



長庚醫療財團法人
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Midwife Intervention in High-risk Pregnancy Maternal Health Management

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ABSTRACT

With the generation of declining productivity, high-risk pregnancies have increased year by year. High-risk pregnancies include: placenta previa, premature birth, pregnancy-induced hypertension, gestational diabetes... Etc., early detection and early treatment to avoid pregnancy complications are an important part of obstetric care. The midwife's role involves in high-risk pregnancy care and case management, and integrating medical care for the period during pregnancy and childbirth and providing the high-quality services for women and infants in the mode of medical team.

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INTRODUCTION 、 METHODS AND MATERIALS

1. A total of 4 midwives in the delivery room take turns to the antenatal clinic two days a week for admission. The inclusion criteria is high-risk pregnant women including premature delivery, placenta previa, gestational hypertension, gestational diabetes mellitus, etc. After referring to a midwife, use the Apps to manage the entire pregnancy and childbirth case, and holding a meeting twice a month to discuss and summarize the case data and efficacy.

2. Care process: (1) High-risk pregnancy prenatal consultation, providing information during pregnancy and childbirth, tracking pregnancy, and discussing appropriate care models with obstetricians if necessary. (2) Antenatal/Labor care: provide pregnant women and their family members to deal with related issues, such as cross-team care (contact social workers or dietitians, neonatologists for assistance), provide antenatal pregnant women with art therapy and mindfulness decompression to reduce anxiety, discuss about birth plans that meet personal preference. (3) Postpartum: provide immediate care (postpartum health education, parent-child skin contact for 1 hour, postpartum hemorrhage assessment), neonatal care, breastfeeding guidance, postpartum health care, and tracking high-risk pregnant women from discharge to home through Apps and providing consultation from antenatal to postnatal period.

INTRODUCTION 、 METHODS AND MATERIALS

During the whole pregnancy and childbirth, we can discuss with specialists at any time to provide more appropriate clinical care, and adjust the care plan according to the need of pregnant women.

RESULTS

(1) As of 2017/01-2021/07, a total of 5,686 high-risk pregnant women were served, with an average of 103/month (2) Midwives' service satisfaction increased year by year: 72.1% in 2017, 81.8% in 2018, 2019 92.1% in the year, 96% in 2020, and 97.2% in July 2021. (3) The maternal mortality rate has been 0% for three consecutive years. In 2012, Newborn mortality (birth weight<1500g) is 23% in Taiwan, which drops year by year after midwifery care on high-risk pregnancy. (4) The rate of self-care ability of pregnant women in 2017 increased by 51.7% year by year to 91.1% in 2021/7. (5) The first medical center initiate midwifery care on high-risk pregnant women, and won the 2020 SNQ gold award.

GRAPHS AND TABLES



Antenatal clinic care



Postpartum health care

DISCUSSION & CONCLUSIONS

Nowadays, midwives not only have handled low-risk pregnancy, but also have been given more important responsibilities and professional roles in high-risk pregnancy care. The integrated medical care model reduces pregnancy and childbirth complications, increases maternal self-care ability, and improves the quality of care and birth satisfaction.