

# ***Study on Maternity Nursing Safety Hazards and Prevention and Control Measures Based on Pregnancy Health Education***

**Lanhong Liu<sup>1</sup>, Ruilian Wang<sup>2\*</sup>**

<sup>1</sup>*wulian People's Hospital of Shandong Province, Rizhao, Shandong 262300, China*

<sup>2</sup>*Qingdao Zhanshan Sanatorium, Qingdao, Shandong 266071, China*

<sup>a</sup> *13686336590@163.com*

*\*corresponding author*

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**Abstract:** As a professional and social primary preventive measure of public health, pancreatic health education during pregnancy is an important part of maternal and infant health care. Comprehensive health education for pre pregnancy, early pregnancy, mid pregnancy, late pregnancy, maternal period, puerperium and newborns, so as to prevent birth defects, prevent pregnancy and perinatal depression and improve fetal health quality. There are two kinds of potential safety hazards in maternity nursing management, one is the problem of nursing staff, the other is the problem of pregnant women and their families. The preventive measures are to improve the comprehensive quality of nursing staff and cultivate their sense of responsibility. Attach importance to the writing of nursing documents and improve the legal awareness of nursing staff. Improve the utilization efficiency of nursing human resources and other targeted preventive measures. Taking targeted preventive measures against potential safety hazards in obstetric nursing management can effectively avoid maternal and infant trauma, improve nursing quality and reduce medical disputes, which has high application value.

## **1. Introduction**

With the improvement of people's living standards and the development of health services, the requirements for nursing work are getting higher and higher. Obstetrics and gynecology nursing is a relatively special subject in medical treatment. It is related to the safety of two people and affects the hearts of generations. [1]. There are many risks and uncertain factors hidden in obstetrics and gynecology nursing. Once a problem occurs, it will not only bring physical harm to the patient, but also bring a psychological shadow, and even medical disputes. Therefore, nurses in obstetrics and gynecology should continuously improve their own technical level and service awareness, do a good job in all aspects of nursing work, implement smiling services and humanized services [2]. Due to the relative lack of pregnant women's knowledge of pregnancy and childbirth, some

pregnant women may have different types of wrong behaviors and thinking during pregnancy, and produce different degrees of adverse psychological emotions such as anxiety and depression during childbirth, which will increase the occurrence of cesarean section, other complications and the extension of labor process, and seriously endanger the health of pregnant women and newborns [3]. In the process of outpatient care, by strengthening the health education during pregnancy, not only can the pregnant women improve their understanding of the labor process, but also they can effectively alleviate the anxiety and depression of pregnant women, reduce the incidence of cesarean section and reduce the negative impact of bad emotions on newborns and pregnant women [4]. The traditional concept believes that one thing that is very common in pregnancy life, it is impossible to correctly understand the potential multiple factors that can affect the pregnancy process and outcome, ignoring the limitations and unknowns of medicine, when the mother or (and) the child has an emergency, Family members often blame doctors and nursing staff, which leads to medical disputes [5]. Therefore, this article proposes a study on nursing safety hazards and prevention and control measures based on health education during pregnancy.

## 2. Health Education during Pregnancy

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As a professional and social primary preventive measure of public health, pregnancy health education is an important part of maternal and infant health care. Maternal health care refers to the systematic examination, monitoring, health care guidance and delivery treatment of pregnant women, fetuses and newborns from the beginning of pregnancy to 42 days after delivery. Including pre pregnancy, pregnancy, childbirth, puerperium health care knowledge and neonatal rearing points, so as to improve self-care ability [6]. Figure 1 shows the pregnancy examination.



*Fig.1 Examination during Pregnancy*

Pre-pregnancy health care: master the best birth opportunity, eliminate the psychological pressure before pregnancy, create a harmonious psychological environment before pregnancy, prepare for nutrition before pregnancy, eliminate the influence of adverse factors, consult eugenics and prenatal diagnosis, give medical guidance before pregnancy for serious diseases, and supplement folic acid 3 months before pregnancy, so as to prevent the birth of 80% children with neural tube malformation.

Early pregnancy health care: Based on the maternal physiological changes and fetal growth and development, the psychological changes and adjustments of the pregnant women in the first trimester are the main adjustments, early detection of pregnancy, and timely use of folic acid or

drugs containing folic acid to prevent fetal neural tube malformations are the preferred measures. Pay attention to dietary nutrition, alleviation and treatment of moderate and severe pregnancy reactions as the guiding content.

Health care in the second trimester of pregnancy: guidance and balanced nutrition in the second trimester of pregnancy as the main tone, based on the focus of nutrient demand in each month, combined with healthy psychological adjustment. Do a good job in prenatal screening, prenatal diagnosis and B-ultrasound examination to prevent abnormal fetal development, do a good job in family self-monitoring, second trimester gymnastics, prenatal education, regular prenatal examination, prevent pregnancy hypertension in the second trimester, and actively treat local genital tract infection.

Health care in the third trimester: mainly to prevent, dredge and alleviate prenatal focal deficiency, pay attention to prevention and treatment of pregnancy complications, screen high-risk groups, actively correct anemia and low calcium at an early stage, match targeted and reasonable meals, educate the benefits of breast feeding, understand the signs of labor, prepare before labor, choose delivery methods and places, and do well in gymnastics in the third trimester.

Health care during childbirth: fully understand the childbirth process, do a good job of psychological counseling during childbirth, apply childbirth analgesia, encourage companionship, the husband's participation in the childbirth process, and the treatment of common complications during childbirth.

Postpartum health care: moderately adjust postpartum mood, actively prevent postpartum depression, do a good job in postpartum nutrition and hygiene, master postpartum rehabilitation knowledge, breastfeeding skills, pay attention to the importance of colostrum, postpartum contraception methods and science education. Carry out postpartum exercises training to promote postpartum recovery.

Neonatal health care: understand the characteristics and health care of normal newborns, master feeding methods and skills, and be able to do a good job in potential development and early education.

### **3. Maternity Nursing Safety Hazards Based on Health Education during Pregnancy and Its Prevention and Control Measures.**

#### **3.1 Maternity Nursing Safety Hazards**

Maternity nursing involves prenatal guidance, basic nursing, psychological intervention, delivery, neonatal resuscitation, neonatal nursing, etc. You require nursing staff to strictly perform aseptic operation to avoid nosocomial infection endangering maternal and infant health. If the nursing staff did not record the illness in detail, execute the will mechanically, and observe the illness seriously, it may cause the abnormal omen of fetus, the change of newborn's illness, and the abnormal situation of parturient to be reported to the doctor in time, and fail to carry out timely and effective rescue, thus missing the best rescue opportunity.

Take midwives as an example. Their technical level directly determines the safety of mothers and babies, such as the prediction of prenatal labor progress, the estimation of prenatal fetal weight, the delivery methods during delivery, and the care of mothers and babies after delivery. , All may cause maternal hemorrhage and/or birth injury, neonatal asphyxia and/or birth injury. In addition, the safety hazards caused by the unskilled technical operation of midwives include scalds caused by high water temperature, colds caused by improper warming measures, injuries caused by putting on and taking off clothes, and infections caused by improper handling of the umbilical cord. If the midwife does not write the nursing documents carefully, the changes in the birth process and related treatment records may be inaccurate and incomplete, and cannot accurately reflect the problem. Not

only does it lose the meaning of the record, it is also not conducive to the division of responsibility for medical disputes.

Affected by the rapid changes of hormones in pregnancy, delivery and postpartum, the endocrine system of pregnant women is disordered, the state of nervous system is unbalanced, and stimulated by other factors, it is very easy to induce various psychological disorders of pregnant women. The most common is postpartum depression, showing a state of indifference, self blame and self sin, mental loss, and even the dangerous idea of killing others and suicide, Maternity nurses should pay enough attention to it. Figure 2 shows that pregnant women have insomnia and dreams.



*Fig.2 Insomnia and Dreaminess of Pregnant Women*

Affected by family economic status, education level and professional characteristics, pregnant women and their families often fail to observe and pay attention to the matters needing attention in hospitalization and leave the hospital without permission, which leads to the failure of regular monitoring and testing.

### **3.2 Prevention and Control Measures**

Health education during pregnancy can relieve the psychological pressure of pregnant women and their families on childbirth, and enhance their confidence in natural childbirth. The psychological factors of pregnant women have a great influence on the way of delivery, so that the pregnant women can correctly understand pregnancy and obtain the corresponding delivery skills at the same time, so as to eliminate the adverse psychological factors of pregnant women and promote natural delivery. Figure 3 shows the nursing of obstetric staff.



*Fig.3 Nursing Care of Obstetric Staff*

First, formulate a practical safety management system according to obstetric affairs. In addition, optimize the allocation of nursing staff in combination with the patient needs and actual workload of the hospital, adopt flexible shift scheduling system and strengthen shift management. According to the level of hospital nursing staff, the core competence training shall be carried out. In addition to the necessary nursing skills training, various lectures and other activities shall be carried out to improve the sense of responsibility of nursing staff, and the nursing staff shall be assessed regularly. Implement perinatal health education in various forms, strengthen communication with pregnant women and family members, and dredge bad emotions.

Regularly check the environmental facilities in the ward, appropriately limit the number of visitors, and reduce the occurrence of potential safety hazards. Strengthen the inspection and maintenance of water heaters and air conditioners to ensure that the indoor temperature is appropriate and the bath water temperature is normal, so as to avoid accidents such as eye sensation and scald of rabbits and newborns. The room temperature is kept at 28°C-30°C, and the water temperature is kept at 38°C-40°C. Regularly check the heating box, and repair it in time if any abnormality is found. Immediately after the baby is delivered, tell the mother's sex clearly, and let her check the genitals of the newborn. Then, correctly record the name, sex and corresponding bed number of the newborn in the case, and clearly mark the above information on the wrist strap of the newborn for later check. Before and after each baby shower, check the wristband information. If it is found to be ambiguous or incomplete, the information should be completed in time after careful and accurate verification. In order to avoid accidents, the sockets, thermos bottles, monitoring equipment, and wires in the ward should be checked regularly, and any problems should be reported for repair in time. In addition, pregnant women have inconvenient mobility and poor flexibility. In addition to providing necessary assistance, they should also ensure that the corridors and aisles are free of water and oil stains, the ground is dry and unobstructed, and the lighting facilities are intact to prevent pregnant women from tripping.

#### **4. Conclusions**

By providing health education and guidance during pregnancy, pregnant women can effectively improve their cognitive behavior and alleviate their negative psychological emotions. By explaining relevant common sense about the delivery process to pregnant women, pregnant women can correct

their wrong cognition about natural delivery, and then take the initiative to choose the natural delivery mode, and use abdominal pressure to better cooperate with the delivery process. Obstetrics and gynecology nursing is a complex and special work, which affects thousands of families and brings joy and hope to pregnant women and their relatives. The existence of potential safety hazards is like a time bomb. If it is not handled properly, it will bring disaster at any time, which no one wants to see and happen. Reducing the incidence of adverse events in obstetrics and gynecology is of great practical significance for maintaining family harmony and social harmony. Many factors will lead to potential safety hazards, and it is difficult for patients and their families to understand nursing accidents. In practical nursing work, nursing staff must be familiar with the risks in each link and master the effective methods of preventing, avoiding and dealing with risks. Nursing staff must proceed from the interests of patients, work actively, patiently, and responsibly, pay attention to details, strengthen the spirit of being cautious, and improve the acuity of observation and the level of clinical operation, which is of great significance for reducing the occurrence of potential safety hazards. All in all, through health education and guidance, not only the natural delivery rate and common sense recognition rate of pregnant women in the obstetrics and gynecology department can be improved, but also the anxiety and depression of pregnant women can be improved, and the pregnant women's delivery time can be greatly shortened. Taking targeted preventive measures against hidden safety hazards in maternal and obstetric care management can effectively avoid mother and child trauma, improve the quality of care, and reduce medical disputes, and has high application value.

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