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DIMENSIONS IN OBSTETRIC CARE: A PHILOSOPHICAL FINDING

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Abstract

Background: Obstetrics care among pregnant women and infants is based upon the variable parameters and dimensions that influence healthcare ideologies and understanding of the various components that affect health. The period of postpartum is critical for both mother and child because of the health parameter fluctuation. Fluctuations. Knowledge of health issues among pregnant women and newborn are based upon the variable dimensional parameter regarding the past literature. **Aim**: To identify the philosophical background regarding the dimensions of obstetric care among the mother and infant. **Method:** Qualitative loss of fecal findings is based upon the gathering immense amount of data from the past literature regarding women's healthcare services and postpartum dimensional factors that affect the health of the infant and the mother. **Results:** Indicated that mother and child health care intervention usually focus on the productive and proactive strategies of health care interventions. Moreover, the new natal healthcare interventions basically focused on nursing care management and productive healthcare facility provision. Although it is also important to understand that postpartum care among mothers usually focuses on the variable parameters and dimensions of health. **Conclusion:** Obstetric care usually focuses on the mother and child health care interventions. It also focuses on the prenatal and postpartum period to intervene in the projective and subjective health interventions based upon the medical conditions.

Keywords: Obstetric Care, Dimensions of Obstetric Care, Neonatal Care, Childcare, Postpartum Care, Philosophical Care

INTRODUCTION

The advancement of science and technology in the 21st century makes it easier for the mother and unborn child to find improvements in their prospects and life expectancy, as opposed to the adverse events that are currently reported (Tyagi et al., 2020).

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The problem is exposed, in our opinion, in three large columns: a context where the health system registers deficiencies and various failures, another related to the behavior of the human factor and finally the ignorance of the dimension and characteristics of the problem (Shen et al., 2020).

Deficiencies and Failures of the Health System

The National Health System has been exposed to stages of economic crisis for many years, designating meager budgets that do not cover the minimum requirements for a better maternal and perinatal benefits. This has a profound impact on medical logistics, observing health establishments with old infrastructure, in many cases with obsolete medical equipment and instruments, which even lack the most basic in the most remote places, exposing the population, and that our care in their various levels is prone to negligence or adverse events (Rosenblum et al., 2020).

The pregnant woman is exposed and vulnerable to anemia, and due to her precarious nutrition, it harms the development of the unborn child (Clopper et al., 2021). We verified, since most of health institutions are unable to produce such influencing regard to prenatal outpatient care, the physiological immunosuppression of the pregnant woman increases the risk of acquiring infectious-contagious diseases (multi-resistant tuberculosis-TB -MR, influenza, and others). It is the responsibility of health decision-makers to improve working conditions and provide the necessary resources to the service provider for the correct performance of it and improve maternal-perinatal care (Manceau et al., 2022; Shahbal et al., 2022).

The public institution must review the large number of forms that the service provider has to fill out during pregnancy, childbirth, and the puerperium. It is essential that maternal care have uniform criteria, where each patient can be recognized and treated with the same efficiency in any of the health establishments (Tkaczyszyn et al., 2021).

In order to better visualize the panorama, problems that arise during the outpatient consultation, childbirth and puerperium must be prevented, discriminating the various risk factors in each of these stages (Truscott, 2022), which can lead to hospitalizations; this has repercussions on the improvement of obstetric quality and adverse events of maternal and perinatal mortality that, when they occur, generate marked emotional fissures in families, leading them to file lawsuits and lawsuits against institutions and health providers, in order to verify the veracity of the facts (Jean et al., 2021).

Human Behavior Factor

It consists of the study of the interrelationships between human beings, the tools they use and the environment in which they live and work (Borreda et al., 2022), becoming an essential element to improve health care safety. An incident that causes harm to the patient is considered an adverse event (McEwan et al., 2022).

The purpose of achieving safer perinatal maternal care, where adverse effects are unlikely, requires putting an end to two deeply rooted ideas in our organizational

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environment: punishment and the myth of perfection (Raghu et al., 2021; Alharbi et al., 2022).

The first assumes that they will be less wrong if people who make mistakes are punished and penalized (Alnuwaysir et al., 2022); On the other hand, the second assumes that this is an achievement rather than a path and that it is achieved with sufficient tenacity from people (Gangu et al., 2022). It is necessary to assume that errors are part of the human condition and that health systems must be designed with them in mind (Yoon et al., 2022).

Considering the human factors that intervene in the results of the clinical processes positively or negatively, is to refer to the interrelation between people (Tkaczyszyn et al., 2022), the tools used, and the work environment, considering their competence to correctly carry out this interaction (Gonzo et al., 2021).

Various circumstances facilitate the error by the gynecologist-obstetrician, which can lead to the adverse event, such as: depending on memory, having inadequate knowledge, insufficient training in certain medical skills, and not considering procedures (Sierpinski et al., 2021).

Normative cough, demand from the service manager with long shifts and work overload -which contribute to fatigue and stress-, little feedback on the work done and lack of teamwork, rapid processing of multiple data sources for decision-making decisions, and excessive documentation in the management of clinical history (McEwan et al., 2022).

Dimensions and Characteristics of the Problem

We must search for and identify the problems and evidence-based data. This cycle begins with measuring the damage and revealing the problem (Ferreira et al., 2020). We know that inadequate care occurs, but we do not always know what the magnitude is: how many adverse events, how many deaths, what are the conditioning factors, and analyze them (Saidova & Nazarova, 2022). Once we know the damage and understand the causes, we can identify and test solutions. Once this is done, we move on to the implementation of such solutions and the evaluation of their real impact (Akin & Yazihan, 2021).

The Perinatal Information System (SIP) (Verma et al., 2020), implemented in all health facilities that attend deliveries in our country, offered health decision-makers at various levels of care, a managerial tool that was little appreciated for decision-making. (Doherty, 2020). Currently, a national health information system on the care received by pregnant women during pregnancy, called 'Wawared', is in the full process of implementation at the national level, which will improve the information mechanisms regarding pre-and postnatal care in the services of health, at all levels, which seeks to contribute to the reduction of maternal and neonatal mortality in the country (Haugland et al., 2020). The current reality is far from good intentions.

Women Mortality

Potential complications regarding women that lead to mortality usually influence the rate. After the termination of pregnancy (Stabnick et al., 2022), 42 days are considered very

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critical for the woman according to world statistics maternal mortality usually affects by malnutrition, improper care, and environmental factors (Banke-Thomas et al., 2022). This gives information about the pregnancy rate of 180 to 200 million. Out of waste, 75 million are unwanted, 50 million are induced abortions (Philippe et al., 2022), 20 million are usually unsafe abortions, and 600000 maternal deaths that are consequences observed all around the globe everyone minute. Scientific evidence has stated that maternal death is equal to 30 comorbid conditions of health (Ekpenyong et al., 2022).

It also indicated that mortality among maternity usually shields the 3 million newborns that are associated with 3 million stillbirths (Thorsen et al., 2022). Hence it indicated that obstruct complications are usually based on the drastic changes and environmental conditions that are fatal to maternities (Brown & Mitra, 2022). There for several causes and ecological conditions have been identified regarding maternity mortality is proximately 24.8% of hemorrhage (Jones et al., 2022), indirect causes included 19.8% (Cranfield et al., 2023), direct causes include 7.9%, obstructed labor at approximately 6.9%, unsafe abortion approximated at 12.9%, infectious diseases causing mortality at approximately 14.9% around the globe (Dominico et al., 2022).

It is evident from the literature that 99% of maternal mortality was observed in Asian, African, and Latin American countries. Complications indicated that approximately 6 days are the critical condition of maternity (Molla et al., 2022). This indicated 2 hours from the postpartum hemorrhage usually causes greater often to were mortality, the 12th is usually antepartum hemorrhage, after 2 days of obstructed labor, and after 6 days' infection usually causes greater mortality (Berg et al., 2022). It also indicated that there are three types of delay that could yield negative consequences to word the maternal help indicating the delay in decision-making regarding the care-seeking behavior, reaching the care center delayed, and delay in receiving care (Griffin et al., 2022).

The version has been made to reduce the maternal mortality that influences tragic care, causal intervention, risk management, and risk decrease (Diniz et al., 2022). All these prospective not only influences the intervention of care but also help to careen the different disadvantages that are produced by these health-primitive and protective services (McCaw-Binns et al., 2022). According to the world science defect society of infection and disease control, certain interventions need to be regularly addressed for the maintenance of healthy life for the fittest and the mother (Mogilevkina et al., 2022).

A different number of working conditions regarding the highest and the lowest potential for health complexity (Abrahami et al., 202). This approach is usually associated with the women's identification of the potential health and traditional birth attendance that indicated the community-based interventions and low technological resources to the birth complications. Emergency obstetrics is an effective and appropriate methodology of care (McElrath et al., 2022; Oraibi et al., 2022).

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Analysis

The obstetric care process is complex, multidisciplinary, and requires institutions that can deliver patient care efficiently and safely. Obstetric care always has the goal of saving two lives, it has strengths and some weaknesses, specifically for adverse events, where the health team cares for two patients simultaneously; and when making important decisions in the short term, generates in the pregnant woman a very high expectation in the deferential treatment towards her person. Maternal-perinatal care goes through three stages: prenatal care, delivery care, and postpartum care.

Prenatal Care

The outpatient clinic is exposed to poorly monitored or standardized practices, high workload, distractions during control, lack of competence or experience, and inappropriate or late transfers, which is why coordination between outpatient and medical care is important. Hospital, according to the level of care, since errors or deficiencies in quality at the outpatient level manifest as adverse events at the hospital level (Si et al., 2020). The magnitude of the problem of safety and quality of maternal and perinatal care and its management at this stage is unknown (Liu et al., 2020). However, it is observed that between 2% and 10% of pregnancies are complicated by urinary infection and 25 to 30% of these women develop pyelonephritis (Kaur et al., 2021); consequently, aggregate pathologies such as low birth weight, prematurity (Halabi et al., 200). During pregnancy, certain drugs can cause fetal harm when it is unknown that the woman is pregnant. Certain diagnostic errors usually occur in the calculation of gestational age (which can later lead to inappropriate decisions) or in the omission of prenatal diagnoses (Liu et al., 2020).

Childbirth Care

The hospital environment is complex; it has a vulnerable population due to their condition as pregnant women who come for their care. As their assistance is related to medical and surgical procedures, technologies, and medications, they are more susceptible to adverse events. Currently, the focus of patient safety has focused on hospital care (Witt et al., 2020). The Study of the Prevalence of Adverse Events in KSA greater the level of childhood cases reported in the following years that has raised to the level of 38% (Albright et al., 2020). Healthcare-associated infections (IACS) are also public health problems that increase maternal and perinatal mortality. In our midst, postpartum endometritis and cesarean section surgical wound infections are common in obstetrics and gynecology services. In neonatology, bloodstream infection by central and peripheral venous catheter and intrahospital pneumonia by mechanical ventilation, respectively, are described (Albright et al., 2020). The condition of the pregnant woman changes rapidly and constantly during labor; late diagnoses can compromise the well-being of the mother and the unborn child, such as late diagnosed fetopelvic disproportion, which can be the starting point for cephalohematoma in the newborn and uterine atony in the mother (Lanzano et al., 2023). Although it is true that the use of drugs properly, such as oxytocin and magnesium sulfate, generates benefits, if they are used excessively, they can cause fetal distress, uterine rupture, or respiratory arrest (Hategeka et al., 2020). Some

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interventions during labor can be clearly harmful, such as the Kristeller maneuver, manual cervical dilation, enema application, and uncontrolled umbilical cord traction. They can be beneficial if performed strictly under medical indication but can significantly increase the risk of adverse events if such interventions are abused (Saunders et al., 2023).

Postpartum Care

According to the quality of delivery care, nosocomial infections are expressed in the puerperium. Surgical interventions, such as obstetric suture dehiscence, abscess/hematoma debridement, postpartum curettage, and hysterectomy, among others, are almost always performed due to lack of competence, complication, or adverse event (Banerjee & Girirajan, 2023). The use of drugs, such as magnesium sulfate and methylergonovine, overdosed or poorly indicated can cause damage to the mother. Definitely, diagnostic errors, such as hemorrhage, are usually determining factors in patient survival (Stumpfögger et al., 2023).

Conclusion

The complexity of our health system, which requires multidisciplinary management in maternal and perinatal activities to avoid adverse events, is in an incipient field and becomes a great challenge soon. The quality of obstetric care marks the difference between the life and death of mothers and newborns in our country (McEwan et al., 2022), which is why it is necessary to support all improvement activities, the responsibility of which falls on the State, public and private institutions, organizations non-governmental organizations, and patient associations. Herein lies the importance of establishing care quality. Almutairi et al., 2022; Alruwaili et al., 2022)

References

1) Abrahami, Y., Saucedo, M., Rigouzzo, A., Deneux-Tharaux, C., Azria, E., & ENCMM group. (2022). maternal mortality in women with pre-viable premature rupture of membranes: An analysis from the French confidential enquiry into maternal deaths. Acta Obstetricia et Gynecologica Scandinavica, 101(12), 1395-1402.

2) Akin, I., & Yazihan, N. (2021). Vitamin D Deficiency can Accelerate Heart Failure: A Systematic Review and Meta-analysis. Acta Scientific NUTRITIONAL HEALTH (ISSN: 2582-1423), 5(7).

3) Albright, K., Greenbaum, J., Edwards, S. A., & Tsai, C. (2020). Systematic review of facilitators of, barriers to, and recommendations for healthcare services for child survivors of human trafficking globally. Child abuse & neglect, 100, 104289.

4) Alharbi, N. S., Youssef, H. A., Felemban, E. M., Alqarni, S. S., Alharbi, N. M., Alsayed, A. A. O., ... & Shahbal, S. (2022). Saudi Emergency Nurses Preparedness for Biological Disaster Management at the Governmental Hospitals. Journal of Positive School Psychology, 6(9), 1218-1235.

5) Almutairi, S. M., Noshili, A. I., Almani, H. A., Aldousari, N. Y., Aljedani, G. H., Bakhsh, A. A., ... & Shahbal, S. (2022). The Magnet Hospital Concept is an Ideological Approach to Job Satisfaction and Quality of Care: A Systematic Review. Journal of Positive Psychology and Wellbeing, 137-145.

6) Alnuwaysir, R. I., Hoes, M. F., van Veldhuisen, D. J., van der Meer, P., & Grote Beverborg, N. (2022). Iron deficiency in heart failure: mechanisms and pathophysiology. Journal of clinical medicine, 11(1), 125.

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7) Alruwaili, S. O. M., Shahbal, S., Alharbi, F. A., Makrami, W. A., Alshehri, M. S., Alanazi, R. O., ... & Alharbi, B. M. (2022). The Effect of Workload on the Commitment to Work for the Nurses, A Systematic Review. Journal of Positive School Psychology, 6(11), 2880-2896.

8) Banerjee, D., & Girirajan, S. (2023). Pathogenic variants and ascertainment: neuropsychiatric disease risk in a health system cohort. American Journal of Psychiatry, 180(1), 11-13.

9) Banke-Thomas, A., Avoka, C. K. O., Gwacham-Anisiobi, U., Omololu, O., Balogun, M., Wright, K. ... & Ameh, C. (2022). Travel of pregnant women in emergency situations to hospital and maternal mortality in Lagos, Nigeria: a retrospective cohort study. BMJ Global Health, 7(4), e008604.

10) Berg, L., Dave, A., Fernandez, N., Brooks, B., Madgwick, K., Govind, A., & Yoong, W. (2022). Women who decline blood during labour: Review of findings and lessons learnt from 52 years of Confidential Enquiries into maternal mortality in the United Kingdom (1962-2019). European Journal of Obstetrics & Gynecology and Reproductive Biology.

11) Borreda, I., Zukermann, R., Epstein, D., & Marcusohn, E. (2022). IV Sodium Ferric Gluconate Complex in Patients Hospitalized Due to Acute Decompensated Heart Failure and Iron Deficiency. Journal of Cardiovascular Pharmacology and Therapeutics, 27, 10742484211055639.

12) Brown, H. K., & Mitra, M. (2022). Improved obstetric care for people with disabilities: An urgent call for accessibility and inclusion. Journal of Women's Health, 31(1), 4-6.

13) Clopper, B. R., Kunz, J. M., Salandy, S. W., Smith, J. C., Hubbard, B. C., & Sarisky, J. P. (2021). A methodology for classifying root causes of outbreaks of Legionnaires' disease: deficiencies in environmental control and water management. Microorganisms, 9(1), 89.

14) Coller, R. J., Berry, J. G., Kuo, D. Z., Kuhlthau, K., Chung, P. J., Perrin, J. M., ... & Stille, C. J. (2020). Health system research priorities for children and youth with special health care needs. Pediatrics, 145(3).

15) Cranfield, K., Horner, D., Vasco, M., Victory, G., & Lucas, D. N. (2023). Current perspectives on maternity critical care. Anaesthesia.

16) Diniz, D., Brito, L., & Rondon, G. (2022). Maternal mortality and the lack of women-centered care in Brazil during COVID-19: Preliminary findings of a qualitative study. The Lancet Regional Health–Americas, 10.

17) Doherty, R. F. (2020). Ethical Dimensions in the Health Professions-E-Book. Elsevier Health Sciences.

18) Dominico, S., Serbanescu, F., Mwakatundu, N., Kasanga, M. G., Chaote, P., Subi, L., ... & Lobis, S. (2022). A comprehensive approach to improving emergency obstetric and newborn care in Kigoma, Tanzania. Global Health: Science and Practice, 10(2).

19) Ekpenyong, M. S., Matheson, D., & Serrant, L. (2022). The role of distance and transportation in decision making to seek emergency obstetric care among women of reproductive age in south–South Nigeria: A mixed methods study. International Journal of Gynecology & Obstetrics, 159(1), 263-269.

20) Ferreira, P. L., Raposo, V., & Tavares, A. I. (2020). Primary health care patient satisfaction: Explanatory factors and geographic characteristics. International Journal for Quality in Health Care, 32(2), 93-98.

21) Gangu, K., Bobba, A., Patel, P. S., Vellanki, S., Trikannad, A. K., Basida, S., ... & Tripathi, A. (2022). In-hospital mortality rate and predictors of 30-day readmission in patients with iron deficiency anemia and diastolic heart failure: A cross-sectional study. American journal of hospital medicine, volume 6, issue 3 (2022 July-Sept).

22) Gonzo, M., Nendongo, A., & Ephraim Mugweni, K. (2021). An assessment of the adequacy of iron deficiency anaemia management in the Namibian private healthcare system. International Journal of Laboratory Hematology, 43(4), 707-712.

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DOI10.17605/OSF.IO/BSUQG

23) Griffin, K. M., Oxford-Horrey, C., & Bourjeily, G. (2022). Obstetric Disorders and Critical Illness. Clinics in chest medicine, 43(3), 471-488.

24) Halabi, I. O., Scholtes, B., Voz, B., Gillain, N., Durieux, N., Odero, A. ... & Group, T. A. I. (2020). “Patient participation” and related concepts: A scoping review on their dimensional composition. Patient Education and Counseling, 103(1), 5-14.

25) Hategeka, C., Arsenault, C., & Kruk, M. E. (2020). Temporal trends in coverage, quality and equity of maternal and child health services in Rwanda, 2000–2015. BMJ global health, 5(11), e002768.

26) Haugland, B. S. M., Hysing, M., & Sivertsen, B. (2020). The burden of care: a national survey on the prevalence, demographic characteristics and health problems among young adult carers attending higher education in Norway. Frontiers in Psychology, 10, 2859.

27) Jean, G., Kruger, E., & Lok, V. (2021). Oral health as a human right: support for a rights-based approach to oral health system design. International dental journal, 71(5), 353.

28) Jones, G. L., Mitchell, C. A., Hirst, J. E., Anumba, D. O., & Royal College of Obstetricians and Gynaecologists. (2022). Understanding the relationship between social determinants of health and maternal mortality: Scientific Impact Paper No. 67. BJOG: An International Journal of Obstetrics & Gynaecology, 129(7), 1211-1228.

29) Kaur, M., Singh, D., Kumar, V., Gupta, B. B., & Abd El-Latif, A. A. (2021). Secure and energy efficient-based E-health care framework for green internet of things. IEEE Transactions on Green Communications and Networking, 5(3), 1223-1231.

30) Lanzano, R., Pelullo, C. P., Della Polla, G., Di Giuseppe, G., & Pavia, M. (2023). Perceived health status and satisfaction with healthcare services of detained male individuals: A survey in Italy. Public Health, 214, 10-19.

31) Liu, X., Chen, J., Wang, D., Li, X., Wang, E., Jin, Y., ... & Hou, X. (2020). COVID-19 outbreak can change the job burnout in health care professionals. Frontiers in Psychiatry, 11, 563781.

32) Liu, Y., Wang, Z., Ren, J., Tian, Y., Zhou, M., Zhou, T., ... & Li, J. (2020). A COVID-19 risk assessment decision support system for general practitioners: design and development study. Journal of medical Internet research, 22(6), e19786.

33) Manceau, H., Ausseil, J., Masson, D., Feugeas, J. P., Sablonniere, B., Guieu, R. ... & Peoc’h, K. (2022). Neglected Comorbidity of Chronic Heart Failure: Iron Deficiency. Nutrients, 14(15), 3214.

34) McCaw-Binns, A., Campbell, L., Harris, A., James, L. A., & Asnani, M. (2022). Maternal mortality among women with sickle cell disease in Jamaica over two decades (1998–2017). EClinicalMedicine, 43, 101238.

35) McElrath, T. F., Druzin, M., Van Marter, L. J., May, R. C., Brown, C., Stek, A., ... & MONEAD Investigator Group. (2022). the Obstetrical Care and Delivery Experience of Women with Epilepsy in the MONEAD Study. American Journal of Perinatology.

36) McEwan, P., Harrison, C., Cohen-Solal, A., Lund, L. H., Ohlsson, M., von Haehling, S. ... & Jankowska, E. A. (2022). EE60 An Economic Evaluation of Introducing Ferric Carboxymaltose for the Treatment of Iron Deficiency in Patients With Heart Failure From the Perspective of Healthcare Payers in Sweden, Germany, France, Poland and Spain. Value in Health, 25(12), S64-S65.

37) McEwan, P., Ponikowski, P., Davis, J., Rosano, G., Coats, A. J. S., Dorigotti, F. ... & Jankowska, E. A. (2022). POSC131 Events Avoided and Cost Savings Associated with the Use of Intravenous Ferric Carboxymaltose for the Treatment of Iron Deficiency in Patients Stabilized after an Acute Heart Failure Episode with Reduced Ejection Fraction in the UK. Value in Health, 25(1), S112-S113.

ISSN (Online):0493-2137
E-Publication: Online Open Access
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DOI10.17605/OSF.IO/BSUQG

38) Mogilevkina, I., Gurianov, V., & Lindmark, G. (2022). Effectiveness of emergency obstetric care training at the regional level in Ukraine: a non-randomized controlled trial. BMC Pregnancy and Childbirth, 22(1), 145.

39) Molla, W., Wudneh, A., & Tilahun, R. (2022). Obstetric violence and associated factors among women during facility-based childbirth at Gedeo Zone, South Ethiopia. BMC pregnancy and childbirth, 22(1), 565.

40) Oraibi, L. A., Shahbal, S., Noshili, A. I., Hudays, A. Y., Haqawi, A. J. M., Hakami, A. A. Y., ... & Alshiak, A. H. (2022). Nursing Professional Trends and Role of Technical and Permanent Education in the Context of New Saudi Medical Era Rooted in Arab Regions, A bibliographic Research. Journal of Positive Psychology and Wellbeing, 6(2), 2043-2057.

41) Philippe, L. N., Aliocha, N. N., Destin, L. N. J., Joél, M. B., Roger, M. L., & Pierre, F. L. J. (2022). Community-Based Pregnant Women Initiative to Support Emergency Obstetric Care in Kimpese Health Zone, Province of Kogo Central, the Democratic Republic of the Congo. Open Journal of Obstetrics and Gynecology, 12(6), 499-509.

42) Raghu, V. K., Prathapan, K. M., Hamm, M. E., Rudolph, J. A., & Norman, M. K. (2021). Caregiver Decision-making in Pediatric Intestinal Failure: A Qualitative Study Focused on Iron Deficiency Anemia. Journal of pediatric gastroenterology and nutrition, 72(3), 446-450.

43) Rosenblum, H., Wessler, J. D., Gupta, A., Maurer, M. S., & Bikdeli, B. (2020). Zinc deficiency and heart failure: a systematic review of the current literature. Journal of Cardiac Failure, 26(2), 180-189.

44) Saidova, L. B., & Nazarova, A. B. (2022). Influence of Vitamin D Deficiency on a Woman's Health State and its Reproductive Function. INTERNATIONAL JOURNAL OF HEALTH SYSTEMS AND MEDICAL SCIENCES, 1(6), 346-348.

45) Saunders, N. R., Gandhi, S., Wanigaratne, S., Lu, H., Stukel, T. A., Glazier, R. H. ... & Guttmann, A. (2023). Health Care Use and System Costs among Pediatric Refugees in Canada. Pediatrics, 151(1).

46) Shahbal, S., Noshili, A. I., Hamdi, A. M., Zammar, A. M. A., Bahari, W. A., Al Faisal, H. T., ... & Buraik, L. M. (2022). Nursing profession in the light of Social Perception in the Middle East. Journal of Positive Psychology and Wellbeing, 6(1), 3970-3976.

47) Shen, Y. C., Wang, M. Y., & Yang, Y. C. (2020). Discovering the potential opportunities of scientific advancement and technological innovation: A case study of smart health monitoring technology. Technological Forecasting and Social Change, 160, 120225.

48) Si, M. Y., Su, X. Y., Jiang, Y., Wang, W. J., Gu, X. F., Ma, L., ... & Qiao, Y. L. (2020). Psychological impact of COVID-19 on medical care workers in China. Infectious diseases of poverty, 9(1), 1-13.

49) Sierpinski, R., Josiak, K., Suchocki, T., Wojtas-Polc, K., Mazur, G., Butrym, A. ... & Jankowska, E. A. (2021). High soluble transferrin receptor in patients with heart failure: a measure of iron deficiency and a strong predictor of mortality. European Journal of Heart Failure, 23(6), 919-932.

50) Stabnick, A., Yeboah, M., Arthur-Komeh, J., Ankobea, F., Moyer, C. A., & Lawrence, E. R. (2022). “Once you get one maternal death, it's like the whole world is dropping on you”: experiences of managing maternal mortality amongst obstetric care providers in Ghana. BMC Pregnancy and Childbirth, 22(1), 206.

51) Stumpfögger, N., Müller, M., Tran, Q. N., & Willamowski, E. (2023). Working through Affects: Transforming and Challenging Psychosocial Care for Vietnamese Migrants. In Affect, Power, and Institutions (pp. 244-258). Routledge.

52) Thorsen, M. L., Harris, S., McGarvey, R., Palacios, J., & Thorsen, A. (2022). Evaluating disparities in access to obstetric services for American Indian women across Montana. The Journal of Rural Health, 38(1), 151-160.

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53) Tkaczyszyn, M., Górniak, K. M., Lis, W. H., Ponikowski, P., & Jankowska, E. A. (2022). Iron Deficiency and Deranged Myocardial Energetics in Heart Failure. International Journal of Environmental Research and Public Health, 19(24), 17000.

54) Tkaczyszyn, M., Skrzypczak, T., Michałowicz, J., Ponikowski, P., & Jankowska, E. A. (2021). Iron deficiency as an emerging therapeutic target in patients stabilized after an episode of acute heart failure. Cardiology Journal, 28(6), 962-969.

55) Truscott, A. (2022). Identification and Screening of Iron Deficiency in Heart Failure.

56) Tyagi, D., Wang, H., Huang, W., Hu, L., Tang, Y., Guo, Z. ... & Zhang, H. (2020). Recent advances in two-dimensional-material-based sensing technology toward health and environmental monitoring applications. Nanoscale, 12(6), 3535-3559.

57) Verma, P., Kumar, S., & Sharma, S. K. (2020). E-Healthcare service quality: consumer satisfaction and its association with demographic characteristics. International Journal of Health Care Quality Assurance.

58) Witt, A., Ordóñez, A., Martin, A., Vitiello, B., & Fegert, J. M. (2020). Child and adolescent mental health service provision and research during the Covid-19 pandemic: challenges, opportunities, and a call for submissions. Child and Adolescent Psychiatry and Mental Health, 14(1), 1-4.

59) Yoon, J. M., Trinkoff, A., Galik, E., Storr, C., Lerner, N., Brandt, N., & Zhu, S. (2022). Deficiency of Care Reports on Inappropriate Psychotropic Medication Use Related to Care for Behavioral Symptoms of Dementia. Journal of the American Medical Directors Association, 23(6), e10.