Global Perinatal Nursing Research: Sustainable Development Goals Update

Lynn Clark Callister

Cheryl A. Corbett

Follow this and additional works at: https://scholarsarchive.byu.edu/facpub

Part of the Maternal, Child Health and Neonatal Nursing Commons

Original Publication Citation

BYU ScholarsArchive Citation

This Peer-Reviewed Article is brought to you for free and open access by BYU ScholarsArchive. It has been accepted for inclusion in Faculty Publications by an authorized administrator of BYU ScholarsArchive. For more information, please contact ellen_amatangelo@byu.edu.
Global Perinatal Nursing Research

*Sustainable Development Goals Update*

Global health experts suggest that there is an urgent need for research supporting healthcare for childbearing women that is both respectful and evidence-based beyond “too little, too late and too much too soon.”\(^1\) The purpose of this editorial is to describe global perinatal research priorities, provide examples of global collaborative networking and research, identify global perinatal nursing research priorities, and describe exemplary global maternal health nursing research.

Six years ago, in the *Journal of Perinatal and Neonatal Nursing*, global perinatal research priorities were identified.\(^2\) This editorial provides an update to the 2011 editorial, which focused on the critical importance of the provision of evidence-based maternal healthcare. The current editorial also reflects the movement of the global community from the Millennium Development Goals adopted in 2000 to the Sustainable Development Goals, which were adopted by the United Nations in 2015. The Sustainable Development Goals to be achieved by 2030 include maternal targets to ensure there are fewer than 70 maternal deaths per 100 000 live births by 2030.\(^3\)

A landmark multidisciplinary action plan for the improvement of maternal health is summarized in the significant 2016 *Lancet* series on maternal health. This series covers the epidemiology of maternal health, the current state of maternal healthcare services, and future challenges, synthesizing 10 years of evidence. It also creates a vision of potential strategies to improve maternal well-being through 2030. This series concludes with an agenda for change: high-quality care for every woman everywhere; equity through universal health coverage; increased healthcare system resilience, strength, and responsiveness; sustainable financing for maternal/newborn healthcare; and better evidence, advocacy, and accountability for progress (www.thelancet.com/.../mathealth2016-exec-summ...).\(^4\) This agenda should be utilized to generate global perinatal nursing research priorities.

**GLOBAL PERINATAL RESEARCH PRIORITIES**

Differing global collaborative perinatal research priorities have been developed by multiple global organizations, based on frameworks and goals, global partnerships, funding priorities, emerging infectious diseases, and surveys of global stakeholders.

For example, the Centers for Disease Control Global Maternal and Child Health Strategies have generated a comprehensive framework with the goal to reduce perinatal maternal morbidity and mortality. This goal can be accomplished through (a) strengthening prenatal care, (b) improving emergency obstetric coverage and quality, and (c) enhancing access to family planning and preconception health.\(^5\) These goals can be utilized to streamline global perinatal nursing research priorities.

Funding agencies such as the United States Agency for International Development offer financial support for evidence-based interventions including skilled care at birth, emergency obstetric care, improved access to family planning, prenatal care, malaria, and human immunodeficiency virus prevention/treatment; nutritional supplementation; wash, sanitation, and hygiene efforts, and health systems strengthening in 24 priority countries mainly in Africa and Southern Asia. Funding guidelines include outcomes evaluation of interventions.\(^5\)

Another innovative example of global collaborative networking is the March of Dimes Global Program, which provides an exemplary model of networking with global partners in the establishment of the Global Network for Maternal and Infant Health (with partners in Latin America, the eastern Mediterranean, the western Pacific, and China (http://www.marchofdimes.org/mission/global-programs.aspx)). Their work includes systematic data collection on adverse birth outcomes and consistent methodological approaches to

Disclosure: The authors have disclosed that she has no significant relationships with, or financial interest in, any commercial companies pertaining to this article.
generating knowledge on lessons learned from clinical initiatives.

The World Health Organization offers guidance on pregnancy management within the context of emerging infections such as the recent Zika virus outbreaks. This includes recommendations for outcomes evaluation of interventions to reduce perinatal transmission of this virus, which is associated with severe birth defects.6 The Harvard Maternal Health Task Force queried 26 global maternal health researchers about research priorities, generating a working paper (222.mhtf.org). Challenges identified were noncommunicable diseases, population urbanization, and socioeconomic inequities. The focus was on the need to evaluate how effective, feasible, and equitably distributed the healthcare interventions were.7

There is a paucity of research on community, district, and facility-level interventions related to the quality of care for childbearing women,7 with the highest risks for maternal morbidity and mortality occurring during the third trimester of pregnancy through the first week postpartum. Focusing on the sustainability and cost-effectiveness of exemplary interventions in diverse healthcare settings globally is essential. Mixed methods studies are suggested to uncover barriers and facilitators to the improvement of the quality of care for childbearing women and their families.8

The contexts of women's lives are changing, and there are significant differences in the health of women living in remote rural areas, those living in urban areas (especially the poor living in large cities with slums or informal settlements), women living in conflict-ridden areas, and women living in the midst of humanitarian crises.8 Vulnerable childbearing women who often do not have access to quality healthcare include adolescent and unmarried women, immigrants, refugees, indigenous women, uneducated women, and women living in poverty.9 Global collaborative networking to collect, analyze, and disseminate quality data with academic researchers (including nurses), clinicians (including nurses), women and their families, and communities participating is essential.9

**SAMPLES OF EXEMPLARY GLOBAL PERINATAL COLLABORATIVE RESEARCH**

The columns in the *Obstetrics and Gynecology* practice issues ask what is new in global women's health, focusing on the best research reports published in the previous year.10,11 Examples include uterine balloon tamponade for the management of postpartum hemorrhage in Sierra Leone12; contraceptive needs in response to the Zika virus disease outbreak in Puerto Rico13; and a multicountry analysis of water and sanitation during childbirth.14 Other examples include Syrian women's experience of violence and gender conflict15 and global estimates of human papillomavirus vaccination coverage.16

**GLOBAL PERINATAL NURSING RESEARCH PRIORITIES**

Global research priorities for maternal and perinatal health for 2015–2025 have been generated for multiple global stakeholders including global nurse researchers. Criteria for research include ethical answerability of the research questions posed, effectiveness of proposed interventions, acceptable and cost-effective deliverability of interventions, potential impact to reduce maternal mortality and morbidity, and equity in reaching vulnerable groups of women worldwide.17 This is the largest survey conducted to date, with 399 study participants. The research questions generated in the survey focused on the how to effectively implement existing interventions and developing simplified, more cost-effective modifications of these interventions.17–19

Healthcare professionals, including midwives from 37 countries (from all the World Health Organization regions), completed a survey on global midwifery research priorities. This was the only survey reported in the literature focusing on nurse-midwifery perinatal research specifically. The top 5 foci in higher resource countries included (a) promotion of physiologic birth, (b) preventing maternal/fetal/neonatal morbidity and mortality, and (c) respectful psychosocial care of childbearing women. The major focus for midwifery research priorities in less resourced areas of the world was prevention of morbidity and mortality in women and newborns through use of the midwifery model for perinatal care delivery.18,19

A comparison of global perinatal research priorities (collaborative and nursing specific) targeting low- and middle-income countries is found in Table 1.17–19

**EXAMPLES OF EXEMPLARY PERINATAL NURSING RESEARCH**

The following is a sampling of exemplary perinatal nursing research across global settings. The Midwives for Haiti initiative is using task shifting to increase access to skilled birth attendants through the use of nurses and auxiliary nurse-midwives. Successes and challenges are described with an outcome evaluation planned.20 Evidence has been generated on the effectiveness of using misoprostol for self-administration by Afghan women giving birth at home to prevent postpartum hemorrhage.21 Outcomes data document that there were no maternal deaths in women who used misoprostol. A related study documented differences in regional use of misoprostol for postpartum hemorrhage...
Table 1. Comparative maternal and perinatal research priorities for middle and low-income countries

<table>
<thead>
<tr>
<th>Collaborative research priorities</th>
<th>Nurse midwifery research priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of effectiveness/costs of strategies to improve the quality and utilization of maternity services</td>
<td>Improving quality of maternal healthcare</td>
</tr>
<tr>
<td>Develop/evaluate strategies for locally appropriate transport, communications, and referral systems of obstetric emergencies</td>
<td>Improving maternal health literacy</td>
</tr>
<tr>
<td>Preventing and eliminating disrespect and abuse in maternal healthcare</td>
<td>Implementation research to strengthen health systems</td>
</tr>
<tr>
<td>Evaluate effective strategies to prevent/detect/treat maternal anemia and documentation of the effectiveness of abortion interventions</td>
<td>Health workforce, including role of unrecognized providers</td>
</tr>
<tr>
<td>Evaluate effectiveness/cost of training interventions for frontline health workers to diagnose/manage/refer in the case of obstetric hemorrhage</td>
<td>Implementation research to strengthen health systems</td>
</tr>
</tbody>
</table>

in Ethiopia related to fear of misuse and the perception that provision of the drug to childbearing women for self-administration would increase the propensity for home births.22

A case study focused on maternal child health gains in Afghanistan between 2003 and 2013 documenting the importance of focusing on the social determinants of health. This includes enhancing maternal literacy and the implementation of cost-effective interventions such as the use of community midwives and enhancing proximity to a healthcare facility to improve outcomes.23

A study describing maternal and newborn health programs in rural Ethiopia includes an evaluation of access to rural maternal newborn health. Enhanced nursing and midwifery interventions are recommended for vulnerable and disadvantaged women.24 Building district-level capacity improves maternal newborn health through community empowerment efforts. An additional article describes the successful use of a mobile video show to change behavior related to maternal/newborn health in rural Ethiopia.25 In South Africa, innovative urban models of care include midwife-led birth units coupled with the delivery of primary care for poor childbearing women.26

Listening to the voices of childbearing women is very important, as validated by work, which beautifully described the attitudes and values of women across the lifespan about stillbirth and neonatal mortality, referred to as “unheard souls in the backyard” in Ethiopia.27(p110) This is especially poignant because Ethiopia has no national vital registration system. A sampling of other examples of qualitative studies includes the meaning of giving birth to Hmong women living in Vietnam,28 East Indian women living in Tamil Nadu,29 and Tongan women living in the United States or Tonga.30 Qualitative research documenting Jordanian Muslim women’s experiences with infertility is another example of listening to the voices of women as crucial data sources.31

CONSENSUS STATEMENT

Investing in perinatal global health should include a strong commitment to outcomes evaluation,32 with evaluation guiding quality, respectful, and evidence-based care of childbearing women.33 Perinatal nurses are part of global collaborative research teams, offering clinical insights and unique perspectives that enrich global perinatal research efforts. Perinatal nurses can contribute to the development of creative, cost-effective, and culturally congruent interventions to reduce maternal morbidity and mortality. In addition, documentation of outcomes is a powerful way to guide efforts in global perinatal research. It is essential that evidence be translated into action, in order for women and their families to not only survive, but to live, and thrive.34 Implementation of respectful care for childbearing women based on clear evidence generated based on global research priorities is indicated.

References


