

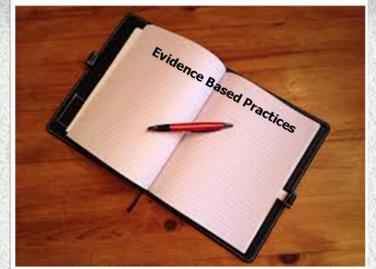


EVIDENCE-BASED PRACTICES DURING LABOR STAGES

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Aim: Perinatal, maternal mortality and morbidity are major women/public health problems in the world. Therefore World Health Organization aim to improve the quality of care during labour and child birth with Fifth Millennium Development Goal. Thus knowledge of evidence-based practice during labor is very important for women and newborn safety. This study was held with the aim of reviewing evidence-based practices during labor stages situated in guidelines.



Method: On the topic “evidence-based practice” and “labor stages” words were screened on the web. FIGO, AJOG, NICE, WHO, ICSland The Royal College of Midwives' guidelines were evaluated systematically according to stages of labor.



Results: Enemas should not be used routinely. The women also should be encouraged unless there is a risk factor for early ambulation and should not be restricted food/fluid intake. If labor proceed normally and contractions are adequate oxytocin should not be applied routinely. Women's pain should be assessed by health care professionals and pharmacological and non-pharmacological support should be provided for pain management. Women should be support continuously by midwives and communication should be maintained during labor. In addition vaginal examination and routine amniotomy should be avoided unless necessary in the first stage of labor. Partogram should be used during normal birth. Additionally a routine episiotomy should be avoided spontaneous vaginal birth.



Conclusion: Evidence-based practices are vital for maintaining the health of mothers and babies. In addition, evidence-based practices are necessary to establish care standards and ensure patient safety. Therefore, care guidelines are recommended instead of using traditional practices in labor.



Referencess

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