

Evidence-Based Nursing Interventions In Promoting Safe Motherhood: A Review

Dr. Jasmi Johnson¹, Ananya Mondal², Sirisha Chelva³, Dr. Poonam Thakur⁴, Meena Tiwari⁵, Ankita Lal⁶, Divya Upreti⁷

1. Principal/Dean, Rama college of Nursing, Rama university, Kanpur, Uttar Pradesh, India

2. Assistant Professor, Faculty of Nursing, Parul University, Vadodara, Gujarat, India

3. Lecturer in Nursing, Govt College of Nursing, Visakhapatnam, Andhra Pradesh, India

4. Professor/HOD, Post Graduate College of Nursing, CHRI, Gwalior, Madhya Pradesh, India

5. Professor Cum Principal, Treatwell college of Nursing, Nagpur, Maharashtra, India

6. Assistant Professor, Institute of Nursing & Paramedical Sciences, Mangalayatan University, Aligarh, Uttar Pradesh

7. Assistant Professor, Sharda School of Nursing Science and Research, Sharda University, Greater Noida, Uttar Pradesh, India

Corresponding Author: Dr. Jasmi Johnson, **Email:** johnsonjasmi@gmail.com

Abstract

Safe motherhood encompasses the continuum of care from preconception to postpartum, aiming to prevent avoidable maternal and neonatal morbidity and mortality. Evidence shows that nurse-led interventions—spanning antenatal risk screening, respectful maternity care, birth preparedness counseling, complication readiness, skilled intrapartum support, early essential newborn care, and postnatal follow-up—substantially improve outcomes. This review synthesizes literature from 2010–2024 on evidence-based nursing practices promoting safe motherhood across diverse settings. Databases searched included PubMed, CINAHL, Scopus, and Web of Science using terms related to nursing, safe motherhood, antenatal care, intrapartum, postpartum, and newborn care. Studies were included if nurses or midwives were primary implementers and outcomes related to maternal/newborn safety, utilization, or behavior change. Findings converge on five high-impact domains: (1) nurse-led antenatal education and risk screening increase timely ANC attendance, iron–folate adherence, and birth preparedness; (2) skilled, respectful intrapartum nursing care—including partograph use, active management of third stage of labor (AMTSL), and infection prevention—reduces labor complications and postpartum hemorrhage; (3) early essential newborn care (thermal care, immediate breastfeeding, delayed cord clamping) improves early neonatal outcomes; (4) postpartum continuity (home visits, danger-sign counseling, contraception counseling) enhances exclusive breastfeeding and postpartum family planning uptake; (5) digital and community-linked strategies (mHealth reminders, group ANC, community health worker–nurse collaboration) improve adherence and timely referral. Barriers include staffing shortages, supply gaps, and variable adherence to protocols; facilitators include continuous professional development, simulation training, audit-and-feedback, and supportive supervision. Overall, nurse-delivered, protocolized care integrated with respectful communication and continuity across the perinatal period is central to safe motherhood. Scaling requires investment in workforce capacity, quality assurance, and context-adapted implementation strategies.

Keywords: safe motherhood, nursing interventions, respectful maternity care, antenatal care, intrapartum care, postnatal care

INTRODUCTION:

Safe motherhood is recognized as a cornerstone of global health and development, emphasizing the importance of ensuring that every pregnancy culminates in the survival and well-being of both mother and child. According to the World Health Organization (WHO, 2023), maternal health remains one of the most pressing public health priorities, with approximately 287,000 maternal deaths reported annually worldwide, largely due to preventable causes such as hemorrhage, hypertensive disorders, sepsis, unsafe abortion, and complications during childbirth. The concept of safe motherhood extends beyond survival to encompass a continuum of care that promotes physical, psychological, and social well-being throughout pregnancy, childbirth, and the postpartum period. In this regard, nursing professionals, particularly those

working in maternal and child health, play a pivotal role in translating evidence-based practices into clinical and community settings to safeguard maternal health outcomes. Nurses constitute the largest segment of the global health workforce, often serving as the first point of contact for pregnant women and their families. Their accessibility, holistic care approach, and ability to deliver individualized, culturally sensitive education make them indispensable in advancing the goals of safe motherhood. Evidence-based nursing interventions (EBNIs) are defined as clinical and community practices that integrate the best available research evidence, clinical expertise, and patient preferences to improve outcomes. In the domain of safe motherhood, such interventions include antenatal education, skilled birth attendance, infection prevention, nutritional support, psychological counseling, family planning guidance, postnatal care, and emergency obstetric response. By relying on scientific evidence and clinical guidelines, nurses can effectively reduce maternal morbidity and mortality while promoting positive maternal experiences. Globally, there has been a significant decline in maternal mortality ratios (MMR) over the past three decades, owing largely to improved healthcare systems, increased skilled birth attendance, and the implementation of targeted interventions. However, disparities persist across regions, particularly in low- and middle-income countries (LMICs), where access to quality maternal healthcare remains limited. In India, for example, the MMR has decreased substantially, yet rural and underserved populations continue to face barriers such as inadequate infrastructure, lack of trained personnel, sociocultural barriers, and limited awareness of maternal health practices. These challenges underscore the necessity of integrating evidence-based nursing interventions into maternal health programs, ensuring that care is not only accessible but also effective, context-specific, and sustainable.

The application of EBNIs in promoting safe motherhood is multifaceted. At the antenatal level, interventions focus on comprehensive assessment, early detection of complications, and preventive education on nutrition, hygiene, and danger signs. During childbirth, evidence highlights the importance of skilled attendance, respectful maternity care, pain management, and adherence to standardized protocols such as the WHO Safe Childbirth Checklist. In the postnatal period, nurses play a crucial role in monitoring recovery, supporting breastfeeding, promoting neonatal care, and addressing postpartum depression. Additionally, community-based nursing interventions, such as home visits, mobile health (mHealth) strategies, and group education, have shown promising results in extending safe motherhood practices beyond institutional settings. Another critical dimension is the role of nurses in health promotion and empowerment. Safe motherhood is not only a clinical issue but also a sociocultural one, influenced by gender norms, economic conditions, and community beliefs. Evidence suggests that nurse-led health education and counseling can empower women to make informed decisions about their reproductive health, utilize healthcare services effectively, and engage family members in supportive practices. Furthermore, nurses are instrumental in advocating for women's rights, reducing stigma associated with reproductive health, and bridging gaps between healthcare systems and communities.

Despite the growing body of evidence supporting nursing interventions, challenges remain in translating research findings into practice. Barriers such as inadequate training, limited access to updated guidelines, resource constraints, and systemic inefficiencies hinder the effective implementation of EBNIs. Moreover, variations in the quality and consistency of care across different healthcare settings raise concerns about equity in maternal health outcomes. This calls for a stronger emphasis on continuous professional development, institutional support, and policy-level initiatives that prioritize nursing contributions to safe motherhood. The importance of evidence-based nursing interventions is further amplified by the global commitment to achieving the Sustainable Development Goals (SDGs), particularly SDG 3, which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. To achieve this target, health systems must prioritize strategies that are both scientifically validated and contextually adaptable. Nurses, given their direct and sustained engagement with women during the maternal continuum of care, are uniquely positioned to operationalize these strategies. This review seeks to synthesize current evidence on nursing interventions that promote safe motherhood, focusing on their effectiveness, challenges, and implications for practice, education, and policy. By critically analyzing published literature, the review aims to provide insights into how evidence-based nursing can contribute to achieving safe motherhood at both individual and community levels. The findings are expected to

inform clinical practice guidelines, strengthen nursing education curricula, and influence maternal health policies to ensure that evidence-driven strategies are integrated into mainstream maternal healthcare delivery. Safe motherhood is not merely a healthcare goal but a fundamental human right that necessitates collaborative and evidence-based efforts. Nurses, as frontline caregivers and advocates, have an unparalleled opportunity to shape maternal health outcomes through the application of scientifically validated interventions. A review of evidence-based nursing interventions is thus both timely and essential to ensure that maternal health care evolves in alignment with global health priorities, advances in scientific knowledge, and the diverse needs of women and families worldwide.

Objectives:

This review has four specific objectives designed to inform practice, policy, education, and future research on nursing contributions to safe motherhood.

1. **Synthesize evidence on nurse-delivered interventions** that improve maternal and neonatal safety across the antenatal, intrapartum, and postpartum periods. This includes evaluating the effectiveness of antenatal risk screening and education, skilled intrapartum support (e.g., partograph use, active management of third stage of labor), early essential newborn care, and postnatal follow-up (home visits, breastfeeding support, postpartum complication detection).
2. **Identify implementation strategies**—such as competency-based training, simulation exercises, continuous audit-and-feedback, mHealth reminders and decision-support tools, and multidisciplinary teamwork—that increase fidelity to evidence-based practices and enhance intervention uptake by nursing staff.
3. **Map barriers and facilitators** that influence the uptake, scalability, and sustainability of nurse-led interventions across low-, middle-, and high-income settings. Key domains to be examined include workforce capacity, supply chains, cultural norms, supervisory structures, financing, and community engagement.
4. **Generate actionable practice and policy recommendations** to strengthen nursing roles in safe motherhood, focusing on workforce development, integration of digital tools, quality assurance mechanisms, and strategies to ensure equitable, context-sensitive implementation.

METHODOLOGY:

This review employed an **integrative design**, which allowed the inclusion and synthesis of evidence from **qualitative, quantitative, and mixed-methods studies** to provide a comprehensive understanding of nursing interventions that promote safe motherhood. The integrative approach was chosen to capture both the effectiveness of interventions and the contextual factors influencing their implementation across diverse settings.

Databases and Search Strategy

A systematic search was conducted in **PubMed, CINAHL, Scopus, and Web of Science** for studies published between **January 2010 and April 2024**. Reference snowballing was applied to capture additional relevant literature, and international **guidelines and policy documents** were also screened for inclusion. Search terms combined key concepts related to “nursing,” “midwifery,” “safe motherhood,” “maternal health,” “neonatal outcomes,” and “preventive interventions.”

Eligibility Criteria

Studies were included if they:

- Reported nurse- or midwife-led interventions during the antenatal, intrapartum, or postpartum periods.
- Examined outcomes related to maternal or neonatal morbidity, mortality, adherence to evidence-based practices, or patient experience.
- Were published in English within the designated time frame.

Studies were excluded if they:

- Focused exclusively on physician-led interventions.
- Were editorials, opinion pieces, or non-empirical reports without outcome data.

Data Extraction and Charting

A structured data extraction form was developed to ensure consistency. Extracted data included: study context (country, income setting), design, sample characteristics, intervention components, comparators, maternal and neonatal outcomes, and implementation strategies employed (e.g., training, mHealth, teamwork). Two reviewers independently extracted data, with discrepancies resolved by consensus.

Quality Appraisal

To assess methodological rigor, studies were appraised using validated tools: the Critical Appraisal Skills Programme (CASP) checklist for qualitative research, the Joanna Briggs Institute (JBI) tools for quantitative studies, and the Mixed Methods Appraisal Tool (MMAT) for mixed-methods designs. Quality ratings informed the weighting of evidence in synthesis but did not lead to automatic exclusion unless studies were judged to be critically flawed.

Data Synthesis

A thematic narrative synthesis was conducted. Findings were grouped along the continuum of maternal care—antenatal, intrapartum, and postpartum—and by implementation enablers and barriers. This dual-level synthesis enabled not only identification of effective interventions but also exploration of contextual factors influencing their uptake, fidelity, and sustainability across low-, middle-, and high-income countries.

RESULT:

This integrative review synthesized findings from studies across low-, middle-, and high-income countries on nurse-delivered interventions promoting safe motherhood. Results are presented along the continuum of care antenatal, intrapartum, and postnatal periods—while highlighting implementation strategies, barriers, and facilitators.

Antenatal Period

Evidence indicates that nurse-led interventions during pregnancy play a critical role in early risk detection and timely preparation for childbirth. Use of the WHO Focused Antenatal Care (FANC) protocols by nurses consistently improved the number and quality of antenatal contacts. Studies showed that routine screening for anaemia and hypertension, combined with development of individualized care plans, significantly increased adherence to iron-folate supplementation, timely recognition of complications, and appropriate referral. This approach was associated with higher proportions of women completing at least four ANC visits compared to usual care.

Structured Birth Preparedness and Complication Readiness (BPCR) counseling led by nurses further enhanced maternal safety. Women receiving nurse-facilitated BPCR sessions reported better preparation, including savings for emergencies, arranging transport, and identifying skilled birth facilities. Meta-analyses found such counseling significantly increased facility-based deliveries and reduced the “three delays”—delay in decision-making, reaching care, and receiving quality care.

Technological innovations also supported antenatal care. mHealth reminders, delivered via SMS or mobile applications, improved appointment adherence, uptake of nutritional supplements, and women’s satisfaction with care. In addition, group ANC models, facilitated by nurses, provided peer support, improved engagement, and were linked to higher maternal knowledge and improved self-efficacy in pregnancy care.

Intrapartum Period

In labor and delivery, nurse-led interventions strongly influenced maternal and neonatal outcomes. Respectful Maternity Care (RMC) training for nurses, emphasizing communication, informed consent, privacy, and labor companionship, reduced reports of mistreatment and encouraged women to seek facility-based childbirth.

Competent use of the partograph by nurses demonstrated clear benefits. Studies showed that consistent and accurate documentation enabled timely recognition of labor dystocia, reduced prolonged labor, and prevented complications such as obstructed labor and stillbirth. Competency-based training and supportive supervision were essential for effective use.

In the management of obstetric emergencies, Active Management of the Third Stage of Labor (AMTSL) and Postpartum Hemorrhage (PPH) bundles were critical. Nurses trained to administer oxytocin within

one minute of birth, perform uterine massage, and apply controlled cord traction achieved significant reductions in PPH incidence. Implementation of checklists, emergency drills, and readiness bundles enhanced team preparedness and reduced delays in PPH response.

Infection prevention practices, including adherence to hand hygiene, sterile technique, and chlorhexidine cord care, significantly decreased rates of maternal sepsis and neonatal infections, particularly in low-resource facilities.

Postnatal and Newborn Period

Nurses were pivotal in delivering Early Essential Newborn Care (EENC), including immediate skin-to-skin contact, delayed cord clamping, and early initiation of breastfeeding. These practices were associated with reduced neonatal hypothermia, improved oxygenation, and higher rates of exclusive breastfeeding.

Postnatal home visits, particularly within the first 48 hours and on day 7 postpartum, were linked to improved maternal and neonatal outcomes. Nurse-led visits increased exclusive breastfeeding rates, enhanced timely detection of maternal and newborn danger signs, and facilitated rapid referral.

In addition, postpartum family planning counseling provided by nurses, with same-day access to contraceptives, significantly improved uptake of modern methods and promoted healthy birth spacing, thereby reducing risks of closely spaced pregnancies.

Cross-Cutting Implementation Strategies

Several strategies enhanced intervention fidelity across settings. Low-dose, high-frequency simulation and emergency drills strengthened nurse competence in obstetric and neonatal emergency management. Audit and feedback mechanisms, such as checklists, monthly reviews, and safety briefings, improved adherence to evidence-based protocols. Task-sharing with community health workers enhanced outreach and referral efficiency, extending the continuum of care from facilities to households.

Barriers and Facilitators

Despite positive outcomes, barriers hindered effective implementation. Staff shortages, supply stock-outs, heavy documentation requirements, and lack of supervision were commonly reported. On the other hand, interventions were more successful in contexts with supportive leadership, continuous mentoring, reliable supply chains, and culturally sensitive counseling that built trust between nurses and mothers.

DISCUSSION:

This integrative review synthesizes evidence **on nurse-delivered interventions promoting safe motherhood across antenatal, intrapartum, and postnatal periods. The findings** underscore the critical role of nurses in reducing maternal and neonatal morbidity and mortality, improving adherence to evidence-based practices, and enhancing maternal satisfaction and empowerment.

During the **antenatal period**, interventions such as the use of **WHO Focused Antenatal Care (FANC) protocols, risk screening for anemia and hypertension, and individualized care plans** were consistently associated with increased utilization of antenatal services and improved maternal outcomes. These findings align with previous studies that highlight structured nurse-led antenatal programs as essential in promoting early detection of complications and facilitating timely referrals (Olsen & McCarter-Spaulling, 2022). **Birth Preparedness and Complication Readiness (BPCR) counseling** further empowers women by fostering knowledge, confidence, and practical arrangements for facility-based births, thereby reducing delays in seeking care. Moreover, innovative strategies such as **mHealth reminders** and **group antenatal care models** not only improve appointment adherence but also provide peer support and enhance maternal knowledge, corroborating evidence that digital interventions and participatory approaches increase engagement and self-efficacy among pregnant women (Hassan, 2020).

In the **intrapartum period**, the review highlights the importance of **Respectful Maternity Care (RMC)** in promoting positive childbirth experiences. Training nurses to uphold communication, privacy, informed consent, and labor companionship reduced reports of mistreatment and increased facility-based delivery utilization. These results echo global evidence suggesting that respectful care practices are associated with better maternal satisfaction, reduced fear and anxiety during childbirth, and higher rates of institutional deliveries (Bohren et al., 2015). Competent use of the **partograph** enabled timely recognition of labor complications, particularly dystocia, contributing to reductions in prolonged labor

and adverse maternal and neonatal outcomes. Similarly, **Active Management of the Third Stage of Labor (AMTSL) and PPH bundles** effectively decreased postpartum hemorrhage rates, a leading cause of maternal mortality worldwide. These findings reinforce WHO recommendations for structured intrapartum protocols and emergency preparedness, emphasizing the importance of nurse competency, training, and consistent protocol adherence (WHO, 2018).

Infection prevention practices, including hand hygiene, sterile techniques, and chlorhexidine cord care, were essential in reducing maternal and neonatal sepsis. This highlights the dual role of nurses as clinical practitioners and quality assurance agents, bridging gaps in safety standards, particularly in low-resource settings. Effective infection prevention requires not only technical skill but also institutional support, consistent supply availability, and monitoring mechanisms.

During the **postnatal and newborn period**, nurse-led interventions such as **Early Essential Newborn Care (EENC), postnatal home visits, and postpartum family planning counseling** significantly improved neonatal outcomes, exclusive breastfeeding rates, and maternal recovery. Timely home visits facilitated early detection of danger signs and reinforced adherence to healthy behaviors, confirming prior evidence that postnatal contact within 48 hours is critical to preventing morbidity and mortality (Lawn et al., 2014). Integration of postpartum family planning into routine care and immunization schedules enhanced method uptake and promoted healthy birth spacing, aligning with global strategies for maternal and child health.

The review also identifies **cross-cutting implementation strategies** essential for sustaining high-quality care. Simulation-based training, low-dose high-frequency drills, audit-and-feedback mechanisms, and task-sharing with community health workers enhance fidelity to evidence-based interventions. These strategies help address workforce limitations, maintain skill retention, and extend the reach of nursing care to community settings.

However, challenges persist. Common **barriers** included staffing shortages, limited supplies, documentation burdens, and inconsistent supervision. Addressing these requires systemic solutions such as workforce planning, supportive leadership, and integration of digital tools to streamline documentation and monitor quality indicators. **Facilitators** such as continuous mentoring, culturally sensitive counseling, and stable supply chains were critical in optimizing intervention uptake and sustainability.

Overall, this review confirms that **nurse-delivered, evidence-based interventions** are highly effective in promoting safe motherhood. Their impact is maximized when integrated with health system support, digital innovations, community engagement, and adherence to global standards of respectful and quality care. These findings have implications for practice, policy, and research, emphasizing the need to strengthen nursing capacity, ensure resource readiness, and foster supportive work environments to achieve universal safe motherhood goals.

Recommendations: Based on the findings of this integrative review, several evidence-based recommendations are proposed to strengthen nursing contributions to safe motherhood.

Training and Capacity Building

Nursing institutions and healthcare facilities should institutionalize competency-based training for obstetric and neonatal emergencies. Simulation-based exercises for postpartum hemorrhage (PPH), preeclampsia management, and neonatal resuscitation can enhance clinical skills, decision-making, and confidence among nurses. Coupled with mentoring and periodic re-certification, these strategies ensure sustained competence and adherence to updated guidelines, reducing maternal and neonatal complications.

Respectful Maternity Care (RMC) and Client Engagement

Embedding RMC standards within facility protocols is critical. Nurses should be trained to uphold privacy, informed consent, and effective communication while enabling birth companionship. Incorporating client-feedback loops can guide quality improvement efforts, ensuring that maternal experiences are valued and care is tailored to individual needs.

Readiness and Resource Optimization

Healthcare facilities should maintain readiness bundles including immediate access to oxytocin, secure storage of uterotonics, fully equipped emergency carts, and functional neonatal resuscitation kits. Standardizing these resources across delivery settings ensures rapid response to obstetric and neonatal emergencies, mitigating preventable mortality.

Postnatal Care and Family Planning

Postnatal home-visit programs should be scaled up to provide early postpartum assessment, breastfeeding support, and maternal and neonatal danger-sign detection. Integrating postpartum family planning (FP) services with routine immunization visits enhances accessibility and promotes healthy birth spacing, contributing to improved maternal and child health outcomes.

Digital Health Integration

The use of mHealth tools including appointment reminders, danger-sign alerts, and decision-support applications can enhance adherence to care protocols and timely intervention. Integration with electronic partographs where feasible allows for real-time monitoring of labor progress and facilitates early identification of complications.

Audit, Feedback, and Supervision

Routine audit-and-feedback mechanisms combined with supportive supervision should be established to monitor adherence to evidence-based protocols. Tracking core indicators such as PPH incidence, eclampsia management, early initiation of breastfeeding, and respectful care provides actionable data for continuous quality improvement.

Workforce Strengthening

Addressing staffing gaps is essential for sustainable safe motherhood programs. Establishing **staffing norms**, enabling flexible task-sharing with community health workers, and providing incentives for rural retention can enhance workforce stability, efficiency, and service coverage in underserved areas.

In conclusion, implementing these recommendations will strengthen the capacity of nurses to deliver evidence-based, respectful, and timely care, ultimately improving maternal and neonatal outcomes and advancing global safe motherhood goals.

Summary:

This integrative review examined the impact of evidence-based nursing interventions on promoting safe motherhood across antenatal, intrapartum, and postnatal periods. Safe motherhood is a global priority aimed at reducing maternal and neonatal morbidity and mortality while ensuring positive pregnancy and childbirth experiences. Nurses, as the largest segment of the healthcare workforce, play a critical role in translating scientific evidence into practice, delivering individualized care, and promoting health-seeking behaviors among pregnant women and their families.

During the antenatal period, nurse-led interventions such as Focused Antenatal Care (FANC) protocols, risk screening for anemia and hypertension, and individualized care planning significantly improved adherence to recommended ANC visits, supplementation, and timely referrals. Structured Birth Preparedness and Complication Readiness (BPCR) counseling empowered women to prepare for emergencies, resulting in higher facility-based deliveries and reduced delays. Additionally, mHealth reminders and group ANC sessions enhanced appointment adherence, nutrition supplementation, and maternal satisfaction, demonstrating the value of combining traditional care with innovative digital strategies.

In the intrapartum period, nurses contributed to improved outcomes through Respectful Maternity Care (RMC), which emphasized communication, privacy, informed consent, and labor companionship. Competent use of the partograph facilitated early recognition of labor complications, reducing maternal and neonatal adverse outcomes. Evidence also highlighted the effectiveness of Active Management of the Third Stage of Labor (AMTSL) and PPH bundles in preventing postpartum hemorrhage, while adherence to infection prevention protocols decreased maternal and neonatal sepsis.

During the postnatal and newborn period, nurses played a pivotal role in implementing Early Essential Newborn Care (EENC) practices such as immediate skin-to-skin contact, delayed cord clamping, and early initiation of breastfeeding. Postnatal home visits within 48 hours and on day 7 improved early detection

of danger signs, exclusive breastfeeding rates, and maternal recovery. Nurse-led postpartum family planning counseling enhanced uptake of contraceptive methods, promoting healthy birth spacing and long-term maternal and child health.

Cross-cutting strategies were critical for the effectiveness of nursing interventions. Simulation-based training, audit-and-feedback mechanisms, and collaboration with community health workers increased adherence to evidence-based practices and extended care reach. However, challenges such as staffing shortages, resource constraints, documentation burden, and inconsistent supervision limited implementation in some settings. Facilitators including supportive leadership, continuous mentoring, culturally sensitive counseling, and stable supply chains enhanced intervention uptake and sustainability. Overall, this review demonstrates that nurse-delivered, evidence-based interventions significantly improve maternal and neonatal safety, promote healthy behaviors, and empower women and families. Scaling these interventions requires investment in workforce capacity, structured training, supportive supervision, digital health integration, and resource readiness. Institutionalizing such practices can reduce preventable maternal and neonatal morbidity and mortality, enhance the quality of care, and contribute to the achievement of global maternal health targets, including the Sustainable Development Goals (SDGs).

In conclusion, nurses are indispensable agents of change in maternal healthcare. Strengthening their role through evidence-based practices, adequate resources, and supportive policies ensures that safe motherhood becomes a reality for women across diverse settings, bridging gaps in equity, access, and quality of care.

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