

3rd International Conference on

NURSING & MIDWIFERY

May 23-24, 2018 | New York, USA

Nursing-first do no harm: Interventions during childbirth

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Florence Nightingale (1859) stated that "It may seem a strange principle to enunciate as the very first requirement in a hospital is, that it should do the sick no harm." This admonition is especially pertinent for maternity nurses. Every nurse attending a childbearing woman must be mindful of the possible consequences and risks of each intervention he/she initiates in order to weigh the possible benefits of the intervention against its potential detrimental effects for both mother and neonate. This is even more relevant with the increase in technology and interventions available today. While it cannot be argued that medical and technological advances in maternity care have drastically reduced maternal and infant mortality rates over the last century, these interventions have become too commonplace if not routine in hospitals today. When used appropriately, they can be life-saving procedures. However, their routine use, in the absence of valid indications, transforms childbirth from a normal physiologic process and family life event into a medical or surgical procedure for many childbearing women. Every intervention presents the possibility of untoward effects and additional risks that engender the need for more interventions with their own inherent risks. This presentation will review ways to minimize common interventions in childbirth and ways to ensure that nurses first do no harm.

Biography

Betty Carlson Bowles, PhD, RNC-OB, Lauren Jansen, PhD, RN and Martha Gibson, PhD, RN, MCHES are all Associate Professors of Nursing at their respective universities with a combined 90 years of experience in obstetric nursing and nursing education. They have conducted research together, published regularly in referred nursing journals and presented at national and international conferences including recent presentations in Paris and Athens.

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