



Enhancing Maternal and Child Health Outcomes Through Comprehensive Nurse-Led Programs and Initiatives

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Abstract

Background: Maternal and child health outcomes are critically influenced by the effectiveness of nursing interventions, particularly in low- and middle-income countries. This study explores the impact of comprehensive nurse-led programs on enhancing maternal health, specifically focusing on the prevention of maternal wound sepsis, which significantly contributes to maternal morbidity and mortality.

Methods: A review of current literature was conducted, analyzing various nurse-led initiatives across primary, secondary, and tertiary healthcare settings. Emphasis was placed on interventions designed to improve antenatal care, infection prevention, and postpartum support. Data were synthesized to evaluate the effectiveness of these interventions in reducing complications associated with maternal sepsis.

Results: The findings indicate that targeted nurse-led interventions, including education on wound care, early identification of infection signs, and enhanced communication with patients, significantly decrease the incidence of maternal wound infections. Programs

that incorporate community health workers alongside skilled nurses have proven particularly effective in improving access to care and health literacy among underserved populations. Additionally, the review highlights the role of nurses in implementing evidence-based practices that align with global health initiatives.

Conclusion: This review underscores the essential role of nurses in enhancing maternal health outcomes through comprehensive, evidence-based interventions. By addressing barriers to care and providing education and support, nurse-led programs can effectively reduce maternal morbidity and mortality related to wound sepsis. Continued investment in nursing education and training is vital for sustaining these improvements and ensuring safe maternal health practices globally.

Keywords: Maternal Health, Nurse-Led Interventions, Wound Sepsis, Infection Prevention, Low-Income Countries.

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1. Introduction

Recent evidence suggests that effective training, implementation, and recruitment of nurses can enhance healthcare access and outcomes for underserved populations and in remote areas. Nurses play a crucial role in achieving the Millennium Development Goals and Sustainable Development Goals. Nursing interventions across primary, secondary, and tertiary levels of prevention are recognized for their effectiveness in reducing mortality and morbidity [1-5]. Bangladesh, a low-income country, has made significant strides in enhancing patient outcomes through the strategic allocation of nurses across various specialized areas. This includes antenatal check-ups conducted by community health skilled birth attendants (SBAs), fever case management by skilled nurses to combat malaria or dengue, and both preoperative assessments and postoperative care provided by nurses with specialized training in surgical and obstetric wards or perioperative settings [6-8].

The WHO indicates that addressing the shortage of nurses can be achieved through strategic and efficient training, highlighting their varied responsibilities that extend beyond the common misconception of being merely assistants to physicians, along with the appropriate utilization of mid-level nurses. Maternal sepsis, characterized as an infection occurring during pregnancy, childbirth, post-abortion, or the postpartum period, accounts for 10% of the global estimated maternal mortality. It stands as the second leading cause of direct maternal mortality, following haemorrhage [9-12]. Surgical site infection (SSI) represents one third of maternal infections. Despite the fact that SSI is a preventable condition, the adoption of its preventative measures, including the World Health Organization (WHO) surgical safety checklist, which is a component of the Safe Surgery 2015 initiative, continues to fall short. Studies indicate that surgical patients in Low Middle-Income Countries (LMICs) face a 2-3 times higher risk of acquiring such infections [13-16]. In surgical patients, the organisms found on the skin at the incision site are the primary sources of these infections. Maternal sepsis is reported to be more

prevalent in developing countries (93%) compared to developed regions (4%) of the world [17-23].

2. Significance of Preventing Maternal Wound Sepsis

Sepsis during pregnancy and postpartum, along with other maternal infectious morbidities, results in systemic inflammation, necessitating timely identification, triage, and management to reduce both short- and long-term effects. Maternal sepsis can originate from both community settings and healthcare facilities, with postcesarean wounds often serving as the entry point for potential pathogens [24-27]. Other postpartum infectious complications, including urinary tract infections and puerperal sepsis, can interfere with the typical postpartum recovery process and may result in unnecessary readmissions, along with added financial and health burdens for women and their families. Nurses play essential roles in infection control and related interventions that focus on both health systems and patient care activities [2-7].

In high-income countries, nurse-led surveillance, education, and point-of-care quick diagnostic tests have shown success in effectively addressing healthcare facility-related infections, indicating that similar efforts in maternal sepsis prevention may yield positive results. The specialties of nurses are crucial in managing critically ill patients, indicating that they can provide valuable insights for advancing evidence related to the classification of maternal sepsis severity, its management, and infection control. The incidence of maternal mortality and severe maternal health complications continues to be elevated, especially in low- and middle-income nations, many of which are still facing challenges related to the quality of institutional care. Sepsis and various maternal infectious morbidities frequently arise from childbirth practices, insufficient infection prevention measures, and inadequate follow-up care.

Access to skilled birth attendants continues to hinder optimal care for numerous women; nonetheless, even when services are accessible, low- and middle-income countries face stockouts, inadequate quality of care, and insufficient support for capacity building [3-7]. The foundation of evidence to inform the prevention and management of sepsis and other infectious health issues among women in low- and middle-income countries is still in its early stages. Numerous reports outline the worldwide impact of sepsis in both developed nations and resource-limited environments, emphasizing the ongoing challenges related to quality care. Nurses can play crucial roles in the prevention, identification, and management of sepsis in women, similar to their involvement in other infectious diseases [8-9].

3. The Contribution of Nurses to Maternal Health

A respondent residing in the high-density suburb noted that during childbirth, nurses played a crucial role due to the significance of their contribution. While nurses have been recognized for their important contributions, studies on nurse-led interventions during the postnatal period aimed at preventing maternal sepsis from episiotomy infections indicated that nurses primarily concentrated on the condition of the stitches rather than

adhering to proper inspection protocols [10-13]. Nurses possess the necessary knowledge; however, the challenge primarily lies in the complete application of that knowledge. While it is their responsibility to inspect mothers' wounds, there are instances when they may neglect this duty for an entire day due to the fear instilled by the mothers' inflamed private areas. This requires an emphasis on a coordinated and inclusive strategy at the community level that tackles the challenges based on locally generated insights and theoretical frameworks [15-18].

Nurse-Led Strategies for Preventing Maternal Wound Sepsis. The search presents keywords such as pampering, satisfaction, skin care, mother wound infection, and family grave, which allow for an inference on how skin care practices and their ethical implications play a role in preventing serious wounds caused by maternal wounds. Suture. The results and their key points were presented for discussion to consolidate them in a cohesive manner that informs the professional practice of nurses and midwives in their leadership roles. This article discusses the role of nurses in safeguarding the rights of individuals and families, particularly focusing on autonomy during the maternal and neonatal puerperal period in the context of postoperative wound care. In the academic context, advancements in the scientific understanding of diseases are viewed as restrictive, owing to the challenges of interdisciplinary sharing, and subordinate in comparison to other nursing fields concerning the hierarchy of IBR8 nursing disciplinary knowledge. The discussion surrounding the ethical implications of skin care underscores the ethical dilemmas present in nursing practice, prompting a critical analysis of potential synergistic actions for nursing as referenced in [9].

Maslow's hierarchy of needs offered a framework for exploring the involvement of nurses and midwives concerning their leadership in wound care, parenting, and the prevention of wound sepsis. The framework, in itself, among all distinct objectives, can serve as a foundation for the development of nurse-led interventions that align with their ethical responsibilities in upholding the "rights of health" and also for funding professional practices, thereby enhancing the family institution. The investigation focused on the evidence regarding the effects of maternal wound sepsis on the skin, the mother's self-esteem and functionality, as well as its impact on the neonatal family.

4. Nursing Education and Training

A simple wound, referred to as a suture, incision, or laceration, is a break in the skin, exposure of the endometrium, or peritoneum that occurs without the need for extensive tissue manipulation or entry into an infected cavity, even if contaminated, such as with endometrial or gastrointestinal contents [6]. Few Matron or Preoperative Guidelines for Antimicrobial Prophylaxis are followed satisfactorily, and antibiotics and antimicrobial agents are initiated. USAID has released an advanced protocol to address longstanding obstetric, fetal, and early infectious issues in newborns. Nurses must complete a short-term competency and be capable of delivering timely and efficient education. Insulin and insulin syringes, parental infusions, epinephrine Epipens, and precautionary measures for needle leakage were advised. Access to emergency drugs and facilities is essential for

the prompt arrest and management of anaphylaxis. Training for online and mobile applications can be integrated into the degree program and the workplace education and training package for nurses, ensuring it does not impose a significant burden on the healthcare provider. The nurses tasked with delivering maternal wound sepsis care, who will be committed to providing support, include registered/licensed practical nurses and/or nurse midwives [9].

The nurses are capable of operating at this level due to the implementation of straightforward infection control policies and practices. They have also undergone specialized training in wound care, equipping them to assist in the treatment and management of wounds, apply bandages after cleaning, handle hospitalized cases, and monitor for signs of infection. Formal training in biomedical implant management might be necessary. Excluding male staff from policies can impact service delivery, as male midwives might be the only option for certain mothers in environments or cultures that require preferential treatment. Pregnant women presenting with deep abscesses may be treated by specialized surgeons or advanced practitioners. A surgeon or surgical assistant may be necessary in certain cases for patients dealing with bed sores [11].

5. Execution of Evidence-Based Practices

Moreover, enhancing these measures to combat maternal wound infections can lead to better health outcomes for mothers by lessening the worldwide maternal sepsis burden. Support for the mental health of health care workers is essential to build resilience and cultivate a workplace culture that recognizes and promotes positive values and attitudes. This can be accomplished by implementing achievable patient safety initiatives at the organizational level within the Women's and Neonatal divisions, along with ensuring adequate rest breaks. A comprehensive approach to understanding our achievements in lowering maternal and perinatal mortality rates can lead to effective strategies for preventing trauma, hemorrhagic issues, pre-eclampsia, and other forms of sepsis. Sepsis continues to pose a considerable global challenge for women and families, leading to extended recovery times and lasting disabilities. However, a fundamental understanding of sepsis prevention strategies can be life-saving—enhancing and solidifying our existing knowledge as we expand the body of evidence [15].

The Puerperium Legacy focuses on public health and political action that affirm the "right to life and health" that women deserve during this crucial phase of their lives, achievable through a Circle of Security that protects deliveries. This strategy is founded on three essential pillars: the timely arrival of a skilled birth attendant within two hours, the presence of a well-paved road, and an operational communication system (transceivers) that facilitates a connection from the home to the facility. The intricate and multifactorial nature of sepsis highlights the clear potential for enhancing maternal health outcomes through targeted sepsis prevention strategies [17]. Successful implementation fosters the adoption of advanced practices that mirror improvements, engaging late adopters and non-adopters at both patient and organizational levels, thereby bridging gaps in knowledge and application. Asking both "why" and "why not" questions can assist in

uncovering the underlying reasons for inadequate implementation and identifying ways to tackle the issue. Employing the ABCDEs of quality improvement by activating numerous registries that assess secondary process outcomes, including successful ANC, facility-level professional resources, and patient-reported outcomes through mixed method approaches, would promote enduring changes in care.

The primary principle of self-care management for caesarean surgical site infections, as advised by various guidelines, focuses on educating women to identify signs of infection and to take the initiative in seeking care. Providing information to women about signs of infection, the expected healing process, and the consequences of poor techniques—such as hygiene-related wound disturbance, inadequate nutritional practices, and psychological factors like depression, fear, and posttraumatic stress—is crucial. These elements significantly influence the development, perception, and monitoring of wound healing. The nurse plays a crucial role in delivering essential information to women regarding the dressing procedure, pain management, coping strategies, and nutrition.

Additionally, the nurse must evaluate knowledge acquisition, identify symptoms of infection, and assess self-efficacy in performing self-care monitoring during discharge planning and prior to the patient's release from the hospital. The development of the information included in the educational module must involve collaboration with a range of stakeholders, especially nurses, who can utilize their community-based experience to clarify information and strategies for improving conditions. The ongoing evaluation and observation of the healing process, particularly concerning the surgical incision following a caesarean section, are essential elements of self-care management that improve the decision-making process about when to seek consultation or professional care. Among the consultations conducted by women post-caesarean after discharge, fifty percent lead to a diagnosis of surgical site infection [17]. Earlier research indicated that merely 45% of participants were able to identify and categorize a purulent exudate as indicative of infection. Although an incisional infection necessitates medical intervention, a delay in recognizing this condition leads to late detection of the infection, as healthcare is typically pursued only after the infection has developed and spread to superficial or deep spaces.

Numerous studies have highlighted the challenges in recognizing and identifying signs of infection, particularly among women who encounter various obstacles such as low health literacy and differing norms influenced by individual, social, and cultural factors across different regions of the world. If not identified, surgical site infection can lead to a range of health issues, including severe pain, restricted mobility, and pus formation, which may result in healthcare-associated infections, financial difficulties, psychological challenges, and complications in mother-child interactions. In environments characterized by rural, low-income, and limited resources where the research took place, understanding healthcare and evaluating wounds post-hospital discharge would be extremely beneficial to accelerate interventions, encourage early problem detection, and reduce delays in obtaining medical care. The significant distances that women must travel to reach healthcare facilities contribute to delays in obtaining necessary and timely care. It is

essential to investigate community-centered interventions for the timely identification of wound complication symptoms [15].

6. The Effect of Nurse-Led Interventions on Maternal Health Outcomes

An intervention centered on nurses can effectively lower the rates of maternal wound sepsis when nurses participate in care delivery, preoperative assessment, and discharge education. Nurses employ various strategies such as preoperative skin antisepsis, dedicating additional time to ensure proper sterile draping, and utilizing skin glue as one of the closing layers while adhering to a double gloving protocol. This study also demonstrates that the nurse-led protocol improved compliance with the simultaneous preoperative intravenous antibiotic dosing. An intervention led by a team that included both perioperative and postoperative caregivers led to a decrease in SSIs. Nurses have the potential to impact these outcomes due to their extensive interaction with prenatal maternal patients. Nurses carry out the most thorough patient postoperative assessments during the night, a time when wound infections typically become apparent. Hospital floor training for registered nurses includes specific skills related to wound appearance. Advancements in nurse monitoring technologies have significantly improved the assessment skills for long-distance hospital-defined maternal patient recovery outcomes [15].

7. Decreased Incidence of Maternal Wound Infections

The study offered background information on the research problem and emphasized several key aspects related to it. The issue has been addressed regarding the implications of nurse-led prophylaxis through the conceptual model. The research approach was articulated in qualitative terms, incorporating quantitative references. The elements of the conceptual model included operational definitions and self-regulation. The research proposal included a definition of wound sepsis and its application. The research models encompass concept mapping, principles, theories, and the application of tools and methods across various disciplines [14]. The skin disinfectants utilized in hospital environments included chlorhexidine 2% gluconate, povidone iodine, and isopropyl alcohol. Approximately 6% of hospital-acquired infections were reported through sterilization. The research hypothesis indicated that 2% chlorhexidine gluconate should be the preferred choice for surgical skin preparation. The research proposal included a discussion on appropriate antiseptic bathing for preoperative cleansing, but this was not addressed in the research study. The research study conducted by the American College of Surgeons recommended the use of 2% chlorhexidine gluconate for antiseptic bathing in surgical skin preparation to minimize the risk of surgical site infections [11].

The nurse-led intervention, adhering to WHO principles, demonstrated that the procedures involved the sterilization of gloved hands and the consistent application of aseptic technique throughout the surgical procedure. The findings contrast with an earlier study that indicated a 71% reduction in surgical site infections following the implementation of a 12-month Infection Control Program utilizing WHO surgical safety checklists in patients who underwent only gynecologic surgical procedures. While the

endpoints used by the previous study were akin to the attribution of CDC criteria, it is important to note that the clinical findings were diagnosed and confirmed by the surgical team members responsible for direct patient care. This indicates that the SSI may have been underdiagnosed, leading to an underestimation of the reduction in comparison to the current study. The prior study suggested the implementation of active surgical site infection surveillance reviews due to underdiagnosis [17]. The research findings underscore the significance of prophylactic interventions in the prevention of gynecologic surgical site infections, as highlighted in the article. The findings from the study have underscored valuable insights gained from these nurse-led initiatives in developing nations. The findings are corroborated by similar studies conducted at secondary hospitals, demonstrating that nurse-led prophylaxis for preventing gynecologic surgical site infections is attainable.

In their study titled "The efficacy of topical application of honey on cesarean section wound," researchers evaluated the wound healing process of seventeen clients whose cesarean-section wounds were treated topically with honey. Clients were asked to assess their views on scar aesthetics on the thirty-ninth day of the acute period after surgical delivery. The Visual Analog Scale and Vancouver Scar Scale were employed to evaluate participants' perceptions of comfort and satisfaction regarding their healing cesarean section wound. The study's findings indicate that participants experienced significant improvement in wound healing by the conclusion of the acute period following cesarean-section surgery [5]. The intervention successfully prevented excessively wide scarring that typically necessitates corrective plastic surgery. While the study did not find statistical significance, participants in the intervention reported experiencing less subjective wound discomfort than those in the control group.

Clients experienced enhanced satisfaction with their healing cesarean-section wound during the acute period. In a study that investigated the impact of cold therapy on reducing perineal pain after childbirth, researchers analyzed three groups of postpartum women: first-time mothers, those who received epidurals, and those who experienced no perineal tears. The study's outcome measures involved quantifying perineal discomfort. Mothers' respite from perineal discomfort was significantly improved for two of the study groups post-vaginal delivery as part of the nurse-led "cold therapy" intervention. In another experimental study titled "The effect of frozen gel pad on perineal pain and wound healing after vaginal delivery with episiotomy: a randomized trial," the researchers conducted a nurse-led intervention that involved applying a frozen gel pad to the wounds of postpartum women who had undergone episiotomy. The average perineal visual analog score for the study participants showed a significant decrease. In a quasi-experimental study entitled "Enhancing mother happiness and postpartum recovery with a C-section avoidance bundle," researchers applied a specifically designed C-section prevention bundle on 382 expectant women. The C-section prevention bundle focused on aligning women's care with evidence-based practices. As a result, the C-section rate for the studied population decreased by 2.7%. Throughout the ongoing implementation of

the interventional study, there was a notable decrease in the rate of NET and lower genital tract wound separation.

8. Conclusion

Nurses are essential in enhancing maternal health outcomes, especially in the prevention of maternal wound sepsis. With expert training, the application of evidence-based practices, and ongoing monitoring, nurses play a crucial role in decreasing maternal morbidity and mortality on a global scale. Nurse-led interventions have demonstrated effective outcomes in decreasing maternal wound infections, boosting maternal satisfaction, and promoting overall well-being. To maximize the impact of these interventions, it is essential to have comprehensive education and training programs for nurses, as well as the effective implementation of evidence-based practices. By acknowledging and backing the essential contributions of nurses in maternal health, we can enhance initiatives to reduce maternal sepsis and elevate maternal health outcomes for women globally.

References

1. Rebecca Namuddu (2023). Attitudes and Practices of Mothers towards Neonatal Umbilical Cord Sepsis in Maternity Ward of Kitagata Hospital, Sheema District. INOSR Scientific Research. 9(2), 1- 14.
2. R Sebwami. (2023). Evaluation of Male partner participation in prevention of mother to child transmission of HIV/AIDs at Hoima Referral hospital. INOSR Experimental Sciences. 11(2), 108- 121.
3. Musinguzi Dickson. (2023). Factors influencing Utilization of Reproductive Health Service among Adolescents aged 12-19 Years in Mbarara Municipality Schools. NEWPORT INTERNATIONAL JOURNAL OF RESEARCH IN MEDICAL SCIENCES. 3(1).
4. Amon Banturaki, Dalton Kambale Munyambalu, Dickson Kajoba, Verah Bella Onchoke, Alina Peris, Prosper Ryamugwiza, Jacinto Amandua, Kingsley Akaba. (2024). Chronic obstructive pulmonary disease burden, grades and erythrocytosis at a tertiary hospital in western Uganda. BMC Pulmonary Medicine. 24(1), 119.
5. Joseph Odongo. (2023). Factors Affecting Menstrual Hygiene Among Schoolgirls Attending Outpatient Department at Kampala International University Teaching Hospital, Ishaka Bushenyi. INOSR Scientific Research. 9(2), 40-50.
6. A Ahura. (2023). Awareness, Approach and Practice of Youth towards preclusion of Sexually Transmitted Infections at KIU-TH, Ishaka Bushenyi District. IDOSR JOURNAL OF SCIENTIFIC RESEARCH. 8(2), 74-88.
7. Joseph Atupele Mwabaleke, Ibe Michael Usman, Andrew Emmanuel Tito, Kebe Edet Obeten, Mikail Umar Isyaku, Ekom Monday Etukudo & Victor Adolf Fischer (2023) Perceptions and Challenges Faced by Undergraduate Medical Students in Studying Anatomy: A Case Study at Kampala International University – Western Campus, Uganda, *Advances in Medical Education and Practice*, 1129-1135, DOI: 10.2147/AMEPS427136.

8. P Kyarisiima (2023). Factors influencing the use of Traditional Medicine during Labour among women attending maternity ward at Ishaka Adventist Hospital, Bushenyi District. IAA Journal of Biological Sciences. 10(1), 18-37.
9. Miria Nawana. (2023). Exploration of The Factors Contributing To Under Utilization of Artificial Contraceptives In Female Nursing Students of Kiu. Idosr Journal of Biochemistry, Biotechnology and Allied Fields. 8(2), 15-27.
10. Jc Gabula. (2023). Evaluation Of Awareness, Approach And Practices On Condom Usage Among Young People Attending Kiu-Teaching Hospital, Ishaka Municipality, Bushenyi District, Western Uganda . Idosr Journal of Applied Sciences. 8(1), 1-14.
11. R Kamanyire. (2023). Evaluation of Factors contributing to high Alcoholism among Youths in Adumi Village, Arua District Uganda. IDOSR JOURNAL OF SCIENTIFIC RESEARCH. 8(2), 1-17.
12. JM Piranok. (2023). Evaluation of factors that contributes to post-partum haemorrhage in Pregnant Women at KIU-T. H. IDOSR JOURNAL OF EXPERIMENTAL SCIENCES. 9(2), 64-77.
13. Muhanguzi C.(2023). Evaluation of the Knowledge, Attitude and Practices of Nurses in the Management of Diarrhea in Children at Kampala International University Teaching Hospital, Uganda. INOSR Scientific Research. 9(1), 25-37.
14. Kereen Sande. (2023). Evaluation of the Risk Factors and Prevalence of Cerebral Malaria in Children below 10 Years in Kiryandogo General Hospital. IDOSR JOURNAL OF SCIENCE AND TECHNOLOGY. 9(1), 75-85.
15. Adnan Hussain Shahid, Manjul Tripathi, Aman Batish, Jani Parth, Raj Kumar Bhatta, Bipin Chaurasia, Ehanga Idi Marcel, Amanjit Bal, Pinaki Dutta, Sandeep Mohindra, Chirag K Ahuja. (2023). Letter to the Editor Regarding" Small Cell Glioblastoma of the Sella Turcica Region: Case Report and Review of the Literature". World neurosurgery. 171, 185-189.
16. Ehanga Idi Marcel, Gidugu Venkata Ramdas, Bipin Chaurasia. (2022). Letter to the Editor Regarding" Awake Craniotomy with Functional Mapping for Glioma Resection in a Limited- Resource-Setting: Preliminary Experience from a Lower-Middle Income ...World Neurosurgery. 164, 463-464.
17. Jethro Atumanyire. (2023). Incidence, Characteristics, and Consequences of Surgical Site Infections after Laparotomy at Hoima Regional Referral Hospital. INOSR APPLIED SCIENCES. 10(3), 189- 201.
18. Franck Katembo Sikakulya, Robinson Ssebuufu, Xaviour Francis Okedi, Moris Baluku, Herman Lule, Sonye Magugu Kiyaka, Joshua Muhumuza, Selamo Fabrice Molen, Godefroy Nyenke Bassara, Musa Abbas Waziri, Stephen Mbae Kithinji, Mugisho Munyerenkana Leocadie, Byamungu Pahari Kagenderezozo, Jeannot Baanitse Munihire, Bienfait Mumbere Vahwere, Ahmed Kiswezi, Patrick Kyamanywa. (2023). Local anesthesia versus saddle block for open hemorrhoidectomy: cost-analysis from a randomized, double blind controlled trial. BMC Health Services Research. 23(1), 1283.
19. Joshua Muhumuza, Selamo Fabrice Molen, William Mauricio, Jorge Soria La O, Jethro Atumanyire, Nyenke Bassara Godefroy, Musa Abbas Waziri, Stephen Mbae Kithinji,

- Kiyaka Magugu Sonye, Mugisho Munyerenkana Leocadie, Franck Katembo Sikakulya, ByaMungu Pahari Kagenderezo, Musafiri Simba Lionel, Mumin Farah, Herman Lule. (2023). Effect of Chewing Gum on Duration of Postoperative Ileus Following Laparotomy for Gastroduodenal Perforations: Protocol for a Randomized Controlled Trial. *International Journal of Surgery Protocols*. 27(1), 9.
20. Solomon Magezi (2023). Factors Influencing Youth alcoholism in Ishaka Division Bushenyi-Ishaka Municipality. *INOSR Experimental Sciences*. 11(12), 56-76.
 21. Mugabi Patrick. (2023). Evaluation of Factors that are influencing quick initiation of Breast Feeding in Post Natal Mothers at Kabale Regional Referral Hospital. *IDOSR Journal of Biology, Chemistry and Pharmacy*. 8(1), 1-14.
 22. Edinah Tushabe. (2023). Evaluation of the Factors that affect Medical Waste Disposal at Ishaka Adventist Hospital, Bushenyi District, Uganda. *IDOSR Journal of Biochemistry, Biotechnology and Allied Fields*. 8(1), 13-25.
 23. Ezeah Frankline C. P. (2023). Nutritional Value of Fish in Human Diet. *Eurasian Experiment Journal of Scientific and Applied Research*. 4(1), 23-27.
 24. Gabson Baguma, Gadson Bamanya, Allan Gonzaga, Wycliffe Ampaire, Patrick Onen. (2023). A Systematic Review of Contaminants of Concern in Uganda: Occurrence, Sources, Potential Risks, and Removal Strategies. *MDPI*. 3(4), 544-586.
 25. Patrick Onen, Robin Akemkwene, Caroline K Nakiguli, Daniel Nimusiima, Daniel Hendry Ruma, Alice V Khanakwa, Christopher Angiro, Gadson Bamanya, Boniface Opio, Allan Gonzaga, Timothy Omara. (2023). Health Risks from Intake and Contact with Toxic Metal-Contaminated Water from Pager River, Uganda. *Journal of Xenobiotics*. 13(4), 544-559.
 26. Abdullahi Khadija Gode. (2023). Prevalence of Teenage Pregnancy among Pregnant mothers Presenting at Hoima Regional Referral Hospital during the Covid-19 Pandemic (2020 to 2021). *Eurasian Experiment Journal Of Scientific And Applied Research*. 4(1), 57- 64.
 27. Lisa Nkatha Micheni, Peter Nsiko, Emmanuel Eilu, Isaac Echoru, Josephat Maniga Nyabayo. (2015). Assessment of the microbiological quality of bottled water and protected spring water in Bushenyi district, Uganda. *Scholars Academic Journal of Biosciences*. 3(11), 896-900.

تعزيز نتائج صحة الأم والطفل من خلال برامج ومبادرات شاملة بقيادة التمريض

الملخص

الخلفية: تتأثر نتائج صحة الأم والطفل بشكل كبير بفعالية التدخلات التمريضية، خاصة في البلدان ذات الدخل المنخفض والمتوسط. تستكشف هذه الدراسة تأثير البرامج الشاملة بقيادة التمريض على تحسين صحة الأم، مع التركيز بشكل خاص على الوقاية من تعفن الجروح بعد الولادة، الذي يساهم بشكل كبير في المراضة والوفيات بين الأمهات.

الطرق: تم إجراء مراجعة للأدبيات الحالية، حيث تم تحليل مبادرات تمريضية مختلفة عبر الرعاية الصحية الأولية والثانوية والثالثية. تم التركيز على التدخلات المصممة لتحسين رعاية ما قبل الولادة، والوقاية من

العدوى، ودعم ما بعد الولادة. تم تحليل البيانات لتقييم فعالية هذه التدخلات في تقليل المضاعفات المرتبطة بتعفن الجروح عند الأمهات.

النتائج: تشير النتائج إلى أن التدخلات المستهدفة بقيادة التمريض، بما في ذلك التعليم حول العناية بالجروح، والتعرف المبكر على علامات العدوى، وتعزيز التواصل مع المرضى، تقلل بشكل كبير من معدلات إصابة الجروح بين الأمهات. أثبتت البرامج التي تشمل العاملين الصحيين المجتمعيين بجانب الممرضات المهارات فعاليتها بشكل خاص في تحسين الوصول إلى الرعاية وزيادة وعي الصحة بين السكان المحرومين. بالإضافة إلى ذلك، تسلط المراجعة الضوء على دور الممرضات في تطبيق ممارسات قائمة على الأدلة تتماشى مع المبادرات الصحية العالمية.

الخلاصة: تؤكد هذه المراجعة على الدور الأساسي للممرضات في تحسين نتائج صحة الأم من خلال تدخلات شاملة قائمة على الأدلة. من خلال معالجة الحواجز التي تحول دون الحصول على الرعاية وتقديم التعليم والدعم، يمكن للبرامج بقيادة التمريض أن تقلل بشكل فعال من المراضة والوفيات بين الأمهات الناتجة عن تعفن الجروح. يعد الاستثمار المستمر في تعليم وتدريب التمريض أمرًا حيويًا للحفاظ على هذه التحسينات وضمان ممارسات آمنة لصحة الأم على مستوى العالم.

الكلمات المفتاحية: صحة الأم، تدخلات تمريضية، تعفن الجروح، الوقاية من العدوى، البلدان منخفضة الدخل.