



Management Strategies of Pregnant Women: A Panacea for Safe Delivery of Pregnant Women in Akwa Ibom State

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Abstract: The aim of this paper was to assess the management strategies of pregnant women: a panacea for safe delivery of pregnant women in Akwa Ibom State. Descriptive survey design was used. Stratified sampling technique was used to select 100 pregnant women and 20 nurses which gave a total of 120 respondents used in the study. The research instrument used for data collection was a structured questionnaire titled “MANAGEMENT STRATEGIES OF PREGNANT WOMEN AND SAFE DELIVERY QUESTIONNAIRE (MSPWSQ). Face and content validation of the instrument was carried out by an expert in testing, measurement, and evaluation to ensure that the suitability of the instrument for the study under consideration. The reliability coefficient result of 0.78 was obtained thus the instrument was considered reliable for the study. Cronbach’s Alpha statistical tool was used to test the hypothesis at 0.05 alpha level of significance. The study revealed that knowing what to expect and addressing any issues early on can help ensure a safe delivery. It is important to understand that managing a pregnancy takes specialized care. One of the best methods for managing risk during a pregnancy is to prioritize your physical and emotional well-being. Making lifestyle changes, such as stopping smoking and cutting down on alcohol consumption, can have a profound impact on both mom and baby’s health. The study concluded that there is a significant influence to which management strategies has contributed to safe delivery in Akwa Ibom State. One of the recommendations made was that: all pregnant women should ensure that they manage their pregnant conditions very well by having balanced diet as regular breakfast; eating foods that are high in fiber; drinking fluids, particularly water to avoid constipation; avoid alcohol, raw or undercooked fish and meat and as well doing moderate-intensity aerobic activity at least 150 minutes a week.

Keywords: Management Strategies, Pregnant Women, Safe Delivery and Akwa Ibom State.

Introduction

Maternal mortality and morbidity continue to be a significant problem in many countries, despite a worldwide focus on the need to improve maternal health. An estimated 99% of all maternal deaths occur daily. Developing countries continue to grapple with a huge burden of maternal and child mortalities where many women die as a result of pregnancy and childbirth-related complications (Sumankuuro, 2017). The situation calls for the adoption of drastic measures to stem the tide.

Among the various strategies adopted to curb this menace are improvement in access and utilization of antenatal care services, increase in number of women who are attended to by skilled healthcare personnel during child birth, and provision of relevant postpartum or postnatal health services to both mothers and babies (Lassi, 2014). Antenatal care (ANC), the first on the list of interventions, is broadly defined as encompassing pregnancy-related services provided between conception and the onset of labor with the aim of improving pregnancy outcomes and/or the health of the mother and/or child (Hollowell, 2011). This care involves a series of assessments and appropriate treatments covering three components: monitoring of the health status of the woman and the fetus; provision of medical and psychosocial interventions; and support and health promotion. Antenatal care has over the years proven to be a good panacea to the problem of maternal and child mortalities. It is a key indicator of the Sustainable Development Goal (SDG) reducing the global maternal mortality ratio to less than 70 per 100,000. Among others, ANC is commonly understood to have beneficial impact on pregnancy and birth outcomes through early diagnosis and treatment of complications as well as promoting the health of the pregnant woman through nutrition (Dibaba, 2013). Antenatal care services create the opportunity for service providers to establish contact with the woman to identify and manage current and potential risks and problems during pregnancy. It also creates the opportunity for the woman and her care providers to establish a delivery plan based on her needs, resources, and circumstances (Kuuire, 2017). Again it creates opportunity for screening for such conditions as HIV and Sexually Transmitted Infections among others. The main impact of Antenatal care is that it can lead to a reduction in severe anemia and cases of obstructed labor, and it improves the treatment of medical conditions (Pell, 2013). Although Antenatal care alone cannot prevent all obstetric emergencies, the information provided during Antenatal care services can go a long way to ensure the successful management of pregnancies and the subsequent wellbeing of the child.

According to WHO (2014), most incidents of maternal deaths are due to direct obstetric causes such as hemorrhage, sepsis, unsafe abortion, obstructed labor, and hypertensive disorders. These complications occur around the time of delivery and are difficult to predict, but can be effectively managed and deaths averted through health facility delivery equipped with skilled birth attendants placed in an enabling environment. Skilled attendants can perform deliveries either at home or health facilities, but the most efficient strategy for lower income countries like Eritrea is to place them in health facilities with a reliable referral system. The World Health Organization (WHO) recommends that every delivery be overseen by a skilled birth attendant (SBA) a health professional who can identify and manage normal labor and delivery; and identify and treat complications or provide basic care and referral.

Concept of pregnancy

Pregnancy is the time during which one or more offspring develops (gestates) inside a woman's uterus (womb) (Mosby, 2009). Pregnancy also occurs when a sperm fertilizes an egg after it's released from the ovary during ovulation. The fertilized egg then travels down into the uterus, where implantation occurs. A successful implantation results in pregnancy. A multiple pregnancy involves more than one offspring, such as with twins. Pregnancy usually occurs by sexual intercourse, but can also occur through assisted reproductive technology procedures (Shehan, 2016). A pregnancy may end in a live birth, a miscarriage, an induced abortion, or a stillbirth. Childbirth typically occurs around 40 weeks from the start of the last menstrual period (LMP), a span known as the gestational age. This is just over nine months. Counting by fertilization age, the length is about 38 weeks. Pregnancy is "the presence of an implanted human embryo or fetus in the uterus"; implantation occurs on average 8–9 days after fertilization. An embryo is the term for the developing offspring during the first seven weeks following implantation (i.e. ten weeks' gestational age), after which the term fetus is used until birth (Abman, 2011).



A woman in the third trimester of pregnancy

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| Specialty | Obstetrics, midwifery |
| Symptoms | Missed periods, tender breasts, nausea and vomiting, hunger, frequent urination ^[1] |
| Complications | Miscarriage, high blood pressure of pregnancy, gestational diabetes, iron-deficiency anemia, severe nausea and vomiting ^{[2][3]} |
| Duration | ~40 weeks from the last menstrual period (38 weeks after conception) ^{[4][5]} |
| Causes | Sexual intercourse, assisted reproductive technology ^[6] |
| Diagnostic method | Pregnancy test ^[7] |
| Prevention | Birth control (including emergency contraception) ^[8] |

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Pregnancy can be single or multiple. The latter refers to conceiving two or more fetuses at the same time or conceiving one zygote which divides into two or more separate zygotes at a very early stage of development and forms two fetuses. Childbirth usually occurs about 38 weeks after conception. In women who have a menstrual-cycle length of four weeks, this is approximately 40 weeks from the start of their last normal menstrual period. Human pregnancy is divided into three trimester periods as a means to simplify reference to the different stages of prenatal development. The first trimester carries the highest risk of miscarriage (natural death of embryo or fetus). During the second trimester, the development of the fetus is more easily monitored. The beginning of the third trimester often approximates the point of viability, or the ability of the fetus to survive, with or without medical help, outside of the uterus. Prenatal care improves pregnancy outcomes. Nutrition during pregnancy is important to ensure healthy growth of the fetus (Lammi-Keefe, 2008). Prenatal care may also include avoiding recreational drugs (including tobacco and alcohol), taking regular

exercise, having blood tests, and regular physical examinations. Complications of pregnancy may include disorders of high blood pressure, gestational diabetes, iron-deficiency anemia, and severe nausea and vomiting. In the ideal childbirth, labor begins on its own "at term".

Concept of Management Strategies of Pregnancy

Pregnancy is a physiological event, which can cause stress and anxiety in the mother due to neuroendocrine, physical, psychological, and social changes. Complications of stress during pregnancy, delivery, and lactation include abortion, nausea and vomiting, preeclampsia, weight loss, preterm labor, low birth weight, episiotomy infection, postpartum depression and increased probability of elective or emergency cesarean section hence the need for mental coping strategies. Prenatal coping strategies are a series of cognitive and behavioral efforts that an individual uses to manage the stressful event during pregnancy.

Coping behaviors during pregnancy are divided into three categories of planning- preparation, spiritual-positive coping, and avoidance. Pregnant women who seek information about pregnancy, childbirth, and meeting the pregnancy needs use planning-preparation strategy to cope with stress (Farideh, 2021). Women who practice praying and go to religious places in order to cope with stress and have a good pregnancy and a healthy child use spiritual-positive strategy, and those who cannot ignore the physical changes during pregnancy and try to conceal their feelings about pregnancy use the avoidance strategy. Researchers have showed that using inappropriate coping strategies is associated with postpartum depression and adverse pregnancy outcomes. Most women use the spiritual-positive strategy to cope with pregnancy-induced stress.

The provision of health education during pregnancy has been shown to be an important strategy of prenatal care. This approach has been associated with a broad variety of maternal and child outcomes including reduced prematurity and low birth weight, and increased rates of initiation and continuation of breastfeeding.

Concept of Safe Child Delivery

Safe child delivery is the proper control of the risks to the health and safety of persons. Every pregnant woman needs to know that the most important way to insure a healthy, safe birth is to choose a provider and place of birth that provide evidence-based maternity care and do not interfere in the natural, physiologic process of birth unless there is a compelling medical indication to do so. To ensure a safe delivery every pregnant woman also needs to know that birth is intended to happen simply and easily and that six key birth practices make birth safer for mothers and babies. Every pregnant woman also needs to know that the standard maternity care is not evidence-based and, therefore, the health-care provider and place of birth will influence the care that she receives in powerful ways. Childbirth education can help women simplify pregnancy and birth and be a resource for understanding how decisions about maternity care influence the health and safety of mothers and babies.

The World Health Organization identifies practices that promote, support, and protect normal birth (Chalmers & Porter, 2001). Some of the healthy safe practices include;

➤ Let Labor Begin on Its Own (Amis, 2009)

In most cases, the best way to insure that the baby is ready to be born and the mother's body is ready to birth her baby is to let labor begin on its own. In the last weeks of pregnancy, the baby moves down into the pelvis, the cervix softens, and the uterine muscle becomes more receptive to oxytocin. The baby's lungs mature, and he puts on a protective layer of fat. Every day makes a difference in how mature the baby is and how well he is able to make the transition to life outside the womb (Kamath, Todd, Glazner, Lezotte, & Lynch, 2009). Every pregnant woman needs to know that it is healthier and safer for both mother and baby to let labor begin on its own.

➤ Walk, Move Around, and Change Positions Throughout Labor (Shilling, 2009)

Moving in labor helps women cope with strong and painful contractions while gently moving the baby into the pelvis and through the birth canal. The pain of contractions can be a guide to the

laboring woman as she moves in response to what she feels, trying to find comfort as the contractions become increasingly strong. Finding comfort in a variety of ways, including movement, helps labor progress. When women are able to cope with increasingly strong contractions, increasing amounts of oxytocin are released, and this keeps labor progressing. Movement in response to pain also protects the baby and the birth canal, especially during pushing. Research supports that walking, movement, and changing positions may shorten labor, are effective forms of pain relief, and are associated with fewer non reassuring fetal heart rate patterns, fewer perineal injuries, and less blood loss.

➤ **Bring a Loved One, Friend, or Doula for Continuous Support (Green & Hotelling, 2009)**

In labor, women feel better when cared for and encouraged by people they know and trust. For most women, that means family or close friends. Family and friends support the laboring woman in simple but important ways: protecting her privacy, helping her get comfortable, creating a cocoon that helps her feel safe and protected. This is especially important in the unfamiliar and often overwhelming hospital environment. Every pregnant woman needs to know that continuous emotional and physical support in labor makes birth safer and healthier for mother and baby.

➤ **Avoid Giving Birth on the Back, and Follow the Body's Urges to Push (DiFranco, Romano, & Keen, 2009)**

Upright positions including squatting, sitting, or lying on the side make it easier for the baby to descend and move through the birth canal. Changing positions helps wiggle the baby through the pelvis by enlarging pelvic diameters. It is also more comfortable to give birth in positions other than on the back. The use of upright or side-lying positions during second-stage labor is associated with a shorter duration of second-stage labor, fewer forceps or vacuum births, fewer episiotomies, fewer abnormal fetal heart rate patterns, and less chance of having severe pain during pushing. Directed pushing is more stressful for the baby and is associated with increased risk of pelvic floor dysfunction. The alternative is to wait for and follow the instinctive urges to push that happen as the baby moves down the birth canal. Even with an epidural, it is safer to wait until the baby moves through the mother's pelvis on its own. Every pregnant woman needs to know that it is safer and healthier for mother and baby when the laboring mother pushes in positions other than on her back and follows her own urges to push rather than pushing in a directed way.

Types of management strategies of pregnant women

Pregnancy is typically a time of joy and anticipation. It can also be a time of anxiety and concern. Listening and talking respectfully and sensitively with a woman and her family can help build the woman's trust and confidence in her health care providers. Multiple factors may influence women's psychological status before, during and after pregnancy (World Health Organization 2017). A woman's psychological status in turn influences her ability to care for herself and her baby and to follow health care recommendations. Therefore, to achieve optimal outcomes, it is as important to provide emotional and psychological support as it is to provide medical care.

Some other types of management strategies for pregnant women is mentioned below Askaway (2023);

➤ **Seek Care from an experienced provider**

It's important to understand that managing a pregnancy takes specialized care. An experienced provider can give you the resources, tests, and guidance you need to manage risk factors associated with your condition. Be sure to research providers in your area and schedule an appointment as soon as possible.

➤ **Implement healthy lifestyle choices**

One of the best methods for managing pregnancy is to prioritize your physical and emotional well-being. Making lifestyle changes, such as stopping smoking and cutting down on alcohol consumption, can have a profound impact on both mom and baby's health. Additionally, ensure you

eat a balanced diet rich in essential nutrients and stay hydrated throughout the day. Exercise regularly under your provider's guidance to help manage stress and improve overall physical health.

➤ **Learn about pregnancy**

Educating yourself on pregnancy stages is an important first step. Knowing what to expect and addressing any issues early on can help ensure a healthy outcome for both mother and child. Talk to your doctor about any medical concerns you may have, as well as any tests that may be necessary during your pregnancy. Learning the symptoms of premature labour or other signs of distress allows you to take the appropriate action should they arise.

➤ **Understand treatment options**

It's important to understand the treatment options that are available for your pregnancies. Your doctor may recommend medications or lifestyle changes as part of your plan, so it's important to learn as much as possible and ask questions if you don't understand something. Depending on the risks present, your doctor may suggest bed rest, medications, special care during labour and delivery, or other treatments. Discuss all possible treatments with your physician to ensure that you are taking the steps necessary to ensure a healthy outcome for yourself and your baby.

➤ **Attend Antenatal**

Once your pregnancy is confirmed, it's important to see a doctor or your midwife. Even if your pregnancy is going well and you're feeling well, it's important for you to attend your appointments so that any potential risks can be identified and prevented, or reduced. It's also a great opportunity to ask any questions you have about your pregnancy such as what's happening during each trimester, physical pregnancy symptoms and the birth itself. You may want to ask questions about caring for your baby after the birth. You can also get support to help you with your lifestyle, including mental health or dietary advice, or help quitting smoking or avoiding drinking alcohol. You can discuss any problems you might be having at home.

Conclusion

The study concludes that Pregnancy is the time during which one or more offspring develops inside a woman's uterus. Antenatal care services which have been identified as one of management strategies create the opportunity for service providers to establish contact with women to identify and manage their current and potential risks and problems during pregnancy. It also creates the opportunity for the woman and her care providers to establish a delivery plan based on her needs, resources, and circumstances.

Recommendation

1. All pregnant women should ensure that they manage their pregnant conditions very well by having balanced diet as regular breakfast; eating foods that are high in fiber; drinking fluids, particularly water to avoid constipation; avoid alcohol, raw or undercooked fish and meat and as well doing moderate-intensity aerobic activity at least 150 minutes a week.
2. Government, through the Ministry of Health and other Health Service, should extend immediate assistance clinics, health centers, and laboratories, to keep them functioning efficiently and effectively.
3. They should be a public awareness among pregnant women on the benefit of antenatal and how it can curb maternal mortality

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