



Keynote Forum



3rd Annual congress on Midwifery and Nurse Practitioners

December 03, 2021 | Webinar



William Clearfield

American Osteopathic Society of Rheumatic Diseases, USA

The Endocrinology of Autism 1 and 2

Now affecting upwards of 1.7% of children born in the United States in 2018, a 15 percent increase in just the past two years, autism spectrum disorders (ASD) represents a significant, increasingly prevalent collection of neurodevelopmental disorders. (1-2)

Characterized by marked impairments in social interaction, communication, and abnormal repetitive and stereotypical behaviors, autism's earliest sig, at 1-3 months and 6-14 months, is rapid head growth. In our world, of course, rapid head growth results from elevated growth hormone (GH) levels. (3) GH levels are notoriously high in the autistic spectrum child.

Yet numerous researchers report successful outcomes with IGF-1, the downstream active component of growth hormone therapy.

And here is the disconnect. Adding IGF-1 should worsen the condition. It does not. ASD patients' inflammatory cytokine profile, on average, results in elevated IL-6 cytokines in the bloodstream and cerebrospinal fluid. Excess growth hormone causes an elevation in IL-6. IL-6 interferes with the GH/IGF-1 conversion.

Remedies discussed include medications (including increlex (IGF-1), intranasal insulin, low dose naltrexone, verapamil (off label), pioglitazone (off label), and the statins) and herbs and supplements (including EPA/DHA, ECGC, Vitamin C, NAC, quercetin, luteolin, and rutin.

Objectives:

1. Chronic Inflammation as a Model for Autism.
2. Autism vs. TBI vs. Chronic Inflammation as an Age Management Entity
3. The Ah-Ha! Moment: "Executive Function" Deficiencies in TBI and ASD as a leading indicator of Chronic Inflammation
4. Review Growth Hormone/IGF-1 Physiology and its' disconnect as a pro-inflammatory condition
5. Tips, Tricks, and Doozer Sticks: What I've Learned and What Every Practitioner Can Use from the Hormonal, Neurotransmitter and Cytokine Abnormalities Found in the Autistic Spectrum In the Context of Age Management
6. 5 Repurposed FDA Approved Medications, and How They Remedy Chronic Inflammation .



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Biography

William Clearfield, a graduate of LaSalle College, completed his medical training at the College of Osteopathic Medicine and Surgery, now Des Moines University in Des Moines, IA. He completed a rotating internship and served as an OB/GYN resident at Metropolitan Hospital, Philadelphia, PA and a Family Practice resident in 1982 at United Health and Hospital Services in Kingston, PA. He was certified by the American Board of Family Medicine and opened a private practice devoted to family and integrative medicine. Dr. Clearfield obtained a certificate degree in Cardiac Rehabilitation from the University of Wisconsin/Lacrosse and implemented a supervised diet and exercise program for cardiac patients at Nesbitt Hospital in Kingston, PA. Dr. Clearfield graduated from UCLA's "Acupuncture for Physicians" program, served as Secretary of the American Academy of Medical Acupuncture, and was editor of the journal "Medical Acupuncture" from 1994 through 1996. In 1994, Dr. Clearfield established the first combined conventional and alternative medicine pain clinic at John Heinz Rehabilitation Hospital in Wilkes-Barre, PA. In 2002 Dr. Clearfield attended a workshop with instruction on testosterone hormone replacement implants and neuromodulators for facial rejuvenation, and his career took a different direction. Dr. Clearfield studied the intricacies and subtleties of anti-aging and wellness and safe hormone replacement therapy. He became a leading authority with many speaking engagements and publications throughout the United States. Also, Dr. Clearfield trained and in turn became an instructor in neuromodulator, dermal filler, laser therapies, the PDO Thread Lift, and Platelet Rich Plasma techniques, including facial, joint, genitourinary rejuvenation and is certified as a "Vampire" technique practitioner. Dr. Clearfield is one of three Nevada Delegates to the American Osteopathic Association's House of Delegates and the Executive Director of the American Osteopathic Society of Rheumatic Diseases. He lectures extensively for A4M, the Nevada Osteopathic Medical Association, the Age Management Medicine Group, and along with Dr. Pamela Smith, presented a breakthrough six-hour mini-course on Bioidentical Hormone Therapy in 2017 at OMED, the American Osteopathic Association's scientific conference in Philadelphia. So successful was this course, Dr. Clearfield expanded the curriculum to eight hours at OMED in San Diego, CA in October 2018.

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Philosophy and Model of Midwifery care

Throughout the world midwifery has been practiced for centuries and has features and characteristics that have evolved differently according to local or regional culture and social traditions and knowledge.

Definition of the midwife

The internationally agreed definition recognises the midwife as responsible and accountable professional who works in partnership with women to:

- a. Give the necessary support, care and advise during pregnancy, labour and the postpartum period
- b. Conduct birth on the midwife's own responsibility
- c. Provide care for the new born and infant, including preventive measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care.

Midwifery care is uniquely nurturing, hands on care before, during and after birth. Midwives are health care professionals specializing in pregnancy and childbirth who develop a trusting relationship with their clients, which result in confident, supported labour and birth. While there are different types of midwives practicing in various settings, all midwives are trained to provide comprehensive pre-natal care and education, guide labour and birth, address complications and care for the new born.

Across the planet, 80 % of people alive today have been born with midwives. Midwives attend approximately 70 % of all births. The countries with the lowest mortality and morbidity rates for mothers and infants are those in which midwifery is a valued and integral pillar of the maternity care system.

The midwife has an important task in health counselling and education, not only for the women, but also within the family and the community. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

2. The midwives model of care is based on the fact that pregnancy and birth are normal events. The midwifery model is a low tech, high caring model that produces excellent outcomes not only for low risk clients but for vulnerable and at risk people as well. Delivering high quality maternity care is the responsibility of every midwife. We all need to be activists, determined to take both small and big steps to directly or indirectly improve care. We midwives deliver generally excellent services but there is more to do to achieve safe, high quality, individualised care for every woman every time.

Diversity is welcome, but unacceptable variations in standards and outcomes is not.

The impact of major health service reforms, financial constraints and demands for greater efficiency, whilst at the same time improving quality safety and women's experience, is felt in every maternity unit. So we all need to be clear about our vision of midwifery and what needs to happen to achieve it. Our challenge is to determine how best we can provide high quality care now and in the future, what service model and structure should we use, what should our workforce look like, how will midwives be trained and developed and how can our workplaces create cultures where high quality is achieved or other appropriate assistance

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and the carrying out of emergency measures. High quality care should be safe, effective, women-centered, timely and equitable.

The midwife thus has a vital part to play not only in helping to ensure the health of mother and baby, but in their future health and well-being and that of society as whole.

The cores values include respect, compassion commitment to quality of care and working together for patients.

Midwives are crucial members of the public health workforce, midwives know how to make public health interventions and many public health initiative require their input, Staff health and well-being is essential.

Midwives must be healthy, well and at work. Promoting their health and well-being contributes directly to high quality care.

It is essential that:

- Staff feel safe, supported, respected and valued
- That there is investment in training and development
- Action to improve diversity, to eliminate bullying, to reduce workplace accident, to provide better occupational health services.

The drivers of high quality care include workplace cultures that facilitate good team work, innovation time to care and staff raising concerns. The more positive the staff experience, the better outcomes for the employer.

To conclude:

Executive board, who has designated 2020/2021 as the “Year of the Nurse and Midwife” in honour of the 200th anniversary of the birth of Florence Nightingale and in the recognition of her contribution to health and humanity. With the right values, the right education and the right leadership, midwives can turn around outdated service models and practice. While most maternity care is safe and good quality, it could get even better. Changing times demand new solutions. We need a strong public health approach, community based care for all, continuity of care instead of fragmentation and respect for the central contribution of midwifery to high quality maternity services.

Biography

Alfonso Di Costanzo graduated in medicine and surgery (110/110 cum laude) in 1982 and was board certified in neurology (50/50 cum laude) in 1986. Presently, he is associate professor of neurology at the department of medicine and health sciences “Vincenzo Tiberio”, University of Molise, and is the director of Centre for Research and Training in Medicine of Aging, at the same university. His main research interests include prevention, diagnosis and treatment of neurodegenerative diseases and other aging-related diseases.

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Scientific Tracks & Abstracts



Sessions on

Orthopedics | Midwifery | Women's health

Session Introduction

Title: Mother-Infant Bonding and Breastfeeding: Skin-to-Skin Contact

Esra GÜNEY, Inonu University, Turkey

Title: Breast Milk Banks: The Situation in Turkey

Esra KARATAŞ OKYAY, Inonu University, Turkey

Title: Perinatal - Postnatal Transition: Epigenetics

Esra SABANCI BARANSEL, İnönü University, Turkey

Title: Motivational Interviews on Fear of Childbirth

Sümeyye BARUT, Firat University, Turkey

Title: Microbiota in Pregnancy

Zeynep BAL, Inonu University, Turkey

Title: Comparison of Anxiety, Depression and Birth Satisfaction of Pregnant Women According to Traumatic Birth Perception Level

Sümeyye BARUT, Firat University, Turkey

Title: Mothers' perceptions of protective factors related to child obesity, the case of low socioeconomic Arab and Jewish mothers

Samira Obeid, Max Stern Yezreel Valley College, Israel

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Mother-Infant Bonding and Breastfeeding: Skin-to-Skin Contact

Esra GÜNEY

Inonu University, Turkey

With maternal-fetal attachment, an emotional bond is formed between mother and fetus. This bond established during pregnancy increases throughout pregnancy and reaches a very strong level with mother-baby contact right after birth. Skin-to-skin contact is a method in which the baby's skin-to-skin contact with the mother is ensured in order to balance and calm the baby's body temperature. In addition, since it facilitates the adaptation between mother and baby, skin-to-skin contact and mother-infant bonding should be initiated and encouraged in the early period. In a study, it was determined that skin-to-skin contact applied to mothers who had just given birth increased postpartum mother-infant attachment. Skin-to-skin contact, in addition to triggering sensory stimuli, causes an increase in maternal oxytocin release. With the increase of oxytocin, the mother calms down and social sensitivity increases, it can support attachment by improving parenting attitudes. Crying is less common in babies who have skin-to-skin contact with their mother after birth. Baby and mother confidently touch and bond with each other. Skin-to-skin contact is also very important for the psychological and physical development of premature babies. It is seen that a better mother and baby bonding occurs with repeated skin-to-skin contact in preterm babies, the satisfaction of spending time with the baby increases, better breastfeeding is possible, the heart and respiratory system works better in late premature babies, and body temperature is better preserved. In addition, skin-to-skin contact in premature babies has been found to have a pain-relieving effect on the baby. Attachment is a very strong bond that develops between mother and baby, making the baby feel secure. The beginning of attachment in the early period is important for the baby's mental and physical development as well as gaining a sense of trust. Preterm babies, who are highly sensitive, have a much higher risk of developing certain diseases, and attachment is adversely affected in this case. Skin-to-skin contact is both an effective and safe practice to further strengthen the mother-baby relationship in these babies.

Biography

Esra GÜNEY has a PhD in midwifery from Inonu University. She is working as a fulltime Assistant Professor at midwifery department in İnönü University Faculty of Health Sciences.

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Breast Milk Banks: The Situation in Turkey

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Nutrition during infancy plays an important role in ensuring healthy growth and development. Especially in the first 6 months of life, nutrition significantly reduces the burden of disease in children. According to the Turkey Demographic and Health Survey report, 41% of babies can be fed with breast milk alone for the first 6 months. The mother's use of drugs in the postpartum period, the presence of infection in the mother, the mother's substance use, the inability to breastfeed the baby for various reasons affect breastfeeding negatively. The World Health Organization (WHO) recommends that infants who cannot receive breast milk from their own mother take breast milk from another mother (donor milk) as an alternative. Therefore, in cases where the baby cannot be breastfed for some reason, the most appropriate feeding method is milk donation. Milk donation is provided by institutions that collect breast milk with medical techniques, protect it and deliver it to babies in need, and it is called breast milk bank in the literature. Efforts are being made to establish Turkish breast milk banks and this has brought along various discussions. Breast milk banking is not preferred in Turkey due to reasons such as not knowing the donor, lack of information about breast milk banking, mixing the collected breast milk, economic reasons, and milk brotherhood. Preventing prejudices and misconceptions about breast milk banks is important for improving newborn health. For this reason, all health personnel should be informed about breast milk bank and the lack of knowledge of the society about breast milk bank should be eliminated.

Biography

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Perinatal - Postnatal Transition: Epigenetics

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Epigenetics is the science that studies the changes that are not reflected in the DNA sequence but are inherited. It is thought that the changes that begin in the womb not only affect infant health but also play a role in many health problems throughout adulthood in the later stages of life. Today, although scientists have mapped the human gene, they have not yet fully elucidated the epigenetic mechanism. However; It is widely accepted that epigenetic modifications occur during cell development in the early embryonic period. Epigenetic changes are associated with many important reproductive outcomes during pregnancy, including early pregnancy loss, intrauterine growth restriction, congenital syndromes, preterm birth, and preeclampsia. In adulthood, type 2 diabetes is associated with health outcomes such as insulin resistance, inflammation, obesity, and cardiovascular diseases. Also, these effects can be passed on to the next generations by changes in the reproductive habits of the offspring. The placenta and its numerous functions, which play an important role in the perinatal-postnatal epigenetic transition, are at the center of successful reproductive outcomes. Therefore, it can be affected by the environment encountered during pregnancy. This altered programming may result from epigenetic changes related to environmental exposures. Birth is called part of the process from the past to the future. It is stated that past experiences affect what will happen in the future, so many negativities in the past make the birth act a traumatic experience. For this reason, maternal nutrition and control of environmental factors in the perinatal period are very important, as well as exposure to traumatic events during pregnancy and childbirth is of great importance for future generations. Due to the epigenetic transmission of such great importance on the human generation, pregnancies and births should be experienced as a positive experience, and the health system, policies and institutional arrangements, and studies should be carried out to prevent traumatic births. Ensuring that all women have a healthy pregnancy, birth, and postpartum period, completing this process with a sense of satisfaction, evaluating women who are thought to be at risk in terms of traumatic birth experience during pregnancy, supporting them for a positive birth experience during the labor process, and evaluating the development of depression in the postpartum period frequent monitoring and support should be provided when necessary.

Biography

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Motivational Interviews on Fear of Childbirth

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Birth is a wonderful experience for a woman. However, since the outcome of labor is unpredictable, it can cause anxiety and stress in some women, causing fear of childbirth. It is known that fear of childbirth has many negative consequences in terms of pregnancy, baby, family and economy. A high level of fear of childbirth causes women to avoid pregnancy, induced abortions, depression, sleep problems during pregnancy, prolongation of labor, use of induction in labor, interventional deliveries and an increase in the number of cesarean sections. For these reasons, it is important to evaluate interventions for fear of childbirth. In this review, our aim is to evaluate the Motivational Interviews, which is a psychotherapeutic method that has started to be used for fear of birth.

Recent findings: Motivational interviews are useful in revealing behavior change by making the individual aware of conflicting emotions. The purpose of motivational interviews is to increase self-confidence by motivating the individual. Motivational interviews have been reported to be effective in different areas such as substance abuse, obesity, and continuity of contraception. Recently, it has been used to reduce the fear of childbirth, traumatic birth perception and cesarean delivery rates. Although there are very few studies in the literature, it has been reported that it is highly effective and recommended because it can be applied in a short time.

The American College of Obstetricians and Gynecologists/ACOG stated that motivational interview focusing on the behavior of the pregnant is an appropriate method in reducing fear of birth and cesarean delivery rates. It is the duty of health personnel to motivate individuals to make behavioral changes in protecting and promoting the health of individuals. On the other hand, there are some studies that suggest that motivational interviews are an effective method, but that it is difficult to implement in a short time.

Conclusion & Significance: For these reasons, it can be said that motivational interviews are recommended to be applied in pregnant women to reduce fear of birth and increase self-efficacy, but there is a need for more studies on the subject because there are question marks about the ease of application.

Biography

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Microbiota in Pregnancy

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Microorganisms that the human body is not adversely affected by, and often even benefit from, are called flora, microbiota or microbiome in different ways. Microbiota to all microorganisms living commensal and mutually in our body; The genome of these microorganisms is also called the microbiome. In fact, these expressions refer to microorganisms that are inside and outside the human body and that either benefit the human body (mutualist) or live without harming it (commensalist). Pregnancy is an extraordinary biological process that involves simultaneous changes in many physiological systems to support the development of a healthy process. These changes include hormonal changes, weight gain, immune system modulation, and values that all need to be synchronized to maintain the health of both mother and baby. Recently, the role of the gut microbiota during pregnancy has received considerable attention in the scientific community. Throughout pregnancy, changes in the composition of the gut microbiota have been observed from the first trimester of pregnancy. The relationship between microbes in the intestines and the human host decays at birth. At birth, humans are sterile and from the first days of their lives, they are easily colonized by a pool of microorganisms from the mother (vaginal and fecal microbiota), breast milk and the environment around them. When examining the role of the microbiota in pregnancy, it is very important to consider the stage at which the basic interaction between the host and its microbes begins. It has been shown that the mode of vaginal or cesarean delivery also has an effect on the initial microbiota of the newborn, then the microbiota changes significantly as a result of the child's diet and the general environment during the first 2 years of life, until stabilization. Changes in the microbiota can affect pregnancy positively and negatively. During the prenatal period, pregnant women should be given training on topics such as nutrition style, safe sexual intercourse and coping with stress that will improve the microbiota positively.

Biography

Zeynep BAL has a research assistant in midwifery from Inonu University. She is working as a fulltime research assistant at midwifery department in İnönü University Faculty of Health Sciences.

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Comparison of Anxiety, Depression and Birth Satisfaction of Pregnant Women According to Traumatic Birth Perception Level

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Firat University, Turkey

Statement of the Problem: A woman's perception of childbirth as traumatic may negatively affect her emotional state, her relationship with her husband and family may deteriorate, and the incidence of depression may increase. It is important to determine the factors associated with the perception of traumatic birth, due to the problems caused by the perception of traumatic birth in women, their babies and their families, the increase in cesarean section rates, and the burdens they bring to the country's economy. Therefore, in our study, anxiety, depression and birth satisfaction of pregnant women were compared according to traumatic birth perception levels. **Methodology & Theoretical Orientation:** This descriptive, cross-sectional study was conducted in a city hospital in Turkey between December 2020 and June 2021. 427 voluntarily participated in the study. Data were collected in two stages, during pregnancy and at the end of delivery. Personal Information Form, Traumatic Birth Perception Scale, Beck Anxiety Inventory, Edinburgh Postpartum Depression Scale, and Birth Satisfaction Scale short form were used to collect data. **Findings:** In the study, the mean TCPS score of the pregnant women was 69.06 ± 27.66 ; Those with low perception of traumatic birth had minimal anxiety and depression, and those with moderate and high perception of traumatic birth had lower birth satisfaction. **Conclusion & Significance:** In our study, it was determined that those with a high level of traumatic birth perception experienced depression and anxiety. For this reason, midwives working in primary health care services can contribute to the quality of the health service in the institution and the health of the pregnant, family and newborn, if they determine the anxiety and depression that will be caused by the perception of traumatic birth experienced by pregnant women.

Biography

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Mothers' perceptions of protective factors related to child obesity, the case of low socioeconomic Arab and Jewish mothers

Samira Obeid

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Statement of the Problem: Child obesity even in young ages poses a serious public health challenge. Childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood. Child obesity has also several health and psycho complications, the most common issues are psychosocial, social and physical problems. Mothers have an important role related to the family eating behaviors and lifestyle changes for preventing obesity. Researchers have reported that mother's perceptions of the child weight is important because it can be related to her child weight, overweight or obesity women. More factors contribute to mothers' perceptions including parent's weight family history and child gender and socioeconomic factors. The purpose of this study is to explore the perceived factors related to children's healthy weight or obesity, exploring risk and protective factors. The research was held among Jewish and Arab mothers of children of low SES communities in Israel.

Methodology & Theoretical Orientation: qualitative research sample was conducted in towns of low socioeconomic ranking in the Northern District of the Ministry of Health and included mothers of children aged five years registered in Mother and Child Health clinics (MCH) were invited to participate in a special project involving growth and developmental testing in preparation for 1st grade. Findings: During the focus group meetings, mothers of healthy weight children (MHWC) and mothers of overweight children (MOWC) have shared common factors that were found to be related to child obesity. They discussed topics of personal, family, and environmental factors. MHWC predominantly perceived healthy behavior as they mentioned protective factors, while MOWC talked about unhealthy behaviors involving risk factors.

Conclusion & Significance: Analyzing the data shows relationships between factors and that have been validated. Early intervention will lead to healthier weight thereby protecting children from obesity physical difficulties and by evading inappropriate emotional teasing.

Biography

Obeid is a head of the Health Promotion Department, North District, Ministry of Health and a lecturer on at the The Max Stern Yezreel Valley College, Nursing department. Her research interests are mainly in: evaluation of health promotion projects, ethics competence and social epidemiology. Dr. Obeid is involved in some research projects such as: evaluation of radio campaign in the topic of raising awareness on preventing Brucella disease, factors protecting healthy weight of children in low socio-economic situation, Arab Muslim clerics as social agents, health behaviors among Ethiopian new immigrants and violence and tolerance attitudes of Arab and Jewish students and more.

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Accepted Abstracts



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Preventing excess weight gain in pregnancy with Fit for Delivery

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Statement of the Problem: Pregnancy is an important time of fetal growth and development. Excess weight gain in pregnancy is a health care issue that not only affects the pregnant women but also the developing fetus. Research has identified recommendations for weight gain in pregnancy based on pre-pregnancy BMI. There are a variety of interventions that address preventing weight gain in pregnancy but no uniform consensus. Fit for Delivery is a behavioral intervention that has the potential to prevent excess weight gain in pregnancy and provide an alternative to the traditional counseling by providers during prenatal visits.

Methodology & Theoretical Orientation: Healthcare delivery has slowly shifted from identification and treatment of disease to an emphasis on health promotion and disease prevention. Dr. Nora J. Pender's theory of falls in line with this recent shift. The Promoting Action on Research Implementation in Health Services Framework (PARIHS) model was utilized for this change project.

Findings: Weight and BMI was the focus of this change project. All participants stayed within the Institute of Medicine (IOM) weight recommendations for pregnancy and no one showed evidence excess gestational weight gain at project completion.

Conclusion & Significance: The intent of this project was to highlight the problem of excess weight gain in pregnancy and identify an intervention to prevent it. The Fit for Delivery program is an evidence-based intervention that incorporated in-person nutritional counseling, telephone support, group fitness, and self-tracking to manage weight gain in pregnancy. Final results showed no participants experiencing excess weight gain. The Fit for Delivery program has the potential to be an excellent resource to help patients and providers accomplish the goal of healthy weight management in pregnancy. The results of this project showed that proper weight management in pregnancy can be achieved with an effective evidence-based behavioral intervention.

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Towards creating an autonomy-supportive environment that strengthens the self-leadership practices of nurse educators

Vhothusa Edward Matahela

National Department of Health, South Africa

Statement of the Problem: Most studies on autonomy support in educational settings focus on support environments provided by educators to motivate students for improved performance. However, little is known about how leaders in educational institutions can create an autonomy-supportive academic environment. It is also not known how leaders in academic nursing institutions create autonomy-supportive environments that enhance nurse educators' self-leadership practices. This study describes the methods used by the researcher to determine how "autonomy-supportive environment" emerged as a self-leadership practice construct in a study conducted with nurse educators working in nursing education institutions in South Africa.

Methodology & Theoretical Orientation: In a broader study, a sequential, exploratory and descriptive mixed-methods study was conducted to develop guidelines that could facilitate the self-leadership in nurse educators. However, this presentation will mainly focus on how "autonomy-supportive environment" emerged as a self-leadership practice construct, using descriptive quantitative methods.

Findings: Upon performance of an exploratory factor analysis, there were five factors (constructs) on the subscale C (self-leadership practices). Four of these constructs, namely "autonomy-supportive environment", "continuing professional development", "role modelling" and "shared leadership" were found to be meaningful and valid. This presentation reports on the factor autonomy-supportive environment, which had the highest Cronbach alpha coefficient in the subscale at 0.82.

Conclusion & Significance: The study describes the methods utilised to determine the emergence of autonomy-supportive environment as a self-leadership practice construct in a nursing education institution setting. When policymakers and the management of academic nursing institutions cultivate self-leadership among nurse educators, they improve the overall functioning of nursing education institutions. In turn, when nursing education institutions function optimally, they will produce nurses that are responsive and feel accountable to providing quality nursing care. Recommendations on how an academic institution can create an autonomy-supportive environment are proposed. Implications of an autonomy-supportive environment on policy are outlined.

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