

# Labor room accommodation of pregnant women in tagum city



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## **PROBLEM AND ITS SCOPE**

### **Background of the Study**

Comfort is a concept that has a strong association with nursing. Nurses traditionally provide comfort to patients and their families through interventions that can be called comfort measures. The intentional comforting actions of nurses strengthen patients and their families. Caring is about how nurses do their work. The effects of caring are difficult to measure; the effects of comfort interventions (including caring) are measureable(<http://www.thecomfortline.com/FAQ.html#beginnings>).

Date Retrieved May 20, 2010.

Hospital has been the traditional setting for providing care for people. These individuals were admitted to the hospital and were not discharged until they were fully recovered or had used all of the service available within the hospitals (Fundamentals of Nursing Taylor et al. 1993). Hospital specifically in labor room is in which women in labor are monitored prior to delivery (<http://www.pregnology.com/AZ/L/1>). Date Retrieved, May 23, 2010

Physical comfort include deficit in physiological mechanism that are disrupted or at risk because of an illness or invasive procedure. Social comfort can get through family, friends co-workers, society and relationship with all of the above. Environmental needs include orderliness, quiet, comfortable, furniture, minimal odors and safety as far as is possible in the setting. Psychospiritual comfort needs include the needs of motivation and trust in order for the family to “rise above” or more peacefully through the

discomfort of painful procedure or trauma that cannot be immediately relieved. (Kolcaba).

Today's findings, based on responses 10 NHS health trust, were obtained by the conservatives who attached the government for failing to deliver world-class maternity care for women in London, shadow health secretary Andrew Lasey said, " new mothers should not be put through the trauma of giving birth in such inappropriate places". A Washington hospital there were six reported case last year (2008) where babies were born on the antecital ward because of delivery rooms on labor ward (<http://www.thisisLondon.comVIC>)  
Date Retrieved, February 22, 2010.

Birth Center is designed to provide a comforting, safe experience for every patient during labor. The intrapartum nurses on our unit are attentive to specific patient requests and are recognized for their competence and expertise as key health care providers. Their goal is a safe and healthy delivery for every woman. A large percentage of our direct care nursing staff is nationally certified in their field of expertise and several staff members are also Masters prepared nationally certified nurse midwives. In addition to a highly experienced staff, we also have the pleasure of working with Portland Doulas who are available to support our patients (<http://www.ohsu.edu/>)  
Date Retrieved, May 20, 2010

In the hospital of Cebu Puericulture Center and Maternity House all labor-delivery-recovery rooms (LDRs) are designed to accommodate the birthing process from labor through delivery and recovery of mother and baby. Equipment is moved into the room as needed, rather than moving the patient to the equipped room. Each labor room shall contain a hand washing  
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facility and have access to a toilet room. One toilet room may serve two labor rooms. Labor rooms shall have controlled access with doors that are arranged for observation from a nursing station. At least one shower (which may be separate from the labor room if under staff control) for use of patients in labor shall be provided. Windows in labor rooms, shall be located, draped, or otherwise arranged, to preserve patient privacy from casual observation from outside the labor room. Labor room size should be determined by analyzing the needs of the resident(s) to move about the room in a wheelchair, gain access to at least one side of her bed, turn and wheel around the bed, equipment, including chair, stretcher, and IV stand (<http://mapiles.com/cebu-puericulture-center-and-maternity-house-inc/>) Date Retrieved, May 24, 2010.

The Labor Room of Davao Regional Hospital, Apokon Tagum City is described as one of the most over-populated areas inside the hospital because without complication 3 cms. and up will enter the labor room if with complications they will directly enter the labor room. There were 10 beds available, if a woman belongs to OB ward she will share the bed to another woman; however, if a woman belongs to private rooms she needs not to share the bed to another woman. DRH is considered as one of the tertiary hospitals in the Philippines. In which, this usually has a full complement of services. Since, Davao Regional Hospital cannot say “ No” to patients because it is a public, government establishment. They cannot control the increasing number of patients that were being admitted. Because of that matter pregnant women is subjected to physical, social, environmental and psychospiritual discomfort.

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The researchers desire to conduct this study because we anticipated that the comfort of pregnant women needs to be studied further if the number of admitted patient influences the comfort. Furthermore, the problem affects the wide variety of pregnant women in Davao Regional Hospital, Tagum City since they are the one who will be deliberated with their situation inside the labor room, because this problem occurs especially if it is a government establishment.

## **Statement of the Problem**

This study aims to determine the relationship between labor room accomodation and comfort of pregnant women in Davao Regional Hospital, Tagum City.

Specifically, this study will answer the following questions:

What is the extent of labor room accomodation in terms of:

1. 1 Bed assignment

1. 2 Nursing assistance

2. What is the level of comfort of pregnant women in terms of:

2. 1 Physical

2. 2 Social

2. 3 Environmental

2. 4 Psychospiritual

3. Is there significant difference on the extent of labor room accommodation when analyzed according to:

3. 1 Parity

3. 2 Hospital room accommodation

4. Is there a significant difference on the level of comfort of pregnant women when analyzed according to:

4. 1 Parity

4. 2 Hospital room accommodation

5. Is there a significant relationship between the extent of labor room accommodation and the level of comfort of pregnant women.

## **Hypothesis**

There is no significant relationship between the labor room accommodation and the level of comfort of pregnant women.

There is no significant difference on the extent of labor room accommodation when analyzed according to parity and hospital room accommodation.

There is no significant difference on the level of comfort of pregnant women when analyzed according to parity and hospital room accommodation.

There is no significant relationship between the extent of labor room accommodation and the level of comfort of pregnant women.

## **Review of Related Literature**

Several and varied sources were used and read to gather relevant literature and research. Professional books, journals, periodicals and related research were found valuable sources of articles worthy of being included in the chapter. These article were valuable in the construction of research instruments. Moreover, they helped enriched the contents of such.

## **Bed Assignment**

Hospital address capacity issues in a number of ways. A common approach is to seek licensure for more beds – an expensive investment. Expanding bed capacity through licensure may be necessary. But incorporating a bed management system is a less costly solution that makes better use of existing resources. Bed management systems maximize existing capacity by efficiently moving patients through care delivery.

Bed manages systems provides nurses data necessary to assess performance measures based on activity, thus increasing resource of effectiveness.(Technology alleviates bed management woes by: Pam Parker, RN, C, BSN, MBA; Nursing Management 2005) Date Retrieved, May 21, 2010.

Federal health planners proposed a series standards for most of the nation's hospitals that they said would reduce the number of unneeded beds by 100, 00 over the next seven years. The standards, which are aimed at further constraining almost runaway hospital charges, would limit acute care hospital beds to four per 1, 000 persons throught the country and set a minimum level of 80 percent occupancy in general hospitals in an effort to force the closing of inefficient and expensive facilities. The specifics of the

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proposals are also intended in the interests of efficiency to concentrate obstetrical and pediatric services in fewer hospitals and reduce the numbers of high cost (<http://news.google.com/newspapers>) Date Retrieved, May 23, 2010.

The bed must be adjustable that can be lowered or raised to the position to make you feel more comfy while laboring. So while setting yourself in your delivery or labor room and you don't want using pain relief be sure to pray first and offer all the things that will happen at that moment then have a relaxation and breathing techniques, find comfortable position while in labor, listen to soft and romantic music. Think of good memories with your love ones and think something that makes you smile to ease your pain in laboring. Always think positive so that you can manage the pain (<http://www.helium.com/items/1809340-what-to-expect-in-the-labor-room>) Date Retrieved, May 23, 2010.

Nearly all hospitalized laboring women spend most of the time in bed. We made simple but radical modifications to a hospital labor room, which included the removal of the standard hospital bed and the addition of equipment to promote relaxation, mobility, and calm (<http://www.ncbi.nlm.nih.gov/pubmed/19489810>) Date Retrieved, May 23, 2010. The investigators noted that the bed is a major reason for lack of mobility. Its prominence conveys that it is the appropriate place for laboring women, and a woman in bed offers ready access for interventions, an observation backed up by research. (<http://rixarixa.blogspot.com/2009/07/beds-and-birth-rooms.html>) Date Retrieved, May 23, 2010.

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## **Nursing Assistance**

When a pregnant trauma patient presents, nurses face an unusual situation; there may be two injured patients, one inside the other. As nurses, we must assess and treat one patient whose body has been anatomically and physiologically changed by pregnancy and another whom we cannot see, touch, insert an IV catheter into, or place an oxygen mask on. It's essential that we understand the changes associated with pregnancy, which can affect both the nature of an injury and the body's response to it, and their implication in the assessment and treatment of both patients.

(Trauma in pregnancy by: Laura M. Criddle, PWD, RN, CEN, CRN, FAEN) Date Retrieved, May 21, 2010

The labor nurse is responsible for monitoring, blood work, vaginal exams, paperwork and many things that you need for giving birth. She is your direct connection to your doctor or midwife and informing them how your labor is going on. She can also give you some suggestions for comfort in your labor from positioning to medications. (<http://www.helium.com/items/1809340-what-to-expect-in-the-labor-room>) Date Retrieved, May 23, 2010.

In today's hospitals and extended care facilities a nurse assistant is an important part of a health care team that includes many personnel outside of nurses. Nurse assistants are needed to provide routine care so that nurses can provide care that only they can perform, as outlined by each state's Nurse Practice Acts. The nurse assistant must not only be very skilled in the actual procedures being performed but must also be able to observe a patient's condition and report that information back to the nurse. Due to other responsibilities, the nurse cannot spend large amounts of time in the <https://assignbuster.com/labor-room-accommodation-of-pregnant-women-in-tagum-city/>

room with the patient so the nurse assistant is often referred to as the nurse's " eyes and ears" ([http://en.wikipedia.org/wiki/Certified\\_nursing\\_assistant](http://en.wikipedia.org/wiki/Certified_nursing_assistant)) Date Retrieved, May 23, 2010.

Nurse-midwives are registered nurses with advanced training in care of obstetric patients. They provide care for about 6% of the birth in the United States and Canada (ventura et al. 1998). Nurse-midwives may practice with physicians or independently and with an arrangement for a physician back up. They usually see low risk obstetrics patients .( Wong et al. 2002)

Nursing assistance has a traditional role and a professional role to fulfill: of clinical assessment of the progress of labor and physical status of mother and fetus. In addition, emotional support is provided by expressing caring and dependability as well as being an advocate for the childbearing woman if needed. They should display a tolerant non-judgmental attitude, ensuring that the woman is accepted whatever her reactions to labour may be.

Women who feel in control of their own bodies, who retain control of their behavior and who feel they have an active part in decision making have a more satisfactory birth experience. (Green et la 1990, Lindow et I 1998, Wallace et al 1995).

## **Physical**

Bed rest is often prescribed to pregnant women who shows signs of distress of preterm labor, despite of evidenced of its effectiveness in preventing adverse outcomes. Although often thought of as benign, bed rest may include many psychologic and metabolic changes related to musculoskeletal reconditioning. The long term effects of bed rest need to be better

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understood, and woman who have been on bed rest may need close assessment and rehabilitation to facilitate a return to function and prevent injury (<http://www.medscape.com/viewarticle/436416>). Date Retrieved, February 25, 2010.

Back pain during late pregnancy is a frequent clinical problem. Very little is known about the impact of this symptom on the quality of life among pregnant women with back pain. The objective of the study is to know the influence of back pain and physical ability on quality of life in late pregnancy. Irrespective of back pain the pregnant women studied featured lower quality of life (QOL) compared with published data on healthy women. Among the women with back problems, who had the most impaired QOL, the factors affecting QOL were mostly related to physical ability (<http://www.ncbi.nlm.nih.gov/pbmed/10789670>) Date Retrieved, February 25, 2010.

All women stated they were physically supported by their female companions. Examples of this physical help included position changing, massaging, and help with walking them to the bathroom. The majority (n= 18) of women stated that the presence of their female relative helped facilitate communicating their wishes and needs to the care providers. The remaining seven women stated that the presence of their female support relative created some minor conflict with midwives, who seemed to view the relatives as interfering with the process of care. (Enkin, M., Keriese, M., Neilson, J., Crowther, C., Duley, L., Hodnett, E., et al. (2000).

Previous research has shown that intrapartum practices in Jordan are not always based on the best on the best evidenced in the literature (Khresheh;

Kresheh et al., 2007; Sweidan et al., 2008). Women in the sample expected poor support from their healthcare professionals, but when allowed to have support in labor from family members, they readjusted their expectations and had a more positive experience (Dahlen et al., 2008) The physical support provided by the female companion encouraged this sample of pregnant woman to relax. This may reduce their stress response resulting in an improved pattern of labor ( Taylor et al., 2000).

The physiological dimension addresses factors that affect the client's physical status, such as rest and relaxation, treatment of medical conditions, level of nutrition and hydration, and elimination of wastes (Kolcaba, 1992a, p. 34). Physical comfort encompassed all the physiological ramifications of medical problems, which may or may not result in physical sensations immediately. Example of some necessary conditions for physical comfort, in this broad sense, are homeostatic mechanism such as fluid/electrolyte balance, stable and normal blood chemistries, adequate oxygen saturation, and other metabolic indicators of health. An additional insight about physical comfort came from Hamilton's comfort theme of positioning. The importance of this type of comfort was prominent in ergonomics and was associated with increased function and productivity (<http://books.google.com.ph/books>).

Date Retrieved, May 23, 2010.

## **Social**

The friendliness and caring of all staff members was central in achieving social comfort. This included their approach and attitudes, continuity of care and a meaningful schedule of events and activities. In such instances, where patients have a limited network of support, nurses may be the most

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important source of social comfort and “ therapeutic use of self” may enhance comfort more than nurses might realize. Nurses and other team members can facilitate social comfort of the family unit, however, by making them feel at home, important, intelligent and valued. (<http://books.google.com.ph/books>). Date Retrieved, May 23, 2010.

Many studies have provided evidence about the positive influences that women experience when receiving labor support from a companion present during birth. Sauls 2002 published an overview of the randomized controlled trials related to the effectiveness of labor support on birth and maternal outcomes, reporting that all studies found benefits; the most powerful beneficial effects occurred when support was provided by a birth companion rather than by a health professional. Other studies of laboring have also identified the positive effects of help given by a support companion who was present and provided verbal encouragement (Parpinelli & Osis, 2007).

A supportive companion has been shown to have a positive influence on the woman's satisfaction with the birth process, and does not interfere with other events, interventions, or neonatal outcome, or breastfeeding. The evidence for the effectiveness of support in labor is strong enough for the World Health Organization to have recommended that woman in labor must be accompanied by people with whom she feels comfortable and trusts ( Bruggemann, , Cecatti, & Neto, 2007)

There is scarcity of evidence on the effects of the presence of companion during the birth process in developing countries. In a larger part of this current study (Kresheh, 2008), a total of 226 nulliparous women who were

admitted to Al-karak government hospital for birth were asked if they wanted a female relative to stay with them. Findings showed significant effects on labor and birth outcomes, with less use of pharmacologic pain relief, and improvement in the womens general perception of their birth experience (World Health Organization. 2007).

Detractors form social comfort include isolation form family, disregard for cultural traditions, uncaring or anxious nursing behaviors, fragmented care, lack of nursing care when desired, poor social support, and limited resources for ongoing care at home after discharge ([http://ivythesis.typepad.com/term\\_paper\\_topics/2008/12/sample-resear-2.html](http://ivythesis.typepad.com/term_paper_topics/2008/12/sample-resear-2.html)) Date Retrieved, May 23, 2010.

## **Environmental**

Clearly, the right environment for healing and health promotion was considered an important source of comfort by nurses interested in holistic care. Today, environmental comfort is a key aspect of units specifically designed to promote physical and cognitive function of hospitalized persons (<http://books.google.com.ph/books?> ) Date Retrieved, May 23, 2010.

There are more than 4 million chemical mixtures in homes and businesses in this country, with little information on the effects most of them during pregnancy. However, a few are known to be harmful to an unborn baby. Most of these are found in the workplace, but certain environmental pollutants found in air and water, as well as chemicals used at home, may pose as risk during pregnancy.

A pregnant woman can inhale these chemicals, ingest them in food or drink, or, in some cases, absorb them through the skin. For most hazardous substances, a pregnant woman would have to be exposed to a large amount for a long time in order for them to harm her baby. Most workplaces have preventive measures to help make sure this doesn't happen. Pregnant women can take steps to help protect themselves and their babies from pollutants and potentially risky chemicals used at home. ([http://www.marchofdimes.com/aboutus/681\\_9146.asp](http://www.marchofdimes.com/aboutus/681_9146.asp)) Date Retrieved, December 19, 2010.

Since almost all non-pharmacological methods of pain relief require you to relax in some ways, having an environment that promotes relaxation can improve your chances of laboring without medication. Even if you choose to use medication during your labor, the environment sets the tone for your labor and may play a part in your mood. (<http://www.birthingnaturally.net/birthplan/options/environment.html>) Date Retrieved, December 19, 2010.

Factors in the environment that distract from pregnant women's comfort are cold, noise, chaos, endless bright lights, bad odors, lack of privacy and uncomfortable stretchers, chairs, and beds. Unmet safety needs can detract from comfort and include a lack of properly functioning equipment, security problems, security hazards, inaccurate care, poor aseptic/sterile techniques resulting in nosocomial infections and medication or treatment errors.

Freeing patients from restraints and restrictive devices such as intravenous lines, noninvasive monitors and intermittent, rather than continuous,

monitoring when appropriate (<http://ivythesis.typepad.com/assignbuster.com/labor-room-accommodation-of-pregnant-women-in-tagum-city/>)

com/term\_paper\_topics/2008/12/sample-resear-2. html) Date Retrieved, May 23, 2010.

The labor room should be such that the woman is not considered is not constrained by lack of privacy or lack of supports such as cushions and beds from adopting her preferred position. In a hospital environment, it may help to move the labor from its traditional place in the middle of the room, and to place other support such as cushions and birth balls the room so that the mother is free to roam from one to another as the labor dictates. Low lighting and music of her choice may help the woman to see a safe and secure place to give birth. Minimizing unnecessary intrusion by the other member of staff is essential.(Fraser et al. 2003)

## **Psychospiritual**

Anxiety is a major distractor form psychospiritual comfort and some include in this context are confusing, incomplete or negative information; threatening diagnoses; fear and the prspect of a change in routine or health status ([http://ivythesis.typepad.com/term\\_paper\\_topics/2008/12/sample-resear-2. html](http://ivythesis.typepad.com/term_paper_topics/2008/12/sample-resear-2.html)) Date Retrieved, May 23, 2010.

Hamilton's second comfort theme was self-esteem, including faith in God, being independent, feeling relaxed, being informed and feeling useful. The contexts of pyschological and spiritual comfort are combined to form psychospirtual context. Psychospiritual comfort includes mental, emotional, and spiritual components of self. The definition that has evolved is whatever gives life meaning for an inidvial and entails self-esteem, self-concept,



sexuality and one's relationship to a higher order or being. (Kolcaba, K., 1997).

## **Parity**

Traditionally, elder or mature pregnant women are believed to have more adverse pregnancy outcomes than younger pregnant women. In fact, the great majority of the medical literature concerning late childbearing relates to women between the ages of 35-40 years. However, many of these studies showed the pregnancy performance and neonatal outcome among the group of mothers aged > 35 years are similar to those of younger age (Kirz et al., 1985; Ho et al., 1986). These findings therefore constitute a challenge to the current definition of advanced maternal age, which uses 35 years as the cut-off point with reference to the age-related effects on pregnancy outcome. The primiparous mothers had a higher incidence of antepartum hemorrhage and hypertensive disorder.

The factors influencing birth experience as acceptable were multiparous women (Para 2-3) in 128 (68. 08%) cases; primigravidas in 61 (80. 26%) cases, study have shown that the pain threshold of pregnant women differs from the number of birth experiences. Furthermore, labour pain is nearly a universal experience for childbearing women but threshold of this pain varies between individuals ([http://jpma.org.pk/full\\_article\\_text.php?article\\_id=2106](http://jpma.org.pk/full_article_text.php?article_id=2106)) Date Retrieved, May 24, 2010.

## **Hospital room Accommodation**

In some countries a labor companion is not allowed for cultural or other reasons (policy does not allow, place too crowded, no privacy, bad advice

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from companion etc). It was discussed and agreed that there is need for midwives to use their knowledge and scientific evidence available to influence policy to ensure that in those countries where companions are not allowed, this can be considered. In those countries where the companion is allowed but not permitted into the labor ward because they give bad advice, the midwives were challenged to ensure that the companion is given adequate information before the labor starts so that the companion becomes more positive and helpful during labor. [http://whqlibdoc.who.int/hq/2005/ICM\\_report\\_eng.pdf](http://whqlibdoc.who.int/hq/2005/ICM_report_eng.pdf)) Date Retrieved, May 23, 2010.

According to the CHCAA's interpretation, the Ontario Health Insurance Act requires that public hospital must provide overnight accommodation at the standard ward level at no charge to the patient. In addition, The Canada Health Act states that all Canadians are entitled to the level of accommodation required by the patient's medical condition at no charge. Funding - including Federal Transfer Payments - for these scenarios is provided to the hospitals by the province (<http://www.chcaa.org/education/HospitalWP.pdf>) Date Retrieved, May 23, 2010.

## **Theoretical and Conceptual Framework**

In the theory of comfort by Katharine Kolcaba states that the comfort is a concept that has a strong association with nursing. Nurses traditionally provide comfort to patients and their families through interventions that can be called comfort measures. The international comforting actions of nurses strengthen patients and their families ( who can be found into their own homes, in hospitals, agencies, communities, states and nations ). When patients and families are strengthened by actions of health care personnel <https://assignbuster.com/labor-room-accommodation-of-pregnant-women-in-tagum-city/>

(nurses ), they can be engage in health seeking behavior. (<http://www.thecomfortline.com/comfort-theory.html>)

The researcher anchored this theory in their research since the dependent variable in this research is comfort. Basically the main topic here is about the comfort that the mothers in the labor room are experiencing. every patient in the hospital deserves to have comfort.

Kolcaba derived the contexts in which comfort is experienced form the literature of holism and she defined them as physical, psychospiritual, environmental and social. The physical comfort pertains to the bodily sensations. Psychospiritual relate to internal awareness of self, including esteem, self-concept, sexuality and meaning in life, relationship to a higher order or being. Environmental have relevance to external surroundings, conditions and influences. Social appertain to interpersonal, family and societal relationships.

In this research, the researchers are trying to find out the relationship of lack of beds in the comfort of pregnant women in the labor room of Davao Regional Hospital Tagum City.

Figure 1 shows the conceptual framework of the study. It consist of three variables. The Independent variable is the labor room accommodation and the dependent variable is the comfort of pregnant women. The moderators are the parity and ward.

Independent variable    Dependent varieable

Comfort of Pregnant Women

Physical Comfort

Social Comfort

Environmental Comfort

Psychospiritual Comfort

Labor Room Accommodation

Bed assignment

Nursing Assistance

## **Parity**

### **Hospital Room Accommodation**

Moderator variable

Figure 1 Conceptual Paradigm of the Study

### **Significance of the study**

This study will give benefits and useful information to people in the field of nursing particularly:

Pregnant women: the outcome of the study will help them obtain their desired comfort when in labor.

Nurses: The outcome of the study will give them the knowledge the value of comfort of Pregnant women.

Administration: The outcome of the study will recognize adjustment to cater and to give genuine care for all the pregnant women.

Student Nurses: The outcome fo the study will assist them to provide more extensive comfort of pregnant women appropriately.

## **Definition of terms**

For easy understanding, in the study the following major terms are herein defined conceptually and operationally.

Labor room accomodation. The labor room should be such that the woman is not considered is not constrained by lack of privacy or lack of supports such as cushions and beds from adopting her preferred position. In a hospital environment, it may help to move the labor from its traditional place in the middle of the room, and to place other support such as cushions and birth balls I the room so that the mother is free to roam from one to another as the labor dictates. Low lighting and music of her choice may help the woman to see a safe and secure place to give birth. Minimizing unnecessary intrusion by the other member of staff is essential.(Fraser et al. 2003). In our study, it refers to the intrapartal care received by the pregnant women in Davao Regional Hospital.

Bed assignment. Hospital beds are electrically operated. The staff will show you how to work your bed properly. Your hospital bed is probably higher and narrower than your bed at home, and includes bedside rails for your protection. The rails may be raised for your safety or at your request, if you're resting, recovering from surgery or taking certain medications. [http://www. multicare. org/allenmore/hospital-amenities/](http://www.multicare.org/allenmore/hospital-amenities/) In our study, beds are classified as to what hospital room accommodation is choosen.

Nursing assistance. The Nursing Assistant is an important member of the health care team who often holds a high level of experience and ability, but without qualification is unable to often perform some tasks due to issues of liability and legality. [http://en.wikipedia.org/wiki/Certified\\_nursing\\_assistant](http://en.wikipedia.org/wiki/Certified_nursing_assistant). In our study, it focuses on the maternity care from which the pregnant women is subjected inside the labor room until she is