

Research on the Application of Humanized Nursing in Clinical Obstetrics and Gynecology Nursing

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Abstract: Clinical nursing in obstetrics and gynecology is far more than mere disease treatment and technical operations; it also carries profound humanistic care connotations. Through clinical practice analysis, this study systematically elaborates on the risks existing in clinical obstetrics and gynecology nursing, analyzes the importance of humanized nursing, and proposes corresponding application countermeasures. It is found that the application of the humanized nursing model in clinical obstetrics and gynecology nursing can effectively meet the physical, psychological, and social needs of patients, establish a harmonious nurse-patient relationship, and have positive clinical value in promoting the physical and mental rehabilitation of patients. It is worthy of extensive promotion and application in clinical practice.

Keywords: Humanized nursing; Clinical obstetrics and gynecology nursing; Application

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1. Introduction

With the progress of society and the improvement of people's health awareness, the requirements for clinical obstetrics and gynecology nursing are increasingly high. The concept of humanized nursing is gradually becoming an important means to improve the quality of obstetrics and gynecology nursing and enhance patient experience. It not only focuses on patients' physical needs but also pays attention to their psychological, emotional, and social needs, striving to provide patients with comprehensive and personalized high-quality nursing services^[1]. In the process of clinical obstetrics and gynecology nursing, there are many risk factors. These risks may not only affect the treatment effect and rehabilitation process of patients but also trigger nurse-patient disputes, causing negative impacts on the hospital's reputation and image. Therefore, in-depth exploration of the application countermeasures of humanized nursing in clinical obstetrics and gynecology nursing is of great significance.

2. Risks existing in clinical obstetrics and gynecology nursing

2.1. Risks in medical order implementation

In clinical obstetrics and gynecology nursing, the link of medical order implementation is high-risk. Some nursing staff are insufficiently prepared before executing medical orders, have an inadequate understanding of the content of medical orders, and even rush to operate without a solid grasp of the usage, dosage, and precautions of new drugs, which is likely to lay hidden dangers for treatment. For example, for some new obstetrics and gynecology drugs with complex mechanisms of action, if nurses use them for patients without sufficient learning, adverse reactions may occur, affecting the treatment effect. Delayed execution of medical orders is also a common problem. The condition of obstetrics and gynecology patients changes rapidly, especially in the process of maternal delivery, which may have sudden emergencies. If nurses fail to execute medical orders in a timely manner due to busyness, negligence, etc., such as failing to conduct necessary inspections or use oxytocin for mothers on time, it is very easy to delay the condition and threaten the lives of mothers and fetuses.

2.2. Medication risks

Drug storage is an important link in medication safety. In practical work, there are often problems of improper drug placement. Similar drugs (with similar names, packaging, dosage forms, etc.) are placed adjacent to each other, and special drugs are mixed with ordinary drugs, oral drugs with external drugs, which violates drug management regulations and increases the risk of medication errors. There are many hidden dangers in the process of liquid preparation. Some nurses fail to strictly abide by the three checks and seven verifications principle when preparing drugs, leading to problems such as incorrect dosage and wrong types; preparing too many drugs at one time for critically ill patients will cause waste when the condition changes suddenly. The dangers during infusion cannot be underestimated^[2]. If nurses do not make rounds in a timely manner, they cannot promptly find problems such as loose connection between the infusion tube and the needle, improper fixation of the needle, which will lead to drug leakage, local pain, and even tissue necrosis; inaccurate recording of execution time, wrong or missing signatures on infusion cards affect the completeness of medical records and condition tracking; incorrect patient identification leading to wrong infusion, and failure to take protective measures for light-sensitive drugs leading to failure, etc., will adversely affect the treatment.

2.3. Risks to patients and neonates

The professional level and sense of responsibility of nursing staff are directly related to the safety of patients and neonates. Some nursing staff lack professional knowledge and are unskilled in operations. When caring for mothers and neonates, they cannot detect abnormalities in a timely manner. For example, missing the diagnosis of congenital diseases during neonatal examinations, delayed handling when encountering emergencies such as neonatal asphyxia, unskilled rescue techniques, and insufficient preparation of equipment and drugs will seriously threaten the lives of neonates. Patients' own factors can also bring risks^[3]. Postpartum mothers are weak and inconvenient to move. If the ward floor is slippery, there are no anti-slip facilities, or there are no guardrails beside the bed, they are prone to accidents such as falls and bed falls. Some mothers may experience psychological problems such as depression after childbirth. If not guided in a timely manner, they may cause harm to themselves or their neonates. In addition, mothers and their families lack knowledge and experience in neonatal feeding and nursing. For example, incorrect feeding postures lead to neonatal choking and suffocation, and improper nursing methods cause skin damage and infection.

3. Importance of the application of humanized nursing in clinical obstetrics and gynecology nursing

3.1. Related to the life safety of mothers and children

In the clinical nursing work of obstetrics and gynecology, the life safety of mothers and neonates has always been the top priority, and humanized nursing plays an indispensable role in this key field. In the surgical link, humanized nursing is particularly important. Taking cesarean section as an example, nursing staff will carefully verify maternal information before the operation to ensure accuracy; strictly check and disinfect surgical instruments to ensure sterility^[4]. At the same time, they pay close attention to the maternal psychological state, understand their worries through gentle communication, detailed introduce the surgical process, anesthesia method, and postoperative precautions to reduce psychological burden; accompany them at all times during the operation, provide spiritual support and encouragement, make the mother feel warm and at ease, and provide guarantee for the smooth progress of the operation. In daily nursing operations, humanized nursing is also crucial. In terms of neonatal care, nursing staff must have a high degree of professional quality and sense of responsibility, patiently guide new mothers to adopt correct feeding postures to avoid choking; strictly control the water temperature when bathing neonates, move gently, and dry and keep warm in a timely manner after bathing. At the same time, closely observe the neonate's facial color, breathing, mental state, etc., and handle abnormalities in a timely manner to fully ensure the neonate's life safety.

3.2. Increasing awareness of rights protection in recent years

With the development of society and the enhancement of people's legal awareness, patients' awareness of rights protection is also constantly improving, which is particularly obvious in the field of obstetrics and gynecology. In this context, humanized nursing is crucial for reducing nurse-patient disputes. Respecting patients' rights and interests are the important embodiment of humanized nursing^[5]. Patients have the right to know about their condition, treatment plans, nursing measures, etc. Nursing staff should take the initiative to timely and detailed introduce relevant information to patients and their families, such as delivery methods, risks and coping measures, drug names, effects, usage, adverse reactions, etc., to ensure informed consent. At the same time, respect patients' right to privacy, pay attention to protecting private parts during nursing operations, such as pulling up the bed curtain during gynecological examinations, creating a private space, and making patients feel respected.

3.3. Improve nursing service quality and patient satisfaction

By comparing conventional nursing and humanized nursing, this study can clearly see the significant advantages of humanized nursing in improving nursing service quality and patient satisfaction. Conventional nursing focuses on completing basic nursing tasks and pays less attention to patients' psychological and emotional needs; while humanized nursing is patient-centered, taking into account physical, psychological, and social needs, and providing comprehensive and personalized services^[6]. In obstetrics and gynecology wards, nursing staff will formulate personalized plans according to the mother's situation. For example, primiparas lack childbirth experience and are under great pressure, so they are given more psychological support and childbirth knowledge guidance; for mothers with pregnancy complications, closely monitor the changes in their condition, strengthen nursing measures, and adjust treatment plans in a timely manner. In postpartum care, attention is paid not only to the mother's physical recovery but also to mental health, and problems such as postpartum depression are detected and handled in a timely manner.

4. Application countermeasures of humanized nursing in clinical obstetrics and gynecology nursing

4.1. Strengthen psychological nursing and care for physical and mental changes of mothers

In the prenatal stage, mothers often feel nervous and anxious due to the unknown of childbirth and worries about the health of the fetus. Therefore, nursing staff should establish close communication with them, understand their psychological worries, explain professional childbirth knowledge, and introduce some successful cases to enhance their confidence in childbirth. Nursing staff can carry out prenatal knowledge lectures, display childbirth scenes with pictures or videos, teach mothers breathing methods during childbirth, and reduce their fear; pay attention to listening to mothers' questions, provide emotional support for them, and let them cope with childbirth with a good attitude^[7]. In the postpartum stage, mothers have great physical and mental changes and are prone to psychological problems such as depression. Nursing staff should pay more attention to the changes in mothers' emotions, communicate with them more, timely guide mothers with depression, and suggest that their families seek help from professional psychologists if necessary. At the same time, encourage families to accompany mothers more and take care of the neonate together with them, reduce the burden on mothers, and allow them to recover their physical and mental health as soon as possible^[8].

4.2. Conduct emotional communication and convey warm care

In the process of communicating with mothers and their families, nursing staff should maintain a good attitude, answer their questions with a smile and a gentle tone, and make them feel warm care from the hospital. First, nursing staff should carefully listen to their voices. When mothers are admitted to the hospital, they should detailed introduce the ward environment and explain the hospital rules; accompany them in a timely manner during childbirth to provide sufficient spiritual support; take the initiative to ask about their diet and rest after childbirth, and try their best to meet their needs to establish a good nurse-patient relationship^[9]. Second, nursing staff should hold regular forums, distribute questionnaires to mothers and their families to collect their opinions and suggestions, and timely improve the problems that arise. Such good interaction can continuously optimize nursing work and improve the level of nursing services.

4.3. Provide scientific postpartum guidance to ensure the health of mothers and infants

Nursing staff should provide mothers with scientific postpartum guidance, focusing on different areas. First, strengthen guidance on physical recovery. Nursing staff should guide mothers to carry out scientific rehabilitation, such as postpartum yoga and pelvic floor muscle exercises, so that they can recover their physical functions as soon as possible. Postpartum yoga can relieve mothers' emotions, improve their flexibility and endurance, and promote recovery. Pelvic floor muscle exercises can also improve and prevent postpartum pelvic floor dysfunction, such as urinary incontinence and prolapse. Therefore, mothers should be detailed introduced to the methods, precautions, and frequency of postpartum exercises to ensure that they correctly perform postpartum exercises^[10]. At the same time, pay more attention to the wound healing of mothers, guide them to care for the wound correctly, clean and disinfect the wound scientifically, and prevent wound dehiscence; formulate a balanced diet plan for mothers and provide personalized suggestions according to their situation to promote their physical health. Second, provide scientific breastfeeding guidance. Nursing staff should guide mothers to adopt correct breastfeeding postures, encourage them to feed on demand, and improve the success rate of breastfeeding; for mothers with insufficient milk secretion, provide some massage methods and dietary conditioning methods to promote milk

secretion ^[11]. Third, provide neonatal care guidance. Nursing staff should teach some neonatal care knowledge, including breastfeeding knowledge, sleeping postures, touching methods, bathing knowledge, and umbilical cord care knowledge. For example, guide parents to correctly choose bottles for preparation, and tell them the relevant precautions when using bottle feeding; create a good sleeping environment for the child and guide the neonate to sleep regularly. Show parents the correct bathing posture, tell them the water temperature and sequence to pay attention to when bathing; inform parents that after disinfecting the baby's umbilicus, it should be kept clean and dry to prevent infection ^[12].

4.4. Conduct targeted health promotion to improve mothers' self-management ability

For mothers in different pregnancy stages, nursing staff should carry out different promotions. For mothers in the first trimester, promote physical changes and precautions, let them pay attention to rest and reasonably adjust their diet; for mothers in the second trimester, promote fetal development and precautions for fetal movement monitoring, let them pay more attention to observing fetal movement changes and choose appropriate coping methods; for mothers in the third trimester, promote delivery preparation and precautions for childbirth, let them make preparations for labor and postpartum ^[13]. For mothers with pregnancy complications, nursing staff should carry out special promotions to inform them of the hazards and treatment and control methods of different diseases. Provide guidance on food intake, reasonable exercise methods, and blood glucose monitoring methods for mothers with gestational diabetes, and teach them to correctly use drugs such as insulin to exert the therapeutic effect; for mothers with gestational hypertension, provide guidance on blood pressure monitoring, lifestyle adjustments, and dietary structure adjustments to avoid serious complications such as eclampsia. Targeted health education can improve mothers' understanding of diseases and their own regulation ability, ensuring the physical health of mothers and infants ^[14].

4.5. Optimize environmental management and provide a comfortable recovery environment

In terms of ward layout, nursing staff should focus on creating a comfortable ward environment to make mothers feel at home. For example, place green plants to add vitality to the ward; use soft lighting to avoid stimulation from strong light; post lovely posters related to mothers and infants, provide soft and comfortable pillows, and set up a special accompanying area for families, so that mothers can rest in a comfortable environment. In terms of ward environment management, strictly control the temperature and humidity in the ward, keeping the temperature constant at 22–24 °C and the humidity at 50–60%, which can provide a comfortable feeling for mothers and neonates and help their physical and mental health development. Nursing staff should regularly detect temperature and humidity indicators, and timely adjust them with air conditioning equipment and humidifiers to make the indoor temperature and humidity as close to the ideal range as possible. Also, ensure the safety of furniture and utensils. For example, regularly check the safety of hospital beds, tables and chairs, toilets, and toilets to ensure they can work normally without potential safety hazards. The guardrails of hospital beds should be firm to prevent mothers from falling, and chairs should be placed properly without blocking the passage; non-slip mats and handrails should be laid in toilets to prevent falls ^[15]. In addition, regularly maintain and maintain air conditioning facilities, televisions, water heaters, and other equipment to avoid electric shock accidents. Set prompt signs in prominent positions to advise mothers and their families to pay attention to safety.

5. Conclusion

In summary, humanized nursing plays a significant role in clinical obstetrics and gynecology nursing. In response to nursing risks such as medical order implementation, medication, and risks to patients and neonates, nursing staff should take measures such as psychological nursing, emotional communication, postpartum guidance, targeted health promotion, and environmental management to effectively reduce risks and improve nursing quality. Clinical obstetrics and gynecology nursing is related to the life safety of mothers and infants, meets patients' emotional needs, enhances nurse-patient trust, reduces nurse-patient disputes against the background of increasing awareness of rights protection, and significantly improves patient satisfaction. In subsequent work, nursing staff should continue to promote and improve humanized nursing, focus on improving their own professional quality and humanistic care ability, and promote the health of mothers and infants.

Disclosure statement

The author declares no conflict of interest.

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