

## BÖLÜM 15

# Doğum odasında karşılıklı bağlantı

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### Giriş

Uluslararası olarak, tesislerde verilen doğum hizmetlerinin kalitesinin iyileştirilmesine yönelik odaklanmada bir artış söz konusudur (Kennedy vd. 2016; Renfrew, 2014; Koblinsky vd. 2016). Özellikle, bu ortamlarda meydana gelen fizyolojik doğum eylemi ve doğum oranlarının azalması ve sağlık sonuçları ve kalite ile ilgili sonuçlar hakkında endişeler vardır (Tracy vd. 2007; Peters vd. 2018). Çocuk doğuran kadınların deneyimlerinin kalitesini ve klinik sonuçlarını iyileştirmek, doğum bakımı sağlayıcılarının refahını ve etkinliğini artırmak ve doğum servislerinin tutumlarını, davranışlarını ve kurumsal kültürünü gerçek anlamda kişi merkezli bakıma kaydırmak için değişim gereklidir (Deery ve Fisher, 2017; Moncrieff, 2018; Vedam, 2017). Önemli çabalara ve bireysel başarı, ekip veya birim başarısına ilişkin birçok anekdot raporuna rağmen, sistem düzeyinde bu tür bir değişiklik tüm ülke ortamlarında anlaşılması zor olmaya devam etmektedir.

Fiziksel çevre (Foureur vd. 2010; Hammond vd. 2017), personel stresi ve refahı (Pezaro vd. 2018), personelin faaliyetleri ve davranışları (MacLellan, 2011), sosyo-kültürel söylem (Davis ve Walker, 2010a), bakım modeli (Homer, 2016; Sandall vd. 2013) ve organizasyon kültürü (Frith vd. 2014; Catling vd. 2017), gibi faktörlerin kaliteli doğum bakımının sağlanmasında ve doğum ortamının inşasında önemli rol oynadığı belirtilmiştir. Bu tür faktörler bireysel olarak ve hatta birbirleriyle karşılaştırılma eğilimindedir ancak bu bölümde bu faktörlerin birbirine bağlı olduğu ve bu nedenle ayrıştırılabileceği ve ayrı yapılar yerine *karşılıklı olarak etkileyen bir sistem* olarak değerlendirilebileceği fikrini araştırıyoruz. Bunu yapmak için, tesis ortamlarında meydana gelen normal, fizyolojik doğum oranındaki artış da dahil olmak üzere etkili, kaliteli doğum hizmetlerinin tasarımı ve sunumu için bir temel sağlayan kanıta dayalı dört alan üzerine kurulu bir karşılıklı bağlantı modeli öneriyoruz. Bir

## Sonuç

Doğum ortamı ve bakım kalitesini birbiriyle bağlantılı olarak kabul etmek, doğum bakım hizmetlerini onlara bakım veren personeli ve doğum yapan kadını destekleyen daha güvenilir kişi merkezli uygulamaya dönüştürmeye yaklaşmanın bir yoludur. Herhangi bir mekanın tasarımı ve estetiğinin, mekan kullanıcıları üzerinde doğrudan nörobiyolojik etkilere sahip olduğunu ve bunun da davranışları şekillendirdiğini ve böylece hem fiziksel hem söylemsel ortamda kültürün inşasına ve ifadesine katkıda bulunduğunu savunuyoruz. Dört etki alanının - mekansal, nörobiyolojik, davranışsal ve kültürel - her zaman mevcut ve etkileşim içinde olduğuna ve bu nedenle kurumsal konumu, bakım modelleri veya çocuk doğurma popülasyonlarındaki farklılıklardan bağımsız olarak her zaman dikkate alınabileceğine inanıyoruz. Doğum odasındaki birbirine bağlı dört etki alanının tümünü ele alma ihtiyacını kabul etmek; güvenli, tatmin edici doğumun gerçekleşebileceği optimal nörobiyolojik ve davranışsal koşulları kolaylaştırmak için doğum ortamlarının nasıl oluşturulabileceği hakkında önemli yeni sorular sormamıza izin verecektir.

## Dikkate alınması gereken önemli noktalar

- Doğum mekanlarındaki görünür eserlerin ve mekansal düzenlemelerin bir listesini yapın ve burada doğumla ilgili hangi mesajın iletildiğini düşünün.
- Kadının seçtiği doğum arkadaşlarının doğum odalarında nerede ve nasıl desteklendiğini açıklayın.
- İş arkadaşlarınızla ve doğum yapan kadınlarla birlikte doğum alanlarınızın tasarımını ve estetiğini, nerede değişikliklerin yapılabileceğini araştırmak için tartışın.
- Diğer doğum ortamlarının fotoğraflarını araştırın ve hangi mesajları ilettiklerini ve hangilerini tercih ettiğinizi belirlemek için bunları sizinkiyle karşılaştırın.
- Mekansal, nörobiyolojik, davranışsal ve kültürel alanların birbirine bağlı etkisini dikkate alan ve düşünen mekanlar yaratın.

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