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Effect of Labor and Delivery Nurses' Preparedness in Handling Obstetric Complications: Basis for a Training Program

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ABSTRACT

This study examined the preparedness of labor and delivery nurses in handling obstetric complications and determined whether selected demographic characteristics were significantly related to their preparedness. Specifically, the study assessed nurses' preparedness in terms of knowledge, skills, and training, as well as their response and management of obstetric emergencies. A quantitative descriptive-correlational research design was employed, involving registered labor and delivery nurses from selected hospitals in Sulu. Data were collected using a validated researcher-made questionnaire and analyzed through frequency, percentage, mean, standard deviation, Pearson correlation, and regression analysis. The findings revealed that nurses demonstrated a high level of preparedness across all dimensions, particularly in knowledge and emergency response. Most demographic variables showed no significant relationship with preparedness, although participation in professional training contributed to improved emergency management. The study was limited to selected hospitals and relied on self-reported responses. The findings emphasize the importance of continuous competency-based training and regular simulation exercises to strengthen nurses' preparedness in managing obstetric complications and improving maternal and newborn outcomes.

Keywords: *Labor and delivery nurses, preparedness, obstetric complications, emergency management, training program*

INTRODUCTION

The labor and delivery room is a critical area where nurses play an important role in ensuring the safety of mothers and newborns. Through proper infection control, monitoring, communication, and documentation, nurses help provide quality and safe care during childbirth. This study assessed the safety practices of nurses in the labor and delivery room of Maimbung District Hospital as a basis for developing programs that strengthen nursing competency and promote patient safety.

Statement of the Problem

This study aimed to determine the preparedness of labor and delivery nurses in handling obstetric complications. Specifically, it sought to answer the following questions:

1. What is the level of nurses' preparedness?
2. What is the level of nurses' handling of obstetric complications?
3. Is there a significant relationship between nurses' preparedness and their handling of obstetric complications?
4. What training program can be proposed based on the findings?

Scope and Delimitations

The study focused on the preparedness of labor and delivery nurses in selected hospitals in Sulu. It assessed their knowledge, skills, training, and response to obstetric complications while examining the relationship between selected demographic variables and preparedness. The findings are limited to the respondents included in the study and may not represent nurses in other healthcare institutions.

Review of Related Literature

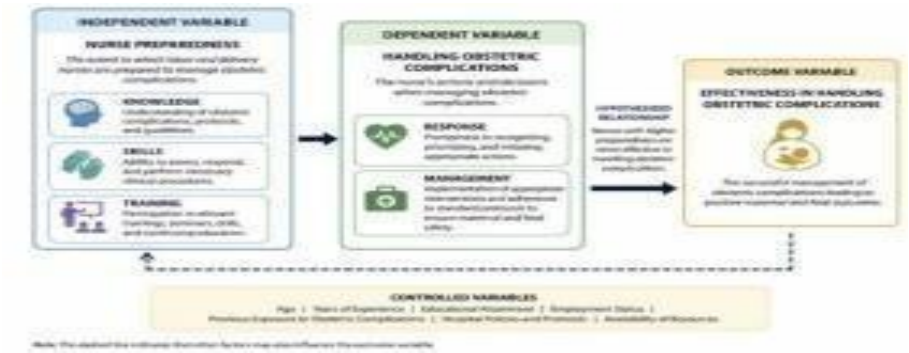
Preparedness among labor and delivery nurses plays a vital role in ensuring safe maternal and newborn care. Adequate knowledge, clinical competence, and adherence to emergency protocols contribute to effective management of obstetric complications and improved patient outcomes (World Health Organization, 2023).

Studies have shown that continuous professional education, simulation-based training, and competency development improve nurses' confidence and clinical performance during obstetric emergencies (American College of Obstetricians and Gynecologists, 2021). Likewise, regular emergency drills and evidence-based practice strengthen decision-making skills and promote patient safety in labor and delivery settings (International Confederation of Midwives, 2021).

Theoretical Framework

This study is anchored on Patricia Benner's Novice to Expert Theory, which explains that nurses develop clinical competence through education, training, and professional experience. The theory emphasizes that continuous learning enhances critical thinking, clinical judgment, and preparedness in managing obstetric emergencies, making it appropriate for assessing labor and delivery nurses' readiness.

Conceptual Framework



METHODOLOGY

This study employed a quantitative descriptive-correlational research design to determine the preparedness of labor and delivery nurses in handling obstetric complications and examine its relationship with emergency management.

Research Design

A quantitative descriptive-correlational design was utilized to assess nurses' preparedness in terms of knowledge, skills, and training, and determine its relationship with handling obstetric complications

Research Steps

The study began with a review of related literature, followed by the development and validation of the research instrument. After securing the necessary approvals, questionnaires were distributed, data were collected, analyzed, interpreted, and used as the basis for a proposed training program.

Data Collection and Sample Selection

Purposive sampling was used to select labor and delivery nurses from selected hospitals in Sulu. Data were gathered through a validated researcher-made questionnaire that assessed preparedness and emergency management.

Data Analysis Methods

Frequency, percentage, mean, and standard deviation were used to describe the respondents' profile and level of preparedness. Pearson Product-Moment Correlation determined significant relationships between variables, while regression analysis identified predictors of preparedness.

Research Hypotheses and Validation

The study tested the null hypothesis that no significant relationship exists between nurses' preparedness and their handling of obstetric complications. The research instrument underwent expert validation and pilot testing before implementation.

Study Limitations and Ethical Considerations

The study was limited to labor and delivery nurses from selected hospitals in Sulu. Ethical standards were observed through informed consent, confidentiality, anonymity, and voluntary participation.

RESULTS AND DISCUSSION

SOP 1. What is the level of nurses' preparedness?

The findings showed that labor and delivery nurses had a high level of preparedness in terms of knowledge, skills, and training. This indicates that the respondents were well-prepared to manage obstetric emergencies and provide safe maternal care.

SOP 2. What is the level of nurses' handling of obstetric complications?

The respondents also demonstrated a high level of response and management when handling obstetric complications. They consistently followed emergency protocols and provided timely nursing interventions during critical situations.

SOP 3. Is there a significant relationship between nurses' preparedness and their handling of obstetric complications?

The results revealed a significant positive relationship between nurses' preparedness and their handling of obstetric complications, indicating that better preparedness contributes to more effective emergency management.

SOP 4. What training program can be proposed?

Based on the findings, a competency-based training program focusing on obstetric emergency management was proposed to further improve nurses' preparedness and clinical performance.

SUMMARY

The study found that labor and delivery nurses demonstrated a high level of preparedness in knowledge, skills, and training. They also showed a high level of competence in responding to obstetric complications. Preparedness was positively associated with effective emergency management, supporting the need for continuous professional training.

CONCLUSIONS

Labor and delivery nurses demonstrated strong preparedness in managing obstetric complications. Continuous education, clinical training, and simulation-based learning remain essential in maintaining high-quality maternal and newborn care.

RECOMMENDATIONS

Based on the findings, the following recommendations are suggested:

1. Hospitals should conduct regular obstetric emergency training and simulation exercises.
2. Nurses should participate in continuing professional development programs.
3. Hospital administrators should strengthen competency-based training initiatives.
4. Future researchers should conduct similar studies using larger samples and multiple healthcare institutions.

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AI DECLARATION STATEMENT

AI-supported tools assisted in improving the grammar, organization, and formatting of this manuscript. No AI tools were used to collect, analyze, or interpret the research data. All findings and conclusions are the sole academic responsibility of the author

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