

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

October 13, 2022 | Webinar

**Stressors and coping strategies among nursing students during the COVID-19 pandemic: Scoping review****Aisha B Majrashi***King Abdul-Aziz University, Saudi Arabia*

**Statement of the Problem:** The coronavirus disease 2019 (COVID-19) pandemic is the latest global health disaster of the century with high morbidity and mortality rates. In December 2019, a new infectious respiratory disease appeared in Wuhan, China. The World Health Organization (WHO) named the disease "COVID-19" after confirming its pandemic level potential. COVID-19 has impacted every aspect of life around the world. Nursing education has moved classes online. Undoubtedly, the period has been stressful for nursing students. This scoping review aimed to explore the relevant evidence related to stressors and coping strategies among nursing students during the COVID-19 pandemic. The scoping review methodology was used to map the relevant evidence and synthesize the findings by framing the research question using PICOT, determining the keywords, eligibility criteria, searching the CINAHL, MEDLINE, and PubMed databases for the relevant studies. The review further involved study selection based on the PRISMA flow diagram, charting the data, collecting, and summarizing the findings. The critical analysis of findings from the 13 journal articles showed that the COVID-19 period has been stressful for nursing students with classes moving online.

**Conclusion & Significance:** The nursing students feared the COVID-19 virus along with experiencing anxiety and stressful situations due to distance learning, clinical training, assignments, and educational workloads. Nursing students applied coping strategies of seeking information and consultation, staying optimistic, and transference. The pandemic affected the psychological health of learners as they adjusted to the new learning structure. Future studies should deliberate on mental issues and solutions facing nursing students during the COVID-19 pandemic.

**Biography**

Aisha Majrashi a professional Saudi nurse with 14 years of experience in nursing field, seeking a role in nursing leadership and professional development. I have good team-playing, creative thinking, problem-solving, prioritizing, effective communication and interpersonal skills.

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

October 13, 2022 | Webinar

**“Don’t I have a say?” A critical auto-ethnography on choice and essentiality-of-being****Christopher B. Williams***University of Kansas, USA*

In this auto ethnography, I reflect on the last 72-hours of telephonic experiences with my godmother's decision to live or die before entering a nursing facility. "Don't I have a say" is a broader critical reflection about older adults' lack of personal choices with regard to their health care without advance directives and the caregiver's best interest decision-making approach. The central ideas in this auto ethnography illuminate choice theory and the essentiality-of-being. From my godmother's point of view, choice theory and essentiality-of-being highlight the need for her "owning" her health care decision. From my perspective, choice theory offers new perspectives and solutions to best interest decision-making as a potential caregiver. While in the final hours of my godmother's life, she "owned" the decision; however, years later, I am still processing what happens when a person wills death to have the final say.

**Biography**

Christopher B. Williams has a PhD in Health Psychology from North central University. While in academia, his research interests included the lived experiences of African-Americans and how spirituality influences decision-making. He is grateful for the chance to share his lived experiences.

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

October 13, 2022 | Webinar

**Depressive symptoms and physical activity among community dwelling premenopausal women: a prospective longitudinal study****Chuanya Huang***Sichuan University, China*

**Background:** Women in premenopausal are vulnerable to depressive symptoms and depression, and physical activity is reported to be a potential protective factor. However, the trajectories of physical activity and depressive symptoms over time and their longitudinal relationships in Chinese premenopausal women have not been explored yet, leaving a research gap hindering us from better understanding and managing perimenopause depression. **Methods:** A multi-centre prospective longitudinal study was conducted in four cities in Sichuan Province, China. Depressive symptoms and physical activity in premenopausal women were collected in March 2019, June 2019, September 2019, and December 2019, respectively. Multivariable linear regression by generalized estimation equation was used to identify the relevant factors associated with depressive symptoms and physical activity. A four-wave autoregressive and crosslagged panel model was performed to explore their longitudinal relationships. **Results:** A total of 1875 women who completed the four-wave data collection were included in the data analysis. Depressive symptoms exacerbated over time and were associated with women's age, monthly income, marital status, chronic disease, and negative life events. Physical activity decreased over time and was associated with educational background and monthly income. According to our cross lagged panel model, premenopausal women with more severe depressive symptoms tended to be less physically active, and similarly, premenopausal women with less physical activity were more prone to report more severe depressive symptoms.

**Conclusion:** The cross-lagged panel model disclosed longitudinal bidirectional predictive relationships between depressive symptoms and physical activity in premenopausal women. Appropriate physical activity should be recommended for premenopausal women to improve their mental well-being. Tailored physical activity duration and maintenance measures should be proposed based on different sociodemographics.

**Biography**

Chuanya Huang is a Ph.D. candidate at Sichuan University, China. She is also a visiting Ph.D. student at the National University of Singapore. Her research interests are in midwifery, perinatal care, and women's health. She has published several studies in international journals.

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October 13, 2022 | Webinar

**Patient safety culture in the clinical practice of nurse-midwives****Claudia PC Bras***ESEnFC, Portugal*

**Statement of the Problem:** In maternity hospitals, the safety can be influenced by organizational culture, teamwork, communication and no punitive responses<sup>1</sup>. In recent years, we have witnessed changes in the practices of nurse-midwives in the search for safe conditions in their clinical practice. However, we are not yet at the desired level of safety culture when the staffing of nurse-midwives cannot meet the needs for specialized care<sup>3</sup>, when the number of professionals with patient safety training is still low, and when there is an urgent need for an increase in the culture and transparency of patient safety incident reporting<sup>4</sup>. Assess the safety culture and monitors the evolution of the safety culture can bring about change and improve the quality of health care<sup>5</sup>. This study aimed to identify the dimensions determining the safety culture in maternal and obstetric health nursing.

**Methodology:** An observational, analytical, cross-sectional study was conducted with a nonprobability convenience sample of 70 nurse-midwives from a hospital and university centre in the central region of Portugal, who completed the Hospital Survey on Patient Safety Culture. The methodology proposed in the User's Guide developed by the Agency for Healthcare Research and Quality was used for data analysis.

**Findings:** The dimension "Teamwork within units" scored 78.2%. The following dimensions can also reinforce the safety culture: "Supervisor/manager expectations", "Feedback and communication about error", and "Communication openness". The problematic areas were "Staffing", "Teamwork across units", "Management support for patient safety", "No punitive response to error", "Frequency of events reported", and "Overall perceptions of patient safety", with percentages below 50%.

**Conclusion & Significance:** The dimension "Teamwork within units" was considered a strong dimension of the safety culture. Assessing the safety culture allows identifying weaknesses and contributes to planning interventions that reduce the incidence of errors and promote voluntary and no punitive reporting to improve the safety of maternal and obstetric health care.

**Biography**

Claudia Bras is a nurse – midwife, with a master degree in Maternal and Obstetric Health Nursing. Nowadays works as an Adjunct Professor at Higher School of Nursing of Coimbra (ESEnFC). Is a researcher at the Research Unit in Nursing Health Sciences at ESEnFC. Participates in the Childbirth Preparation and Parenting project with pregnant couples. Is a breastfeeding Counsellor. PhD student in Nursing Sciences with areas of interest: Maternal and Obstetrics Health, Sexual and Reproductive Health, Communication, Patient Safety.

## International Congress on MIDWIFERY AND MATERNAL HEALTH

October 13, 2022 | Webinar

**Anxiety and Depression levels in post-partum women before and during the COVID-19 pandemic in Italy****Elsa Vitale***Local Health Authority Bari, Italy*

**Background and Aim:** Women tend to report greater symptoms of anxiety and depression during outbreaks than men, especially in the pregnancy condition. The present study aims to compare the level of anxiety and depression in postpartum women who gave birth before and during the period of the COVID-19 pandemic.

**Methods:** Women were divided into two groups: the case group, which included Italian women who delivered during the pandemic period (from December 2019) and the control group, which included Italian women who delivered before the pandemic period (until November 2019). An ad-hoc questionnaire was created and administered online. Depressive disorder was evaluated with the Edinburgh Postnatal Depression Scale and anxiety disorders were assessed with the Generalized Anxiety Disorder, version 7. The values obtained were then differentiated on the basis of socio-demographic variables and the characteristics of childbirth and breastfeeding between the two groups and univariate regression analysis were performed to assess which factors influenced anxiety and depression disorders among the two groups considered.

**Results:** A total of 266 women participated in the study. Of these, 110 belonged to the control group and 156 women belonged to the case group. No statistically significant differences were recorded between the two groups as considering socio-demographic characteristics and characteristics of delivery. GAD values statistically differed considering the age groups ( $p < .001$ ), the level of education ( $p = .024$ ), the type of birth ( $p = .021$ ). All factors related to the EPDT scores were not significantly influencing both in the case group and in the control group, except in the control group as the type of breastfeeding ( $p = .037$ ). Significantly influencing factors in the evaluation of generalized anxiety disorder were age in the control group ( $p = .045$ ) and the number of weeks of gestation in the control group ( $p = .021$ ).

**Conclusions:** Further investigations are desirable to understand which factors most influence the depressive and anxious state of women in order to better address all the numerous psychological support initiatives that may be the most appropriate, timely and effective, even in emergency situations.

**Biography**

Elsa Vitale has her expertise in evaluation and passion in improving the health, nursing and wellbeing. Her open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare.

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October 13, 2022 | Webinar

## The zoo: Zoonotic infections and maternal health

**Erin Kiser**

*Christian University, USA*

**Statement of the Problem:** The effects of globalization, climate change and deforestation are increasing the emergence and risks of zoonotic infections at a rapid pace and, in turn, the impact on maternal health. Per the Centres for Disease Control and Prevention in the United States, the zoonotic diseases of most concern in the United States and other countries are zoonotic influenzas such as bird flu and swine flu, salmonellosis, West Nile Virus, plague, coronaviruses such as sudden acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), rabies, brucellosis and Lyme disease. Ebola viral disease as well as other haemorrhagic fevers such as Lassa fever, Marburg and dengue continue to impact developing countries and the women who reside there. Additionally, pregnant women carry the additional burden of being immune compromised, which can be further complicated by infections that can cross the placenta. It is not just the mother who is affected but also her unborn child. With new infections being discovered regularly zoonotic infections are quickly changing the landscape of healthcare.

## Biography

Erin Kiser is a board certified family nurse practitioner and women's health nurse practitioner who has worked in military healthcare with a focus on women's reproductive health for the past 15 years; she has also presented numerous nurse practitioner, physician assistant and medical students. She received her doctorate from Texas Christian University and recently her master of public health with a focus on global health from Liberty University. She has had articles published on the role of nurses during the Ebola outbreak in Sierra Leone and on the role of nurses during hurricane recovery. She has volunteered on medical mission trips to South America, the Caribbean and East and West Africa. Her interests include tropical medicine and health disparities faced by women in developing countries.

## International Congress on MIDWIFERY AND MATERNAL HEALTH

October 13, 2022 | Webinar

**How can we prevent the pregnant women from having COVID-19 without using vaccines?****Huang Wei Ling***Medical Acupuncture and Pain Management Clinic, Brazil*

**Introduction:** COVID-19 is a disease caused by SARS-CoV-2 infection that is affecting all kinds of populations nowadays, independent of age, gender, co-morbidities or not, and also, can affect pregnant women. There were some deaths reported in some countries of pregnant women after COVID-19 vaccination and in Brazil, there is a rule to prohibit the vaccination of pregnant women after these incidents.

**Purpose:** To demonstrate that pregnant women has chakras' energy deficiencies (reduced immune system), as the same deficiency in the entire population nowadays, classifying them as immune-depressant and not immune-competent, demonstrated in the article Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection.

**Methods:** Thought one case report of the pregnant patient with chakras' energy centers deficient in energy in all six of seventh chakras' energy centers.

**Results:** The patients were orientated to begin the intake of medications in high concentrations such as homeopathic according to the theory Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine and crystal-based medications to replenish these energies to fortify the immune system and also, and the intake of SARS-CoV-2 nosodium ( homeopathy medications using patients with SARS-CoV-2 secretions to do these medications in a very high diluted ) to prevent the acquisition of SARS-CoV-2 infection.

**Conclusion:** The pregnant patient has low energy in the chakras' energy centers and the treatment of this condition before, during, and after the pregnancy is of paramount importance to prevent SARS-CoV-2 infection, fortifying the immune system of all these patients when the use of the vaccine is not recommended or has any side effect that can cause doubt in the prescription of this way of prevention and other forms of preventions should be sought, fortifying the energy and the immune system of pregnant and no pregnant women nowadays.

**Biography**

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she works with the approach and treatment of all chronic diseases in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates. Researcher in the University of São Paulo, in the Ophthalmology department from 2012 to 2013. Author of the theory Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine. Author of more than 60 publications about treatment of variety of diseases rebalancing the internal energy using Hippocrates thoughts.

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

October 13, 2022 | Webinar

**Sudden unique mass-social self-similarity between proteins and humans: From T-patterns to T-societies and lethal textual viruses****Magnus S. Magnusson***University of Iceland, Iceland*

The work presented here was mostly motivated by two world wars. A biological understanding of social phenomena seemed truly needed and was in the 1960s attempted by primatologist Desmond Morris's "The Naked Ape". In 1973, a Nobel Prize in Physiology or Medicine was shared by three Ethnologists, N. Tinbergen, K. Lorenz, and K. von Frisch inspiring much animal and human ethological research including this half-century project recently described in Magnusson (2020) "T-patterns, external memory, and mass-societies in proteins and humans: In an eye-blink, the naked ape became a string-controlled citizen", which is the essential basis for this presentation about T-pattern self-similarity between protein and human mass societies appearing suddenly after billions of years of evolution with the advent of writing, possibly the greatest event in evolution; a stunning self-similarity as invisible and unknown to humanity as were galaxies to Einstein in 1917.

The main steps leading to the present view are shown from the definition of the temporal T-pattern definition and its detection in interactions between children, animals, and brain neurons to their detection as spatial T-strings in the inert purely informational DNA and texts, the essential molecular and textual external memory strings of protein- and human mass societies. Their widespread occurrence may explain easy access to humans even thousands of years after their creation. Some T-strings, whether molecular or textual, may function as viruses and damage the lives of millions. Sacred texts include such textual viruses often of great danger, notably to women. The bio mathematical structural and functional similarity of molecular and textual viruses suggests treating them similarly.

**Biography**

Magnus S. Magnusson, Ph.D., Research Professor Emeritus, founder, and director of the Human Behavior Laboratory, University of Iceland. The author of the T-Pattern Self-similarity Theory and the dedicated THEMETM T-Pattern detection and Analysis (TPA) software (PatternVision.com) initially focused on the real-time organization of behavior. Co-directed the two-year Icelandic Research Council project "DNA analysis with Theme". International conference talks and keynotes in ethology, neuroscience, mathematics, psychiatry, religion, proteomics, A.I., and Nano science. Deputy director, Anthropology Laboratory, 1983-1988 in the Museum of Mankind, National Museum of Natural History, Paris. Then repeatedly invited Professor at the University of Paris VIII, XIII, and V until 1993. Works in the formalized inter-university collaboration network MASI, between 38 European and American universities initiated in 1995 in the University Rene Descartes Paris V, Sorbonne based on "Magnusson's analytical model".



International Congress on **MIDWIFERY AND MATERNAL HEALTH**

October 13, 2022 | Webinar

**Psychosocial predictors of psychological health among pregnant women and their infants' birth weight****Najma Iqbal Malik***University of Sargodha, Pakistan*

For many women, pregnancy is a natural and joyful event. The vast majority of women will be pregnant at least once in their lives and the realization that she is pregnant is generally accompanied by a sense of achievement and excitement. At the same time, women encounter physical, psychological, social, and cultural role changes. Pregnancy and the process of becoming parents entails a major life transition which may encompass vulnerable periods for mental health problems. In some women there may be a psychological setback which is manifested as depression, anxiety, tension and such other emotional disturbances. The present study aimed to investigate the psychosocial predictors of psychological health among pregnant women and their infants' birth weight. The State-Trait Inventory for Cognitive and Somatic Anxiety (Ree, 2008), Pain Catastrophizing Scale (Sullivan, Bishop, Pivik, 1995), Relationship Assessment Scale (Hendrick, 1988) and Childbirth Attitudes Questionnaire (Lowe, 2000) were administered along with Karachi Domestic Violence Screening Scale (Hassan & Malik, 2009), Multidimensional Scale of Perceived Social Support (Batool, 2012) and Pakistan Anxiety and Depression Questionnaire (Mumford, Ayub, Karim, Izhar, Asif, & Bavington, 2005) to a sample of 136 pregnant women. Results showed that anxiety proneness was positively correlated with childbirth fear and depression but they were not related with infants' birth weight. Pain catastrophizing and Domestic violence were positively correlated with childbirth fear and depression whereas they were negatively correlated with infants' birth weight. Marital satisfaction and social support were negatively correlated with childbirth fear and depression and positively correlated with infants' birth weight. Regression analysis revealed that anxiety proneness was the significant predictor of high childbirth fear and depression. Pain catastrophizing and Domestic violence were significant predictor of high childbirth fear and depression whereas, they predicted low infants' birth weight. Marital satisfaction and social support were significant predictor of low childbirth fear and depression whereas, they were positive predictors of infants' birth weight.

**Biography**

Najma I Malik has her expertise in evaluation and passion for improving health and wellbeing through counseling services. Her services for first aid mental health during COVID-19 were recognized on the national level and her contribution in uplift of mental and well-being of the general public and mental health practitioners through the energy management plan creates new pathways for improving healthcare.

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

October 13, 2022 | Webinar

**Female genital mutilation in Sudan: Different perspectives****Samia Mahdi Ahmed***Sudan University of Science and Technology, Saudi Arabia*

Female genital mutilation (FGM) or female circumcision comprises all procedures that include partial or total removal of the external female genitalia, or other damage to the female genital organs for non-medical reasons. FGM is still widely practiced in Sudan; it is a cultural rather than religious practice. It has many complications especially for those who developed with disorders of sexual development. Complications may include bleeding, urinary tract infection, septicaemia, urine retention, major wound sepsis, psychological problems and others. Thus, more efforts should be exerted to help in eradication of FGM; these could be through workshops, social media, and information media. Moreover, psychological assessment and treatment could be offered to those victims with female genital mutilation.

**Biography**

Dr. Samia Mahdi Ahmed had a BSc degree in Medical Laboratories, Sudan University of Science and Technology, in October 1997. She holds a master degree in Clinical Biochemistry (in 2000) and Ph.D. in Clinical Genetics (in 2007). She has a teaching experience since graduation in Sudan University of Science and Technology till 2012, and up to date in Taliban University in Medina (Saudi Arabia). She worked in other universities (part time) in Sudan. She was attended more than 40 training courses and workshops in her field. She is a member of editorial board for 5 journals and a reviewer for 10 journals. She has 2 publications and contributed in other 26 publications. She acted as an external examiner for undergraduates and MSc students in universities in Sudan. She was supervised 22 MSc students and was a co-supervisor for 4 Ph.D. students.

## International Congress on MIDWIFERY AND MATERNAL HEALTH

October 13, 2022 | Webinar

**A quality improvement initiative to improve the duration of kangaroo mother care in territory care neonatal unit of south india****Sandeep Tilwani**

Chengalpattu Medical College, India

**Background:** India has the highest number of preterm births and maximum number of deaths due to prematurity. Chengalpattu Government Medical College had 11,593 deliveries annually in 2020, of which 2252 of neonates were Low birth weight. 2016 Cochrane review concluded that Kangaroo Mother Care reduces the morbidity and mortality in low birth weight infants. The average duration of KMC in our unit was around 4.6 hrs/ baby/ day.

**Objective:** To improve the duration of KMC in stable low birth weight babies are from the short Time duration to the continuous time duration (> 12 hrs) over in a 8 weeks.

**Methods:** The implementation phase was conducted during January and February, 2021. All babies with birth weight < 2 kg and who were stable were enrolled. QI team included staff nurses, nursing-in-charge, resident doctors and consultants. Potential barriers were listed using Fishbone analysis. Various possible interventions were identified and a priority matrix was formed to decide the sequence of introduction of changes. The following measures were subsequently tested by multiple PDSA cycles. Ensuring the availability of KMC charts, Combining KMC chart with individualized weight chart, Documentation of KMC duration in case sheets, Increasing number of KMC chairs, Opening of Mother- NICU, KMC slings for mothers, Education videos in local language & Rewards for mothers.

**Outcome indicator:** Duration of KMC, recorded by bedside nurses on daily basis. A total of 86 newborns were enrolled. At the end of 8 weeks, average duration of KMC increased to 16.6 hrs/ baby/ day. The intervention which was most useful in increasing KMC duration was opening of M- NICU. We were able to sustain the improvement at the end of 6 months. Sequential measures taken as a part of QI initiative, helped to increase the average duration of KMC from 4.6 to 16.6 hrs/day, without much additional resources.

**Biography**

Dr Sandeep Tilwani is MD in pediatrics, and currently pursuing DM Neonatology (Super Specialty training) at Chengalpattu Medical College, Tamil Nadu, India. He has 7 years of working with sick newborns. He believes in promoting low cost, high impact interventions to improve the level of neonatal care in LMIC. KMC is beyond doubt one of the established ways to care for LBW infants. Chengalpattu Government Medical College is a public sector hospital that caters to around 12,000 deliveries annually. Of these around 2500 infants are born LBW. So this study was primarily undertaken to improve the duration of KMC in hospital for these preterm LBW infants.

## International Congress on MIDWIFERY AND MATERNAL HEALTH

October 13, 2022 | Webinar

**Midwife-led continuity model of care improve maternal and neonatal health outcomes, mothers' satisfaction, average number of ANC and PNC visits in north shoe zone, amhara regional state, ethiopia****Solomon Hailemeskel***Debra Behrman University, Ethiopia*

**Background:** Midwife-led continuity model of care is a recently developed model of maternity care in high-income countries where women are cared for throughout their pregnancy, birth, and early postnatal period by a known group of midwives. The provision of midwife-led continuity of care (MLCC) is advocated to be effective in high-resource settings in improving maternal and neonatal health outcomes, thereby providing maternal satisfaction. However, the contribution of MLCC and the effectiveness of its organizational utility in low and middle-income country settings is unknown.

**Objectives:** The aim of this study was to assess the contribution of the MLCC model on maternal and neonatal health outcomes, maternal health care utilization, and maternal satisfaction in north Shoa zone, Amhara National Regional State, Ethiopia

**Conclusion:** In this study, implementing the midwife-led continuity model of care has shown improved maternal and neonatal health outcomes; increased mothers' satisfaction with maternity care at low risk of medical complications. In addition, the MLCC model of care increased the average number of ANC and PNC visits. This gives an insight for implementers and programmers that implementing MLCC could be an additional choice of care for women of low-risk pregnancy would require careful analysis of how this model of care might be implemented in Ethiopia. Scale-up and further investigation of the effect and feasibility of the model in similar settings could be important.

**Biography**

Solomon Hailemeskel Beshah is an assistant professor (PhD) at the department of Midwifery, Debra Behrman University. I have been working at the university for the last 13 years. I obtained my PhD degree in midwifery and women's health at University of Gondar, Ethiopia. I am a life time member of Ethiopian Midwives Association and working as president of the association since May 2022. I am a qualified and registered midwife. I have more than 10 published research articles. My PhD dissertation was on the effect of midwife-led continuity of care model on maternal and neonatal health outcomes.