Introduction

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The Maternity Nurse is a key health professional in the prevention, detection and management of conditions that place the child bearing family in Jeopardy of a traumatic reproductive experience or poor pregnancy outcome; these were pointed out by (Bobak Jenson, 1993). They also added that the nursing care required for the mothers in the delivery unit demands advanced knowledge and skills and continuous care by specialized nurses and doctors able to intervene quickly and intelligently.

Today maternity nurses are client advocates and educaters. They play a centeral role in a family's experience of birth and in how families feel about the experience afterwards. Nurses have helped women and their families regain a strong voice in their health care decisions. Women now have choices about how and where they give birth and in some cases about whether their care giver will be a physician or nurse midwife (Auvenshine, 1990).

While (Miller, 1994) stated that maternity nurses are integral members of the specialized health care team and are constantly challenged to achieve better maternal neonatal outcomes. He also added that maternity needs to develop an understanding of the basic concepts of nursing care of the child bearing family and are able to apply these in the clinical setting.

The maternity nurse must understand the normal progression of child birth to identify a plan and intervene for the health care requirements of today's clients to promote this understanding and to emphasize that child bearing is a normal and natural process we first present the complete cycle of pregnancy, labour and birth as it proceeds in most woman. The midwife who throughly comprehends the normal processes and patterns is best prepared to learn, to identify the complication that may occur and thus implement the appropriate nursing interventions (*Dickason et al., 1994*). They also added that the mid wife must be aware of cultural influences and family dynamics to identify specific needs and to develop an individualized plan of care.

More over the goals of the child birth education is to focus in providing information and skills useful to the midwife to cope with labour and birth (Katharyn and Laura, 1994).

The need for inservice training for nursing personal was described by (Melson et al., 1994) as a valid method for continuous up dating and removal of knowledge and skills to maintain and improve competence. A variety of approaches have been developed all of which are directed toward providing designed educational activities to prepare nurses to continue to function as safe practitioners. Continued education was greatly recommended and the training should be continually available for new persons entering the programme and equally important inservice training should continue so

that the midwife can keep up to date on the latest development in the field.

The purposes of continuing education are mainly to provide training to improve the nurses skills, to assure high quality of care and to compensate for weakness in the initial training, Inservice education provide the nurse with necessary behavioural skills basic to efficient performance of their jobs and also helps to developing their leader and management abilities (Bennett, 1990).

Justification of the study:

Maternal mortality rate in Egypt is 174/100,000 live birth (Kassass, 1994), while in the Kaluobia is 172/100,000 live birth. International conferences of population development recommended extensive training in the developing countries for the health team to have high quality of care for women during preconception, antenatal, labour and post natal aiming at reducing maternal and neonatal deaths.

In Banha University Hospital there is no inservice training programme provided to maternity nurses so it is deamed essential to develop and implement a training programme for nurses to improve their knowledge and increase their awareness about safe labour and delivery to be able to provide high quality of care for parturient women during labour.