Frontiers in Medical Science Research
ISSN 2618-1584 Vol. 1, Issue 3: 68-73, DOI: 10.25236/FMSR.2019.010310

Observation of Effect of Health Education during Pregnancy in Gynecology and Obstetrics Outpatient Care

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ABSTRACT. *Objective To study and analyze the clinical application of health education during pregnancy in gynecological and obstetric outpatient nursing. Methods A total of 60 pregnant and lying-in women who underwent prenatal examination in our gynecology and obstetrics clinic from April 2018 to March 2019 were selected for study and analysis. The pregnant and lying-in women were randomly divided into observation group (30 cases) and control group (30 cases). Results The natural delivery rate and breastfeeding rate of 80.0% (24/30) and 96.7% (29/30) in the observation group were significantly higher than those of the control group (40.0% (12/30) and 63.3% (19/30) (P < 0.05), but the postpartum hemorrhage rate of 3.3% (1/30) and 6.7% (2/30) in the two groups was not significantly different (P > 0.05). In the observation group, there were 9 excellent cases, 11 good cases, and the excellent and good rate was 66.7%(20/30); in the control group, there were 2 excellent cases, 8 good cases, and the excellent and good rate was 33.3%(10/30). The mastery rate of maternal health knowledge in the observation group was significantly higher than that in the control group (P < 0.05). The average delivery time of the observation group was significantly shorter than that of the control group (P < 0.05), and the nursing satisfaction score of the observation group was significantly higher than that of the control group (P < 0.05). Conclusion In gynecological and obstetric clinics, health education for pregnant women by nurses during pregnancy can significantly improve the natural delivery rate and breastfeeding rate of pregnant women, and reduce the incidence of complications.*

KEYWORDS: *Health education during pregnancy; Obstetrics and Gynecology Clinic; Nursing; Clinical application*

When pregnant women give birth, the process is more complicated. Because of pregnant women's worries about the delivery process and misunderstanding of vaginal delivery, with the approaching of the expected delivery period, pregnant women will have negative emotions of fear and anxiety, which not only affect the birth process, increase the risk of pregnant women and fetuses, but also increase the probability of cesarean section delivery[1]. Based on this phenomenon, in order to

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understand the clinical application of prenatal health education in gynecological and obstetric outpatient care in detail, 60 pregnant and lying-in women who underwent prenatal examination in our gynecological and obstetric outpatient clinic from April 2018 to March 2019 were selected and analyzed. The results are as follows.

1. Materials and Methods

1.1 Materials

Sixty pregnant and lying-in women who underwent prenatal examination in our gynecological and obstetric clinic from April 2018 to March 2019 were randomly divided into observation group and control group. Among them, 30 cases in observation group were aged between 20 and 33 years with an average age of (26.54 + 1.23) years, and the gestational weeks were between 6 and 10 weeks with an average gestational week of (8.44 + 1). 30 cases in the control group were between 21 and 34 years old, with an average age of (27.02 + 1.17) years, and between 6 and 11 weeks, with an average gestational age of (8.52 + 1.31) weeks. There was no significant difference between the two groups in age, gestational age, educational level and maternity grade ($P > 0.05$). On this basis, the delivery results of the two groups were compared.

1.2 Methods

The control group was given routine prenatal examination without systematic health education during pregnancy, while the observation group received systematic health education during pregnancy on the basis of the control group. Mainly include: 1. Nutrition guidance for pregnant women and their families, help the ribs to formulate a reasonable dietary plan. (2) Through regular lectures, promotional materials, one-to-one lectures, participatory discussions and other ways, give guidance to knowledge of pregnancy health care, prevention of common diseases during pregnancy, delivery process and neonatal care, and publicize the advantages of vaginal natural delivery and breastfeeding. (3) Nurses invite pregnant women and couples to receive health education during pregnancy, teach pregnant women to learn gymnastics during pregnancy, yoga during pregnancy and Gymnastics during childbirth, and guide pregnant women's husbands to give correct help and necessary protection when exercising in pregnant women, and also give appropriate massage. Exercise can effectively alleviate the pain of normal childbirth. (4) In outpatient nursing, pregnant women were instructed to pay attention to fetal movement, and the fetal condition could be judged by observing fetal movement. Teach pregnant women how to calculate the number of fetal movements. If the number of fetal movements in 12 hours is less than 20 times, the fetus may have abnormal phenomena; if less than 10 times, the fetus may have intrauterine hypoxia, it should be timely consultation.

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1.3 Observation Indicators

Observe the natural delivery of the two groups of pregnant and lying-in women, and statistics of postpartum hemorrhage and breast feeding of the two groups of pregnant and lying-in women. At the same time, according to the self-made questionnaire of pregnancy health knowledge, the pregnant women and their families were tested. The results were divided into four grades: excellent (90), good (80-90), medium (65-80), poor (65) [2]. The statistical results were analyzed and compared. In addition, the average delivery time of two groups of pregnant and lying-in women was recorded, and according to the self-made questionnaire of patients'satisfaction with nursing, the patients' satisfaction with nursing was summarized. The total score was 0-100. The patients'satisfaction was divided into very satisfactory (90-100 points), satisfactory (80-89 points) and general (60-79 points). There are four levels of dissatisfaction (0-59 points) [3].

1.4 Statistical Processing

The measurement data are expressed by ($\bar{x} \pm s$) and t-test, and the counting data are expressed by using rate and_2 test. SPSS21.0 was used and the test level was a=0.05.

2. Results

2.1 Comparisons of Natural Delivery, Postpartum Hemorrhage and Breastfeeding between the Two Groups

Table 1 ral delivery rate and breastfeeding rate of 80.0% (24/30) and 96.7% (29/30) in the observation group were significantly higher than those of the control group (40.0% (12/30) and 63.3% (19/30) (P < 0.05), but the postpartum hemorrhage rate of 3.3% (1/30) and 6.7% (2/30) in the two groups was not significantly different (P > 0.05). See Table 1 for details.

Table 1 Comparisons of Natural Delivery, Postpartum Hemorrhage and Breastfeeding between the Two Groups(n/%)

Groups	Natural childbirth	Postpartum hemorrhage	Breast-feeding
Observation group(n=30)	24(80.0)	1(3.3)	29(96.7)
Control group(n=30)	12(40.0)	2(6.7)	19(63.3)
χ^2	12.83	1.32	11.14
P	<0.05	>0.05	<0.05

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2.2 Comparisons of knowledge of maternal health during pregnancy between the two groups

Table 2 bservation group, there were 9 excellent cases, 11 good cases, and the excellent and good rate was 66.7%(20/30); in the control group, there were 2 excellent cases, 8 good cases, and the excellent and good rate was 33.3%(10/30). The mastery rate of maternal health knowledge in the observation group was significantly higher than that in the control group ($P < 0.05$). See Table 2 for details.

Table 2 Comparisons of knowledge of maternal health during pregnancy between the two groups(n/%)

Groups	excellent	good	well	bad	Excellent and good
Observation group(n=30)	9(30.0)	11(36.7)	9(30.0)	1(3.3)	20(66.7)
Control group(n=30)	2(6.7)	8(26.7)	12(40.0)	8(26.7)	10(33.3)
χ^2					11.34
P					<0.05

2.3 Comparison of average delivery time and nursing satisfaction between two groups of pregnant and lying-in women

Table 3 age delivery time of the observation group was significantly shorter than that of the control group ($P < 0.05$), and the nursing satisfaction score of the observation group was significantly higher than that of the control group ($P < 0.05$). See Table 3 for details.

Table 3 Comparison of average delivery time and nursing satisfaction between two groups of pregnant and lying-in women($\bar{x} \pm s$)

Groups	Average delivery time(h)	Nursing Satisfaction Score(Score)
Observation group(n=30)	9.6±1.6	97.7±10.3
Control group(n=30)	13.4±3.1	79.6±10.5
t	4.303	6.965
P	<0.05	<0.05

3. Discussion

Health education during pregnancy can change pregnant women's understanding and behavior and eliminate adverse emotional reactions[4]. By explaining the knowledge of pregnancy and childbirth to pregnant women, pregnant women can

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correctly understand natural childbirth and actively choose natural childbirth mode. During delivery, abdominal pressure can be used correctly to cooperate with doctors to complete the delivery process[5]. Prenatal breast-feeding health education, so that pregnant women have a better understanding of breast-feeding, to promote their ideological preparation for exclusive breast-feeding. Breastfeeding can not only meet the nutritional needs of infants'growth and development, promote the emotional transmission between mothers and infants, but also help the recovery of the maternal body, effectively avoid and reduce the incidence of complications between mothers and infants[6]. Health education during pregnancy is an important way for pregnant women to acquire knowledge of maternal health care. To a certain extent, it can improve pregnant women's awareness of self-protection and understand more knowledge of maternal health care. It not only effectively guarantees the health and safety of pregnant women and fetuses, but also significantly reduces or avoids the occurrence of complications during pregnancy and postpartum[7].

Relevant medical research shows that the implementation of health education during pregnancy for pregnant and lying-in women in gynecological and obstetric clinics can improve the cognitive level of knowledge related to pregnancy and lying-in, improve bad mood and improve nursing satisfaction, so the promotion of the program is of great significance[8]. Through this study, the natural delivery rate and breastfeeding rate of 80.0% (24/30) and 96.7% (29/30) in the observation group were significantly higher than those of the control group (40.0% (12/30) and 63.3% (19/30) ($P < 0.05$), but there was no significant difference in the postpartum hemorrhage rate between the two groups (3.3% (1/30), 6.7% (2/30) ($P > 0.05$). In the observation group, there were 9 excellent cases, 11 good cases, and the excellent and good rate was 66.7%(20/30); in the control group, there were 2 excellent cases, 8 good cases, and the excellent and good rate was 33.3%(10/30). The mastery rate of maternal health knowledge in the observation group was significantly higher than that in the control group ($P < 0.05$). The average delivery time of the observation group was significantly shorter than that of the control group ($P < 0.05$), and the nursing satisfaction score of the observation group was significantly higher than that of the control group ($P < 0.05$), which was consistent with the above-mentioned medical research results.

To sum up, health education during pregnancy is worth popularizing and applying in gynecological and obstetric outpatient nursing.

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