Original article

A study on the actual nursing care conditions for women after miscarriage and the satisfaction of midwifery staffs with care provided

Yasuko Tsukamoto[1], Hiroko Shimoyama[1], Noriko Yamaguchi[1], Akemi Masuda[2]

[1] Department of Nursing, Niigata University of Health and Welfare, Niigata, Japan
[2] University of Shizuoka, Junior College, Shizuoka, Japan

Key words : miscarriage, death in the perinatal period, post-miscarriage care, satisfaction

Abstract

The purpose of the present study was to clarify the actual condition of post-miscarriage care provided by midwifery staffs and to define its problems and future tasks. The study involved 65 nurses and midwives working in obstetrics and gynecology wards and outpatient clinics of some hospitals in Japan. The responses were obtained from 49. The age of the subjects ranged from 24 to 56 years with the average of 39.2 years (SD = 8.7). The subjects were asked to rate 23 items of post-miscarriage care. The following items of care were performed at a high frequency: "not to blame the patient for the miscarriage"; "provide treatment when the patient is physically exhausted"; "provide treatment for pain"; etc. The following items of care were performed at a low frequency: "continuously provide care via the telephone and at the outpatient clinic"; "provide information on support groups, etc.," "support the patient's husband and family," etc. Many midwifery staffs working in obstetrics and gynecology departments and outpatient clinics had experienced care for women after miscarriage, but their satisfaction with the care they could provide was low. Physical care and care not to blame the patient for the miscarriage were provided at a high frequency, whereas telephone counseling, continuous care, provision of information on the cause of miscarriage, lost fetus and next pregnancy, support groups, care for the patient's husband and family, care to encourage expression of feelings and care to make the patient feel at ease without having to consider the feelings of other people were performed at a low frequency.

Introduction

In 2009, the number of births in Japan was approximately 1,070,000, whereas the numbers of stillbirths and induced abortions were approximately 27,000 and 240,000, respectively. Based on these figures, it is clear that many women and their families experience the loss of a fetus or infant in the perinatal period. Pregnancy/childbirth is one of the most important experiences in the life events of any women, and in cases of miscarriage and stillbirth, such women are strongly affected physically, psychologically and socially.

It has recently been revealed that the death of a fetus/infant in the perinatal period causes a grief reaction in parents, particularly mothers, so that they undergo a grieving process [1,2]. In addition, it has been reported that parents undergo a mental process specific to spontaneous or induced abortion and that they experience aggressive feelings such as anger, distrust and blame as well

Corresponding author: Yasuko Tsukamoto
Department of Nursing, Niigata University of Health and Welfare, 1398 Shimami-cho, Kita-ku, Niigata 950-3198, Japan
Telephone/Fax: +81-25-257-4600, E-mail: tukamoto@nuhw.ac.jp

as depressive feelings such as sadness, particularly after spontaneous abortions [3-9]. Women who have experienced a spontaneous or induced abortion need support, but they leave medical institutions soon after physical recovery, and therefore, there have not been many studies on post-miscarriage care. The purpose of the present study was to clarify the actual condition of post-miscarriage care provided by nurses and to define its problems and future tasks.

In this study, miscarriage was defined as "abortion (termination of pregnancy) within 22 weeks of gestation."

Methods

Subjects and ethical considerations

The study involved 65 nurses and midwives working in obstetrics and gynecology wards and outpatient clinics of hospitals extracted for convenience in the Tokai district, Tokai district is in the central part of Japan, about 200 km west of Tokyo. The purpose of the study, protection of personal information, the voluntary nature of participation in the study, and the fact that there were no disadvantages associated with participating or not participating in the study were explained in writing to the subjects, and return of the questionnaire was regarded as consent to participate in the study.

Directors of nursing in hospitals in which the subjects worked were asked to cooperate in the survey. After obtaining their approval, the questionnaire was distributed to each midwifery staff and the completed questionnaire was returned individually by mail. A self-administered questionnaire method was used.

Survey content

1) Characteristics of the subjects and institutions

The following 10 items were asked: "age," "sex," "official position," "job classification," "the number of years of nursing experience," "occupational category," "department," "place of operation after spontaneous abortion," "experience of attendance at workshops concerning nursing care for miscarriage" and "wish to attend workshops."

2) Care provided to women who experienced miscarriage and their families: Referring to the literature on the present status of care for miscarriage/stillbirth and early neonatal death[10-12], 23 items were constructed with a 4-point Likert scale, ranging from "1: not performed" to "4: performed," so that the higher the score, the more often care was provided.

3) Experience of care after spontaneous abortion was rated on a 5-point scale, ranging from "1: not at all" to "5: always." Satisfaction with the provision of care was rated on a 5-point Likert scale, ranging from "1: dissatisfied" to "5: satisfied," so that the higher the score, the higher the satisfaction.

Results

Characteristics of the subjects

The age of the subjects ranged from 24 to 56 years with the average of 39.2 years (SD = 8.7). The number of years of experience ranged from 1 to 33 years with the average of 16.3 years (SD = 8.3). As for their occupational category, 28 subjects (57.1%) were midwives, 20 (40.8%) were nurses. As for their department, most subjects (n = 45; 91.8%) worked in hospital wards and 4 (8.2%) in outpatient clinics (Table 1). Only 3 subjects (6.1%) had attended workshops concerning nursing care for miscarriage and 46 (93.9%) had no such experience.

Forty subjects (81.6%) answered that any surgical procedures after a spontaneous abortion were performed in "the wards" of the hospital where the subject worked, 8 (16.3%) answered "operating rooms," and 1 (2.0%) answered "outpatient clinics." These data suggested that many subjects assisted in miscarriage-associated operations while working in hospital wards.

In response to the question about nursing

Table 1. Characteristics of the subjects

n=49

average age		39.2	(24-56, SD=8.7)
average years of experience		16.3	(1-33, SD=8.3)
gender	women	48	(98.0%)
	not answer	1	(2.0%)
official position	head nurse	1	(2.0%)
	chief nurses	6	(12.2%)
	staff nurses	40	(81.6%)
	not answer	2	(4.1%)
occupational category	midwife	28	(57.1%)
	nurse	20	(40.8%)
	assistant nurse	1	(2.0%)
department	hospital ward	45	(91.8%)
	outpatient clinic	4	(8.2%)
workshops	attended	3	(6.1%)
	no experience	46	(93.9%)
Take part in a workshops	hope	34	(69.4%)
	Don't hope	10	(20.4%)
	not answer	5	(10.2%)

experience for women who had experienced a miscarriage, 6 subjects (12.2%) answered "always," 22 (44.9%) answered "often," 13 (26.5%) answered "sometimes," 3 (6.1%) answered "seldom" and 5 (10%) answered "not at all" (Figure 1).

Care provided to women after spontaneous abortion

The following items of care were performed at a high frequency: "not to blame the patient for the miscarriage," 3.80; "provide treatment when the patient is physically exhausted," 3.61; "provide treatment for pain," 3.61; "not to exaggerate about the miscarriage"; and 3.52, etc.

The following items of care were performed at a low frequency: "continuously provide care via the telephone and at the outpatient clinic," 1.58; "provide information on support groups, etc.," 1.79; "support the patient's husband and family," 2.33; "provide information on the cause of miscarriage": and 2.51, etc. (Table 2).

Satisfaction of nursing attendants

No subject (0%) answered "satisfied," 1 (2.4%) answered "somewhat satisfied," 24 (57.1%) answered "cannot say," 16 (38.1%) answered "somewhat dissatisfied," and 1 (2.4%) answered "dissatisfied." The mean satisfaction score was 2.6 (SD = 0.59; (Table 3).

The subjects were divided into 2 groups, those with experience of "1 to less than 16 years" (n = 20) and "16 years or more" (n = 18), to examine differences according to the number of years of experience, and as a result, no statistically significant differences were observed.

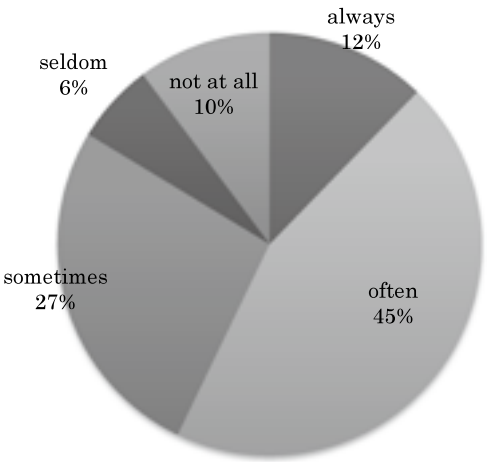

Figure 1. Nursing experience for women who had experienced a miscarriage

Table 2. Care provided to women after spontaneous abortion

n=42

23 items of post-miscarriage care	average
continuously provide care via the telephone and at the outpatient clinic	1.58
provide information on support groups, etc.	1.79
support the patient's husband and family	2.33
provide information on the cause of miscarriage	2.51
provide information on the next pregnancy	2.60
provide information on the lost fetus	2.71
provide reasonable information	2.72
make the patient feel at ease without having to consider the feelings of other people	2.72
express feeling	2.86
offer information on somatic condition	3.00
make time when become one person	3.07
in proportion to at body painful	3.12
do not allow to feel hesitant	3.14
defend privacy	3.14
draw feeling	3.25
show feelings of sympathy	3.30
do something for the patient to improve her physical comfort	3.35
appropriately evaluate the physical condition of the patient	3.40
wait hand and foot on the patient when she is physically exhausted	3.45
not to exaggerate about the miscarriage	3.52
provide treatment for pain	3.61
provide treatment when the patient is physically exhausted	3.61
not to blame the patient for the miscarriage	3.80

Thirty-four subjects (69.4%) wished to attend workshops and 10 (20.4%) did not. The content of workshops for which they hoped was “care for grief,” “continuous post-miscarriage care” “the cause and pathogenesis of miscarriage”.(Figure 2).

Table 3. Satisfaction of nursing attendants

	N=42
satisfied	0
somewhat satisfied	1 (2.4%)
cannot say	24(57.1%)
somewhat dissatisfied	16(38.1%)
dissatisfied	1(2.4%)

Discussion

The actual condition of care for women after miscarriage

It has been reported in a study of women with spontaneous abortion that they have impression that nurses tend to attach importance to physical care and to occupy themselves through treating patients in a businesslike manner, and nurses’ inconsiderate words and thoughtlessness have been pointed out [5]. In addition, the lack of knowledge of the women, their husbands and families about miscarriage, nurses’ lack of expertise, the necessity of creating an environment where patients can express their feelings, and the necessity of care for the patients’ husbands and families have all been suggested as important points for consideration [3,6]. It was

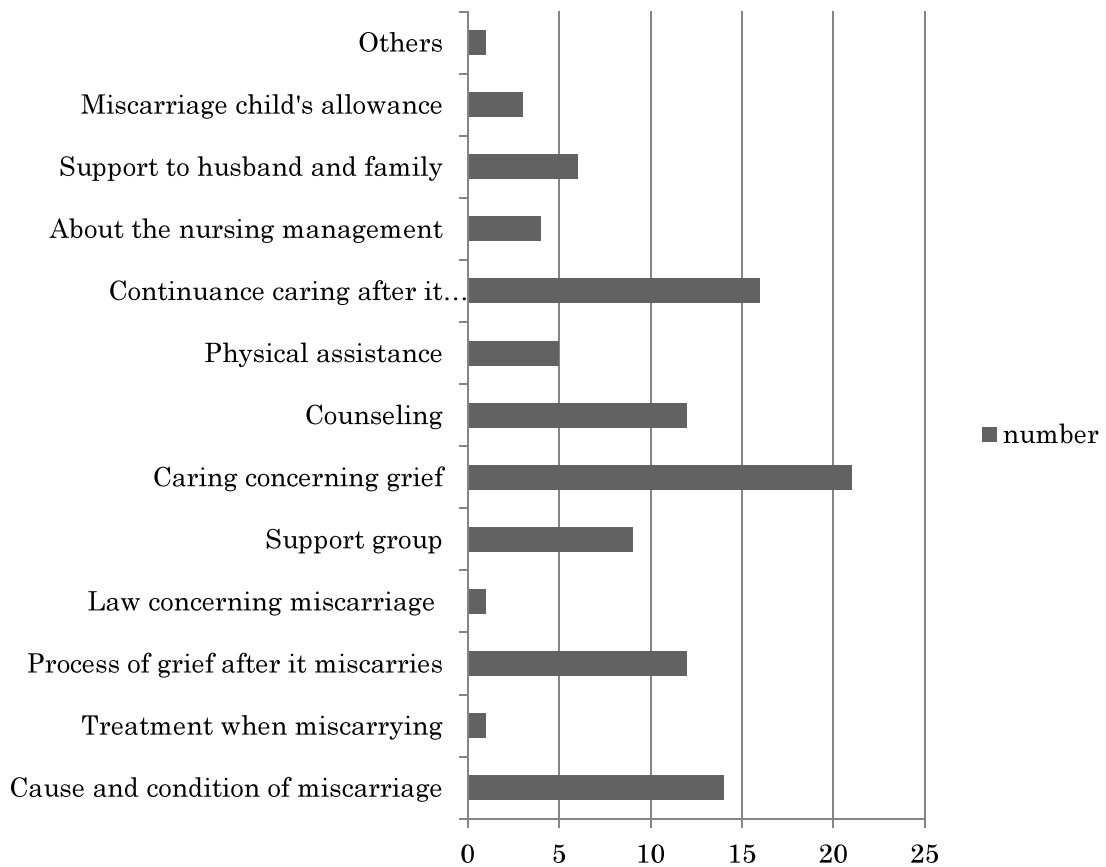

Figure 2. Content of training

speculated that differences in the frequency of care provision occur due to differences in patients receiving care and in midwifery staffs providing care, and in general it has been suggested that care was provided insufficiently under actual clinical conditions.

Many women who have suffered from a spontaneous abortion experience feelings of shock and loss of an important thing, and they continue to have such feelings even more than 3 months after miscarriage. However, nearly 30% of them try to pull themselves together around 3 months after miscarriage, and the 3-month period after miscarriage is a complicated time in that these women show both feelings of grief and feelings of trying to pull themselves together towards recovery [3]. In the grieving process, these women have introverted feelings of self-accusation specific to the Japanese [7], and husbands' responses affect their wives' recovery from grief [8]. It is said that women experience depressive and aggressive feelings after a spontaneous abortion and that these feelings affect the next pregnancy. Many women need long-term support after physical recovery, but in actual fact, care is not provided for them. They need a system through which they can receive continuous care and support.

Satisfaction of midwifery staffs with post-miscarriage care

Midwives and nurses provided care for women after a miscarriage on a regular basis, but their satisfaction with their care provision was low. The low satisfaction was speculated to be related to the frequency of care provision, but such a relationship was not revealed in detail in this survey. Approximately 70% of the midwifery staffs wished to attend workshops concerning nursing care for miscarriage and they wished to learn about care for grief and continuous care in workshops, suggesting that midwifery staffs feel incomplete in their ability to care for women after a miscarriage, and they understand and are aware of the fact that they do not have enough knowledge on which to base their desired level of care. Furthermore, it has been reported that the satisfaction of midwifery staffs with their work is related to burnout, and it is an important task to increase the satisfaction of midwifery staffs with the provision of post-miscarriage care.

Conclusions

Many midwifery staffs working in obstetrics and gynecology departments and outpatient clinics had experienced care for women after miscarriage, but their satisfaction with the care they could provide was low. Physical care and care not to blame the patient for the miscarriage were provided at a high frequency, whereas telephone counseling, continuous care, provision of information on the cause of miscarriage, lost fetus and next pregnancy, support groups, care for the patient's husband and family, were performed at a low frequency. However, many subjects wished to acquire the knowledge based on which they could provide care for grief and continuous care, suggesting the necessity for education and training based on these concepts, and thus potentially increasing the satisfaction of nursing staff with the care they can provide for women who have suffered a miscarriage.

References

1. Condon JT. Management of established pathological grief reaction after stillbirth. Am J Psychiatry. 1986; 143: 987-992.
2. Takeuchi T. Foreign support for the death of an unborn baby and a newborn infant. The Japanese Journal for Midwives. 1994; 10: 10-16.
3. Ikeda T, Matsushita Y, Mizuno K. Grieving process of the woman who experienced a spontaneous abortion. Bulletin of the Nagoya City University College of Nursing. 1995; 7: 41-47.

4. Katano Y, Sugishita, C. Grieving process after a spontaneous abortion. Japanese Journal of Maternal Health. 1994; 35: 90-95.
5. Matsushita Y, Kato T, Ikeda T, Mizuno K, Yagami Y, et al. Psychological analysis of the process of women after spontaneous abortion. Analysis and discussion about the feelings of blame in the grieving process distrust anger. Japanese Journal of Maternal Health. 1994; 4: 278-283.
6. Matsushita Y, Kato T, Ikeda T, Mizuno K, Yagami Y, et al. Psychological analysis of the process of women after spontaneous abortion: The importance of the role of family environment and psychological factors. Japanese Journal of Maternal Health. 1995; 4: 449-454.
7. Takenouchi K, Sato T, Matsuyama T. Psychological Analysis of the process of women after spontaneous abortion, The change of immediately after abortion, after three months, six months. Journal of Japan Academy of Midwifery. 2000; 2: 20-34.
8. Takenouchi K, Sato T, Matsuyama T. Psychological analysis of the process of women after spontaneous abortion: About a husband's reaction, the thought to pregnancy, and the thought to sex life. Journal of Japan Academy of Midwifery. 2001; 2:20-34.
9. Kinefuchi E, Takahashi M. Psychological process of women who have undergone induced abortion. Ishikawa Journal of Nursing. 2004; 1: 39-47.
10. Fujimura Y, Ando H. The present state of care for stillbirth and neonatal death on Iwate. Journal of the Faculty of Nursing, Iwate Prefectural University. 2004; 6: 83-91.
11. Okanaga M. Midwives' perceptions of care following perinatal loss. Journal of Japan Academy of Midwifery. 2005; 19: 49-58.
12. Ota N. The bereaved family care in a perinatal period. Family Nursing. 2006; 2: 61-66.