were recruited via personal acquaintance and snowball sampling. This is a qualitative research method study, widely used to explore health professionals' experiences and moral dilemmas regarding their work. We developed an in-depth, semi structured interview guide that consisted of open-ended questions to gather personal and professional experiences in performing feticide.

Findings: All of the physicians who participated in the study (14) experienced symptoms of moral distress to some degree, although they did not necessarily define their experiences in that way. Despite their clear recognition that feticide is a necessary procedure, all describe themselves as suffering from some features of moral distress related to the process. The reasons for these difficulties are rooted in professional and emotional dilemmas that the physicians encounter.

Conclusion & Significance: These findings reveal a strong need for more open discussions and sharing of doubts with colleagues regarding each case of feticide as well as a need for strategies to support clinicians who provide these essential but sometimes difficult services.

Biography

Iris Ohel-shani is a gynecologist and the Head of the Women's Health Center, Clalit Health Services, in Rakati, Tiberias, Israel, as well as a member of Azrieli Faculty of Medicine, Bar-Ilan University, Safed, Israel.

Dalit Yassour-Borochowitz is a professor of social work in Emek Yezreel College, Israel. I am a feminist and a researcher of issues regarding violence against women, and professional ethics. Currently I am involved in studies about economic abuse, and in studies that look into space and gender. I published several articles on these topics, and a book – "Intimate violence" (in Hebrew).

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International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Coronavirus Disease 2019 (COVID-19): A Systematic Review of Pregnancy and the Possibility of Vertical Transmission**Pedram Keshavarz***The University of Georgia, Georgia*

Background: There is a growing need for information regarding maternal and neo-natal outcomes during coronavirus pandemic. In this study, a comprehensive investigation was done regarding the possibility of vertical transmission using the available data in the literature.

Methods: A systematic search was conducted using electronic databases, including PubMed, Scopus, Web of Science, Embase, and Scholar. All studies containing infected COVID-19 pregnant women who had given birth were included, and the search was done up to April 14, 2020.

Results: Overall, 21 articles were reviewed, and clinical characteristics of 90 pregnant patients and 92 neonates born to mothers infected with COVID-19 were reviewed. The most common symptoms included fever, cough, and dyspnea. The main laboratory findings included leukocytosis, lymphopenia, thrombocytopenia, and elevated C-reactive protein. The most commonly reported complications were preterm labor and fetal distress. Three mothers were admitted to ICU and required mechanical ventilation; among them, one died, and one was on extracorporeal membrane oxygenation. Overall, 86 neonates were tested for the possibility of vertical transmission and 82 cases were negative in RT-PCR, while 4 were positive. Out of 92 neonates, one died, and one was born dead. Nineteen patients reported having no symptoms, while breathing problems and pneumonia were reported as the most common neonatal complications.

Conclusion: There were no differences in the clinical characteristics of pregnant women and non-pregnant COVID-19 patients. COVID-19 infection has caused higher incidence of fetal distress and premature labor in pregnant women. Although the possibility of vertical transmission in infected pregnant women is rare, four neonates' test results for COVID-19 infection were positive in this review.

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International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Diode laser hysteroscopic metroplasty for dysmorphic uterus: a pilot study

Asaf Bilgory

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Study Objective: To study the efficacy and safety of diode laser hysteroscopic metroplasty for dysmorphic uterus and the impact on reproductive outcomes.

Design: A retrospective, single center pilot study with prospective follow-up.

Setting: A university-affiliated, tertiary hospital.

Patients: From February 2018 to February 2020 all nulliparous women with a three-dimensional ultrasound diagnosis of T- or Y-shaped dysmorphic uterus and diagnosis of infertility, recurrent implantation failure, or recurrent pregnancy losses were referred for hysteroscopic metroplasty.

Intervention: Diode laser hysteroscopic metroplasty performed under general anesthesia in an ambulatory setting.

Main outcome measures: Operative time, complications, hysteroscopic appearance of the cavity in a follow-up hysteroscopy, and reproductive outcomes in terms of pregnancy and live birth.

Results: A total of 25 infertile women with mean duration of infertility of 56.6 ± 36.1 months underwent hysteroscopic metroplasty. No complications were reported, and subsequent 3-dimensional ultrasound and follow-up hysteroscopic appearance were satisfactory in all cases. Maximum follow-up was 32 months (mean \pm standard deviation 11.5 ± 9.2 months). Fifteen nulliparous women returned for fertility treatments in our institute, among whom nine conceived (60% pregnancy rate). The rate of deliveries and ongoing pregnancies (pregnancies beyond 24 weeks of gestation) was 78% (7/9), with six successful liveborn deliveries at 36-38 weeks and one ongoing pregnancy. One had spontaneous abortion at week 19 and one had a spontaneous abortion at week 7.

Conclusion: Hysteroscopic metroplasty in an ambulatory setting, using diode laser is a safe, effective procedure, improving reproductive outcomes in cases of T- or Y-shaped uterus.

Biography

Asaf Bilgory obtained his medical degree from Semmelweis University, Hungary in 2011. He completed residency training in Obstetrics and Gynecology in 2019 and is currently a fellow in Reproductive Endocrinology and Infertility at the IVF unit of Hillel Yaffe Medical Center which is affiliated with the Ruth and Bruce Rappaport School of Medicine, Technion, Haifa, Israel. Interests include implantation, optimization of luteal support and reproductive surgery. In our institute we evaluate the uterus very carefully at the time of administration to the IVF unit and later in cases of repeated implantation failure. A tight cooperation between the fertility unit and the gynecology ambulatory surgery unit led to a unique collaboration which will be presented in the congress.

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International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Why women in Ethiopia give birth at home? A systematic Review of Literature

Seifu Kebede

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Objective: This study aimed at reviewing identifying reasons for home delivery preference, determining the status of homebirth in Ethiopia, and identifying socio-demographic factors predicting home delivery in Ethiopia.

Method: a systematic literature review regarding the status of homebirth, reasons why women preferred homebirth and socio-demographic determinants of home deliveries were performed using CINAHL, MEDLINE, Google Scholar and Maternity and Infant Care. Key words and phrases such as home birth, home delivery, childbirth, prevalence, determinants, predictors, women and Ethiopia were included in the search.

Results: a total of 10 studies were included in this review. The mean proportion of homebirth was 73.5%. Maternal age, ANC visits, maternal level of education, distance to facilities, previous facility births were significantly associated with homebirth. Perceived poor quality of service, distant location of facilities, homebirth as customary in the society and perceived normalness of labour were identified as reasons for choosing homebirth.

Conclusion: Despite the significance of skilled birth attendants in reducing maternal and newborn morbidity and mortality, unattended homebirth remains high. By identifying and addressing socio-demographic enablers of home deliveries, maternal health service uptake can be improved.

Biography

Seifu Kebede Weldegiorgis has completed his BSc Midwifery and MSc Midwifery Education at Mekelle University, Ethiopia. Then after winning a very competitive scholarship, Chevening Scholarship, he travelled to the United Kingdom and studied MSc Advanced Midwifery Practice at Anglia Ruskin University in Chelmsford city. He has published several maternal health related papers on reputable and peer-reviewed journals. He is also working as a peer reviewer at PLOS One journal. Currently, he is working as an Assistant Professor of Midwifery at Salale University School of Midwifery in Ethiopia.

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October 11, 2021 | Webinar

Human Milk Oligosaccharide Profiles and Associations with Maternal Nutritional Factors: Results from a Scoping Review**Caren Biddulph***Milk Banc research group, University of the Sunshine Coast (USC), Australia*

Background: Human milk oligosaccharides (HMOs) are complex unconjugated glycans associated with positive infant health outcomes. This study has examined current knowledge of the effect of maternal diet and nutritional status on the composition of HMOs in breast milk.

Methods: Using the PRISMA-ScR guidelines, a comprehensive, systematic literature search was conducted using Scopus, Web of Science, Global Health (CABI), and MEDLINE. Titles and abstracts were screened independently by two reviewers against predefined inclusion and exclusion criteria.

Results: Fourteen studies met the inclusion criteria and reported on maternal dietary intake ($n = 3$), maternal body composition indices ($n = 9$), and dietary supplementation interventions ($n = 2$). In total, data from 1388 lactating mothers (4011 milk samples) were included. Design methodologies varied substantially across studies, particularly for milk sample collection, HMO analysis, dietary and body composition assessment.

Conclusion: Overall, this review has identified potential associations between maternal dietary intake and nutritional status and the HMO composition of human milk, though abundance and sufficiency of evidence is lacking. Standardized procedures for human milk sample collection and HMO analysis, along with robust and validated nutrition assessment techniques, should be employed to further investigate the impact of maternal nutritional factors on HMO composition.

Biography

Caren Biddulph is an Accredited Practising Dietitian with a special interest in infant and paediatric nutrition. Caren completed her Nutrition and Dietetics degree (Bachelor of Science) in South Africa, followed by her Masters in Nutrition at Griffith University, Australia. After working in clinical and corporate settings, Caren then completed the postgraduate International Olympic Committee (IOC) Diploma in Sports nutrition in Geneva, and is a current PhD candidate at USC. She is a member of Dietitians Australia and is passionate about the promotion and protection of breastfeeding as the optimal source of infant nutrition.

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International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Prevalence and determinants of herbal medicine use among pregnant women on antenatal care follow-up at a University hospital in Ethiopia

Wubit Tefera

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Improving maternal and child health is one of the public health priorities in several African countries including Ethiopia. However, research on herbal medicine use during pregnancy is scarce in Ethiopia. The present study aimed at assessing the prevalence and correlates of herbal medicine use among pregnant women on antenatal care (ANC) follow-up at Gondar university referral hospital, Ethiopia. An institutional-based cross sectional study was conducted on 364 pregnant women attending ANC clinic from March to May 2016 at University of Gondar referral and teaching hospital, northwest Ethiopia. Data on socio-demography, pregnancy related information as well as herbal medicine use was collected through an interviewer-administered questionnaire. Descriptive statistics, univariate and multivariate logistic regression analysis were performed to determine prevalence and associated factors of herbal medicine use. From 364 respondents, 48.6% used herbal medicine during current pregnancy. ginger (40.7%) and garlic (19%) were the two most commonly used herbs in pregnancy. Common cold (66%) and inflammation (31.6%) were the most common reasons for herbal use. Majority of herbal medicine users (89.8%) had not consulted their doctors about their herbal medicine use. Rural residency (Adjusted odds ratio (AOR): 3.15, Confidence interval (CI): 1.17–6.14), illiteracy (AOR: 4.05, CI: 2.47–6.62) and average monthly income less than 100 USD (AOR: 3.08 CI: 1.221–7.77) were found to be strong predictors of herbal medicine use. The use of herbal medicine during pregnancy is a common practice and associated with residency, level of education and average monthly income. From the stand point of high prevalence and low disclosure rate, the health care providers should often consult pregnant women regarding herbal medicine use.

Biography

Ms Wubit Tefera has completed her bachelor's degree in Midwifery from Addis Ababa University and is working as a clinician and resaercher at a General Hospital in Ethiopia.

International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Continuum of Maternity Health Care Service Utilization and Determinants in Ethiopia: Systematic Review and Meta-analysis**Liknaw Bewket Zeleke***Debre Markos University, Ethiopia*

Introduction: Even though maternal morbidity and mortality is alarmingly high in Sub-Saharan Africa; maternal health care services utilization remains low. This systematic review and meta-analysis aimed to determine the pooled proportion of continuum of maternity care services and determinants in Ethiopia.

Methods: This systematic review and meta-analysis used published and unpublished studies using PubMed, CINHAL, HINARI, Google Scholar databases and university research repository sites to access studies. The search terms were identified using a logic grid established by condition context and population scheme. Three authors conducted the quality assessment and data extraction. The data were extracted and reported based on the Preferred Reporting Items for Systematic Review and Meta-Analysis checklist. The pooled proportion was estimated by random effect model and presented by forest plot using STATA 16 software. The presence of heterogeneity was checked by the I² test and subgroup analysis, meta-regression and sensitivity analysis were conducted to manage the heterogeneity effect. Publication bias was assessed by funnel plot graphically and Egger's and Begg's tests statistically. The determinants of continuum of maternity care services utilization were identified through pooled estimation of odds ratio using random effect estimation model.

Results: The meta-analysis was conducted among eight studies which resulted 27.34% (95% CI: 16.86, 37.82) pooled proportion of continuum of care services utilization in Ethiopia. Significant association was demonstrated by age greater than 25 years (AOR: 0.83, 95% CI: 0.71, 0.97), formal education (AOR: 1.94, 95% CI: 1.72, 2.18), urban residency (AOR: 2.15, 95% CI: 1.83, 2.52), employment (AOR: 1.68 95% CI: 1.50, 1.87), wanted current pregnancy (AOR 3.44, 95% CI: 2.27, 5.20), birth preparedness and complication readiness plan (AOR: 2.31, 95% CI: 1.73, 3.09), media exposure (AOR 6.39, 95% CI: 3.40, 12.01), and autonomy of decision making (AOR: 5.78, 95% CI: 2.20, 15.20) to use complete continuum of maternity care services.

Conclusion: The result of this study indicated the presence of substantial utilization of continuum of maternity care services in Ethiopia. We recommend for the stakeholders to implement projects that can enhance better access of media, birth preparedness and complication readiness plan, women's decision-making autonomy, and planned pregnancy.

Biography

I am Liknaw Bewket Zeleke who is a midwife lecturer at Debre Markos University. I studied BSc degree in midwifery at University of Gondar and MSc program in Midwifery Education at Mekelle University. Currently, I am an HDR candidate at University of New South Wales Sydney, Australia. I have put my hands both in quantitative and qualitative research methods and managed to publish around 16 articles on reputable scientific journals.

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International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Quality of Life of the Elderly Women and It's Influential Factors in Xi'an

Ting Xiao

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Quality of life is a generic concept reflecting concern with the modification and enhancement of life attributes. This study was designed to investigate quality of life and explore the possible factors among older women individuals. It was conducted in Xi'an, China. This is a cross-sectional study. A total of 810 female individual, 60 years and older were selected by stratified random cluster sampling. Self- designed questionnaire was used which contained the general information questionnaire, health problems questionnaire, the 36-item Short-Form Health Survey Questionnaire(SF-36). Results comparison of SF-36 total scores with career before retire, regular income, main source of income, savings deposits and filial piety from children showed no statistical significance($P>0.05$). But the elderly with different educational level, age, marital status, fertility quantity, life burden, physical exercise, material assistance, spiritual assistance and history of chronic disease presented statistically significant SF-36 total scores($P<0.05$). The results of the binary logistic regression analysis indicated that age, physical exercise, spiritual assistance and history of chronic disease were associated with QOL in elderly women. For this reason, encouraging exercise, providing emotional support and treating chronic disease may be helpful to improve quality of life in elderly women in Xi'an.

Biography

Ting Xiao is a postgraduate student from Department of Nursing, the Fourth Military Medical University, Xi'an, China. Her director is Sha Sha Xu, the director of Department of Nursing, the Fourth Military Medical University, who has devoted herself to nursing education and the nursing for the aged.

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International Congress on **MIDWIFERY AND MATERNAL HEALTH**

October 11, 2021 | Webinar

System Analysis Of Antenatal Class Implementation In Agam District, Indonesia**Ayu Nurdiyan***Faculty of Medicine, Andalas University, Indonesia*

Antenatal class is a way for pregnant women to study together to obtain proper knowledge, for preventing from complication, increasing coverage of antenatal visits, and having child delivery at the health care practitioner. Based on health centre's achievement rate, achievement rate in Malalak Health Centre (HC) is under the minimum service standards and achievement rate of Biaro HC. This study aims for analyzing the system of antenatal class implementation in Malalak and Biaro HC in Agam District.

This is a descriptive qualitative study. Informants of this study are minister of health department and section chief of maternal and child health; head, facilitator, and cadre of HC; and pregnant women who attend antenatal class.

Analysis result of input of antenatal implementation showed less than optimal result, starts from lack of understanding of policy about antenatal class, lack of human resources and have not been trained for antenatal class, and inadequate infrastructure. Analysis result of process showed the absence of socialization with relevant stakeholders, poor preparation which cause by lack of concern in culture in Malalak that make many barriers in implementation. And from analysis result of output showed the absence of specific monitoring and evaluation by ministry of health department and head of Malalak HC. In the whole system there is a lack of active role of midwife as a midwifery care practitioner in community in performing her duties and functions and there is none of interprofessional collaboration in implementation of this program.

System of antenatal classes in Agam District is not in accordance with the guideline handbook of antenatal class by Health Ministry of Republic of Indonesia. Necessary effort to optimize and expand antenatal class implementation.

Biography

Ayu has completed her undergraduate degree at the age of 24 in Padjadjaran University of Indonesia and her master degree at the age of 27 years from Andalas University. She is the academic coordinator of undergraduate Program of Midwifery, Faculty of Medicine, Andalas University, Indonesia, one of the three undergraduate program of midwifery in Indonesia. As her carrier has been started not too long ago, she had been published some article and paper both in national and international, she also participated in oral and poster presentation in many conference in Indonesia

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October 11, 2021 | Webinar

Maternal expectations: its impact during pregnancy**Elizabeth Emmanuel***Southern Cross University, Australia*

Maternal expectations entail emotional work and form part of the transition process to motherhood. During pregnancy expectations are associated with excitement, anticipation and planning. For others, these are linked to stress and distress which can affect a mother's functioning. Various protective factors can cushion this effect and alter the experience for mothers. This study aimed to investigate the effect of maternal expectations on Health-Related Quality of Life (HRQoL) during pregnancy, and to explore maternal distress and its mediating influence. Pregnant women (n = 630) at 36 weeks gestation attending antenatal clinics at three metropolitan hospitals were invited to participate in the study. The variables maternal expectations, maternal distress, social support and HRQoL were measured and analysed using multiple linear regression to investigate the relationships. Maternal expectation was found to be significantly related to both physical and mental HRQoL. When entered in the regression model, maternal distress had a mediating influence on the relationship between maternal expectations and many components related to HRQoL (including social functioning, physical and emotional role). Expectations, is an essential part of the transition process during pregnancy. Enhancing this adjustment process can allow for improved HRQoL for mothers, particularly those who are having difficulties. Midwives need to be responsive to maternal expectations, and related emotional work. Taking the time to ask appropriate questions during the antenatal period will highlight issues for mothers and identify how these may affect HRQoL. Educating mothers on realistic perceptions about emotional work, personal lifestyle changes and relationship adjustments can help their HRQoL.

Biography

Elizabeth Emmanuel has extensive clinical experience in clinical midwifery. She followed up this interest through higher degree studies and completed a PhD at Griffith University, Australia. She has since joined academia to teach nurses and midwives and pursue her interest in midwifery and women's health. She has published on maternal role development, maternal distress, social support and quality of life during the childbearing period. She is currently teaching at Southern Cross University, a regional tertiary centre on the Gold Coast.

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International Congress on MIDWIFERY AND MATERNAL HEALTH

October 11, 2021 | Webinar

Every Second Matters in Saving a Maternal-Child Life

Harrieth Mwalupindi

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Problem: In hospital settings, encountering obstetric (OB) medical emergencies become part of daily nursing practices. The patients' acuity is increasing requiring competent interdisciplinary teams such as OB attending, maternal fetal medicine, OB anesthesia group, OB residents, midwives, charge nurse, triage nurse, baby nurse, OB care associate, hospital supervisor, neonatal intensive care unit personals, pharmacy, respiratory, trauma, and medical team during the emergent events. Prior emergency activation system involved primary nurse to make multiple phone calls to alert individuals on above list. The stress level of individuals involved rises and the ability to recall phone numbers may be impaired. Time used to notify each individual may impact the life-saving efforts which reflect on seconds to minutes on saving maternal-child life. Therefore, patients' safety and timely response to obstetric emergent event was of paramount importance.

Methodology: Reviewing prior delay time responses to emergent event, listening to feedback from nurses, doctors, and other people during the debriefing, led to initiation of a one activation response system. Different medium on responses were assessed using text, pager, and direct calls team. Communication and discussion with other departments were done. Mock drills and simulated events were exercised on different shifts to gather feedback.

Analysis: Time response to emergent event was the objective. Different medium of activation system provided varying time-response results. Review of audio and transcriptions notes provided a real life stress level during the emergent event.

Findings and Implications for Nursing: Two-tier emergent system is identified. Scripted terminologies are for activation of emergent system. Drills and simulated events address caller's stress level when activating the emergent system. Timely responses and accurate number of required individual are improving. Findings are used for planning learning opportunities.

Biography

Harrieth Mwalupindi PhD(c). MSN. RNC-OB has been an obstetric nurse for more than 16 years and currently a doctorate candidate in Nursing Education at Capella University. She is a clinical program developer at University of Cincinnati Medical Center at an obstetric unit designing and creating effective nursing staff speciality clinical education. She is also an adjunct clinical instructor at University of Cincinnati- College of Nursing supervising nursing students during obstetric clinical rotations. Improving and securing safety to maternal-child population is very important to her by training and preparing competent nursing staff to respond to emergency events.

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