



THE ROLE AND FUNCTIONAL RESPONSIBILITIES OF NURSES IN PROVIDING OUTPATIENT MEDICAL CARE TO WOMEN OF REPRODUCTIVE AGE AND PREGNANT WOMEN

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Abstract

Outpatient medical services for women of reproductive age and pregnant women play a crucial role in improving maternal and child health outcomes. The effectiveness of these services largely depends on the professional activities and competencies of nurses working at the primary healthcare level. In modern healthcare systems, nurses are not only assistants to physicians but also independent specialists who perform essential functions in health promotion, disease prevention, early detection of risk factors, patient education, and continuous monitoring. During pregnancy, nurses maintain regular and systematic communication with women, provide antenatal and postnatal follow-up, support adherence to screening and preventive examinations, and offer counseling on medication use, nutrition, hygiene, and healthy lifestyle practices. Moreover, nursing interventions contribute to timely registration of pregnant women, early identification of complications, and strengthening psychological support, which enhances the quality and continuity of care in ambulatory settings. This article highlights the role and functional responsibilities of nurses in outpatient care, emphasizing their contribution to improving service quality, ensuring safe pregnancy monitoring, and promoting overall reproductive health.

KEYWORDS: Outpatient care, nursing, reproductive health, pregnant, antenatal care, postnatal care, primary healthcare, health promotion, preventive services, patient counseling, risk factor, assessment, maternal and child health.



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Ambulatory medical services provided to women of reproductive age and pregnant women largely depend on the performance and professional engagement of nurses. According to contemporary healthcare concepts, nurses at the primary healthcare level are not merely supportive personnel; rather, they act as independent practitioners who implement key professional functions and actively participate in prevention, follow-up monitoring, and health promotion activities. During pregnancy, nurses play a particularly important role as the main healthcare workers who maintain continuous and structured communication with women, thereby contributing significantly to safeguarding maternal and child health.

Scientific evidence indicates that the quality of antenatal and postnatal services delivered in outpatient settings is directly linked to nursing activities such as regular follow-up, counseling, promotion of healthy lifestyles, and early identification of risk factors. Early registration of pregnant women, referral to screening examinations, providing clear guidance on medication intake, and delivering psychological support represent core directions of outpatient nursing practice. High-quality implementation of these tasks contributes to reducing pregnancy-related complications and ensuring continuity in the use of healthcare services.

At the same time, the increasing emphasis on a patient-centered approach within healthcare systems places additional responsibilities on nurses. Women's satisfaction, trust in medical services, and awareness regarding health-related issues are often shaped through the quality of communication established with nurses. Therefore, a deeper analysis of the role and functional responsibilities of nurses in outpatient settings, along with a systematic assessment of their professional performance, is of considerable scientific and practical importance. The quality of outpatient obstetric care has a direct impact on maternal and child health indicators, and nursing performance is regarded as a key criterion for evaluating this process. Regional studies demonstrate that up to 82% of pregnant women were enrolled for follow-up at women's consultation clinics before the 12th week of pregnancy, and over the past three years this indicator has increased



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by 10%. In parallel, the proportion of pregnant women who remained outside outpatient follow-up decreased by 2.4 times. These positive shifts can be explained by the effectiveness of early registration, regular monitoring, and preventive interventions conducted by nurses who work directly with pregnant women. Research findings emphasize that strengthening nurse involvement during the initial stages of antenatal care significantly reduces the risk of perinatal complications [12].

In both outpatient and inpatient stages of pregnancy and childbirth, infectious complications-particularly sepsis-continue to remain among the leading causes of mortality in mothers and newborns. Global data show that approximately 3 million newborns develop sepsis each year, and around 500,000 of them die; moreover, maternal sepsis accounts for 11% of maternal deaths worldwide. In preventing such outcomes, strict adherence by nurses and midwives to hand hygiene practices, maintaining sterile conditions, and following infection prevention and control standards is a decisive factor. Studies confirm that the majority of healthcare-associated infections are transmitted via the hands of medical personnel; however, compliance with the World Health Organization's recommended "Five Moments for Hand Hygiene" markedly reduces this risk. For this reason, nursing practice should be viewed not only as clinical care, but also as a critical preventive mechanism aimed at saving the lives of mothers and newborns [26].

In recent years, the midwife-led care model has been increasingly recognized as an effective approach for improving maternal and child health outcomes. Research conducted in African countries indicates that the shortage of nurses ranges from 68% to 85%, which creates serious barriers to delivering continuous and high-quality outpatient services. In some settings, maternal mortality has been reported to reach up to 820 deaths per 100,000 live births. Nevertheless, regions where midwife-led care has been implemented have demonstrated substantial improvements in maternal and neonatal outcomes, increased utilization of healthcare services, and higher patient satisfaction. However, organizational hierarchies, gender inequality, and limited leadership authority often prevent full use of nurses' professional potential. Addressing these barriers



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further reinforces the need to evaluate and strengthen nursing performance in ambulatory healthcare services [14].

When assessing the quality of maternal care, women's personal experiences and individual needs represent an essential criterion. Qualitative studies show that during pregnancy and the postpartum period, women frequently feel "invisible," meaning that services are primarily focused on infant health while the mother's psychological and informational needs remain insufficiently addressed. In-depth interviews conducted with 24 women revealed that disrupted continuity of care, inconsistent information, and communication that causes unnecessary anxiety were major factors contributing to lower satisfaction with maternal services. In contrast, real-time explanations provided by nurses, psychological support, and trust-based communication were found to help women feel safer and facilitate adaptation to motherhood. These findings demonstrate that in outpatient settings, nursing practice extends beyond clinical tasks and constitutes a fundamental element of woman-centered care [15].

In the ambulatory antenatal care system, nursing involvement is not only clinically beneficial but also economically efficient. In a comparative observational study, 150 pregnant women were divided into two groups: 100 women were managed exclusively by physicians, while 50 received care with nursing participation. The results showed that the time spent by nurses on completing pregnancy assessment cards and providing initial counseling ranged from 2 to 7 minutes, with a mean duration of 3.76 ± 1.56 minutes, whereas physicians spent 4.07 ± 1.15 minutes ($p = 0.216$). No significant differences were identified between the two groups regarding the completeness of clinical documentation. At the same time, early detection and counseling performed by nurses contributed to preventing complications such as hypertension, which was observed in 13% of the overall examined pregnant women. These findings suggest that nursing practice in outpatient antenatal care enhances system efficiency by enabling rational use of resources and reducing the burden of complications [19].

Timely and appropriate referral of pregnant women is considered a key component of effective outpatient maternal care. Findings from qualitative



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research suggest that challenges within maternal referral systems are frequently related to communication gaps, transportation limitations, and broader health system constraints, where nurses play a central coordinating role. In a qualitative study conducted in Eastern Ethiopia involving nine healthcare professionals and three referred women, the main barriers identified included the absence of advance information exchange, incomplete referral documentation, transportation without an accompanying medical staff member, and shortages of skilled personnel. According to World Health Organization estimates, an effective referral system could prevent approximately 88–98% of maternal morbidity and mortality cases. These findings provide a scientific rationale for strengthening communication, documentation, and follow-up mechanisms led by nurses at the outpatient level [23].

Antenatal education programs delivered by nurses in ambulatory settings also contribute substantially to improving women's preparedness for childbirth. Based on analyses of randomized and quasi-experimental studies, participation in structured antenatal education sessions has been associated with significant improvements in women's readiness for labor and their perceived sense of control during the childbirth process. In particular, women who attended such programs demonstrated a 20–35% increase in childbirth-related knowledge, while fear-of-childbirth scale scores decreased by an average of 15–25%. These outcomes confirm that planned educational interventions conducted by nurses at the primary care level can positively influence pregnancy experiences by enhancing psychological preparedness [21].

Another important outcome of nurse-led counseling and educational activities in outpatient care is the strengthening of pregnant women's self-confidence. Meta-analytic evidence indicates that antenatal education programs organized under nursing leadership have a moderate to strong positive impact on maternal self-efficacy. In an analysis covering more than 20 studies, the standardized mean difference was reported as 0.73, with a 95% confidence interval ranging from 0.69 to 0.77. The most stable outcomes were observed in face-to-face formats; however, remote and hybrid models also demonstrated meaningful effectiveness.



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This evidence supports the need to expand nursing responsibilities in outpatient settings and reinforce the educational component of antenatal care [22].

The mode of delivering antenatal education further influences its overall effectiveness. Research has shown that nurse-led programs implemented through digital platforms, mobile applications, and hybrid approaches produce positive outcomes in improving pregnant women's knowledge and self-confidence. In certain studies, the effect size for self-efficacy improvement in digital formats exceeded 0.90. Nevertheless, results varied depending on contextual factors such as regional conditions, digital literacy, and individual motivation. These findings emphasize that educational interventions provided by nurses in ambulatory care should remain adaptable and be offered in multiple formats to ensure broad effectiveness [24].

The effectiveness of nursing practice in outpatient antenatal care is often determined by nurses' clinical and communication competencies. Qualitative findings demonstrate that nurses face several systemic barriers when attempting to ensure early detection and prevention of anemia during pregnancy. Based on in-depth interviews conducted with 23 nurse-midwives, three major challenges were identified: insufficient clinical skills, limited family engagement due to cultural beliefs, and restricted resources in outpatient facilities. Among the interviewed nurses, 52% had less than ten years of work experience, and many expressed low confidence in recognizing anemia symptoms and performing hemoglobin assessments. Moreover, none of the participants had received specialized training on anemia management within the last five years. This situation highlights the need to assess and strengthen nursing competencies for outpatient maternal care [30].

The quality of communication between nurses and pregnant women serves as a major motivating factor for the use of outpatient antenatal services. According to a phenomenological study based on in-depth interviews with six pregnant women, satisfaction with antenatal services was directly associated with the level of attention provided by nurses, openness of communication, and the extent to which care was family-oriented. All participants described nurses as friendly, patient, and willing to explain medical information in an understandable manner.



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The average number of antenatal visits ranged from three to five, and women highlighted several advantages of independent nursing practice, including flexible service delivery, sufficient consultation time without strict limitations, and active involvement of family members. These findings suggest that high-quality nurse–patient communication and family-centered care in outpatient settings strengthen women’s adherence to antenatal follow-up [17].

The professional role of nurses remains essential across various areas of healthcare, including complex clinical and psychosocial conditions. The literature emphasizes that when nurses work as part of multidisciplinary teams, both the quality of care and patient/family satisfaction improve substantially. In pediatric and perinatal care contexts, nurses are often viewed as the key link responsible for coordinating continuous support that addresses physical, psychological, and social needs. Studies indicate that in care models with strong nursing engagement, relationships with patients and families become more stable and quality evaluation indicators remain consistently high. This approach supports the need to evaluate the nursing role more broadly within outpatient obstetric practice and to analyze nursing activities using comprehensive assessment criteria [16].

In outpatient obstetric care, nurses also act as central coordinators when providing services to pregnant women with chronic diseases or multiple long-term conditions. According to systematic reviews, the prevalence of multimorbidity among pregnant women ranges from 20% to 44%, depending on the data sources used. It has been reported that in 56% of maternal deaths, pre-existing somatic or mental health conditions were identified. Evidence consistently supports multidisciplinary approaches, where nurses serve as the key professionals responsible for coordinating care, facilitating communication between women and specialists, and organizing continuous monitoring. However, the literature also highlights that empirical evidence remains limited regarding the direct impact of nurse-led continuity-of-care models on outcomes, indicating the need for further research in this area [25].

The implementation of antenatal education programs in outpatient settings represents an important indicator when evaluating the effectiveness of nursing practice. A large-scale meta-analysis found that among 1,116 pregnant women



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who participated in antenatal education, childbirth-related self-confidence increased significantly, with a standardized mean difference of 2.00 (95% confidence interval: 1.06–2.95; $p<0.0001$). At the same time, fear of childbirth decreased markedly, with an overall effect size of -1.26. Positive clinical outcomes were also observed: the rate of vaginal births increased by 1.10 times, while cesarean sections decreased by 20%. These findings demonstrate that systematic nurse-led education in ambulatory care improves not only psychological readiness but also clinical outcomes [29].

Different formats and approaches used by nurses in antenatal education and care are particularly important for evaluating nursing performance. Studies have assessed interventions delivered through face-to-face sessions, small-group classes, telephone counseling, mobile applications, and web-based platforms. Some randomized trials reported that education delivered via mobile apps or online platforms significantly reduced cesarean section rates and improved women's preparedness for childbirth. However, improvements were not consistently observed across all neonatal indicators: no statistically significant differences were found in Apgar scores or newborn birth weight. This suggests that antenatal education primarily influences maternal psychological well-being and decision-making related to childbirth, highlighting the need for a comprehensive approach when evaluating nursing practice [31].

Outpatient care provided to women of reproductive age during the interpregnancy period is also an important component of nursing responsibilities. According to scientific consensus, interpregnancy care is not limited to preparing women for the next pregnancy; instead, it is viewed as a continuous process aimed at supporting health across the life course. Studies report that pregnancy complications-such as gestational diabetes, gestational hypertension, and preeclampsia-can increase the future risk of cardiovascular diseases and metabolic disorders. Therefore, a comprehensive approach is recommended during the interpregnancy period, incorporating diabetes and hypertension management, vaccination, mental health assessment, and reproductive planning. Within this model, nurses serve as the primary link ensuring continuity of care by



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conducting screening, promoting healthy lifestyle practices, and connecting women with other specialists when needed [20].

In outpatient antenatal care, the quality of practical actions performed by nurses is considered a key criterion determining the completeness of services provided. Observational studies involving 134 pregnant women have shown that while certain aspects of nursing practice are performed at a high level, some essential components remain insufficiently covered. For example, blood pressure measurement was performed in 97.7% of cases, whereas breastfeeding counseling was provided in only 30.59%, and explanations about newborn screening were delivered in 74.35% of visits [18].

Pregnant women's experiences of using outpatient antenatal services—particularly among socially or economically vulnerable groups—are closely associated with the nursing approach and the organization of care. A qualitative descriptive study reported an average of nine meetings with pregnant women, each lasting between 30 and 60 minutes. Care was often delivered either at home or in primary care facilities. According to participants, nurses' kind, open, and supportive attitudes increased motivation to utilize services [27].

In outpatient prenatal care, nursing consultations are among the service components most highly valued by pregnant women. According to findings from a qualitative descriptive study, interviews conducted with 20 pregnant women and 4 nurses identified several key strengths of nursing consultations, including the comprehensiveness of physical examinations, a warm and respectful attitude, and the allocation of sufficient time for communication. Participants emphasized that more than half of prenatal clinical care is delivered by nurses, and they described these consultations as "problem-solving" and "trust-building." At the same time, logistical challenges—particularly shortages of certain medications and prolonged waiting times for test results—were frequently interpreted by patients as being related to nursing performance. This highlights the need to clearly distinguish organizational constraints from individual nursing responsibilities when assessing the quality of outpatient prenatal services [28].

Within complex healthcare models, especially those based on multidisciplinary teamwork, nursing practice gains particular importance. Empirical evidence



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suggests that nurses who participate as equal members of multidisciplinary teams make a substantial contribution to improving both the clinical outcomes and the economic efficiency of care. A survey conducted among 110 nurses showed that while 83.6% of respondents rated their knowledge as adequate, 54.3% reported the need to deepen their specialized professional knowledge and 40.0% expressed the need to strengthen knowledge in additional related fields. In multidisciplinary settings, nurses function not only as care providers but also as coordinators who represent the interests of patients and their families. These findings indicate that, in evaluating outpatient prenatal care systems, nurses' teamwork capacity and level of professional preparedness should be included as key assessment criteria [5].

One of the modern approaches aimed at enhancing outpatient care efficiency is the concept of predictive, preventive, personalized, and participatory medicine. Within this framework, collaboration between healthcare professionals and patients becomes central, and nurses are positioned as the specialists who maintain the closest and most frequent contact with individuals. Conceptual models emphasize that up to 50% of health outcomes depend on lifestyle, behavior, and conscious decision-making; therefore, nursing activities focused on providing information, strengthening motivation, and promoting healthy lifestyle practices are critically important [2, 10].

When assessing nursing performance, their capacity for independent decision-making, care coordination, and implementation of patient-centered approaches represents an essential criterion. International experience indicates that in advanced healthcare systems, nurses serve as core members of multidisciplinary teams and ensure standardized quality of care through structured algorithms. For instance, in geriatric practice, nurses are not only responsible for executing physician instructions but are also regarded as specialists capable of comprehensive assessment of patients' physical, psychological, and social conditions. In global practice, care quality is evaluated through indicators, and deviations from established algorithms may signal reduced service quality. This approach may be adapted to outpatient obstetric and gynecological care,



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emphasizing the need to evaluate nursing activities through systematic and measurable criteria when working with pregnant women [4].

In outpatient and inpatient care provided during pregnancy, childbirth, and the postpartum period, nursing practice is particularly important for preventing and ensuring early detection of urgent clinical conditions. Regional analyses indicate that routine outpatient follow-up during pregnancy and planned hospitalization are effective preventive measures for reducing the development of urgent conditions and related complications. For example, five-year monitoring data showed that the proportion of women who were not registered for pregnancy care decreased from 3.1% to 2.0%, reflecting improved access to and quality of outpatient services. At the same time, the shortage of mid-level medical personnel—including nurses and nurse anesthetists—remains a significant challenge in managing urgent conditions. This further supports the importance of evaluating nursing activities at the outpatient level, particularly in terms of regular monitoring, early identification of high-risk groups, and timely referral processes [11].

The development of perinatal care systems requires strengthening coordination and continuity between outpatient and inpatient levels in order to improve maternal and child health outcomes. Regional evidence suggests that the establishment and expansion of perinatal centers has led to notable improvements in perinatal indicators. For instance, large urban perinatal centers manage approximately 6,000 deliveries annually, and although the proportion of preterm births increased from 13.0% to 16.2%, this trend is explained by centralized management of high-risk pregnancies. During the same period, the perinatal mortality rate decreased from 26.0‰ in 2010 to 18.1‰ in 2020. These results confirm that outpatient nursing activities—particularly early detection, risk stratification, and timely referral—directly influence perinatal outcomes [6].

The historical evolution of obstetric and gynecological services demonstrates the long-standing and stable importance of outpatient care. Historical and statistical analyses show that the expansion of women's consultation clinics and outpatient obstetric services has consistently improved maternal and child health indicators. For example, in the early twentieth century maternal mortality in large cities



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reached up to 5%, and in certain years even 20%; however, following the introduction of antiseptic measures and organizational reforms, this rate decreased to below 1%. Later, the implementation of outpatient monitoring and systematic registration of pregnant women enabled a reduction in perinatal mortality from 10.6‰ to 5.7‰. These findings highlight the strategic role of mid-level healthcare workers, including nurses, who maintain continuous contact with pregnant women within healthcare systems [1].

Early identification and outpatient monitoring of pregnant women with chronic or congenital conditions allow more rational use of healthcare resources. Clinical and statistical studies indicate that pregnancies complicated by mesenchymal dysplasia require inpatient treatment twice as often as uncomplicated pregnancies. In such cases, the average duration of hospitalization was 29.0 ± 18.1 days compared with 13.1 ± 13.0 days in the healthy group ($p < 0.0001$). Additionally, the frequency of hospital admissions during pregnancy was 2.32 ± 1.4 times among women with mesenchymal dysplasia, compared with 1.2 ± 1.1 times in the control group. These differences support the need to classify such women as high-risk early and establish enhanced outpatient follow-up conducted by nurses, which may subsequently reduce inpatient workload and improve economic efficiency [13].

Improving the effectiveness of perinatal care also requires the implementation of comprehensive organizational and management measures. When systematic analysis of perinatal mortality was introduced using a complex evaluation methodology developed and applied at the regional level, significant positive results were achieved within a relatively short period. Long-term monitoring revealed a 42.3% reduction in perinatal mortality, reaching a minimum recorded value of 4.1‰ [7].

Historical trends in the development of obstetric and gynecological care once again confirm the stable significance of outpatient services. Statistical evidence suggests that the expansion of women's consultation clinics and ambulatory obstetric services contributed to consistent improvements in maternal and child health indicators. Early twentieth-century maternal mortality rates in large cities ranged from 5% to 20% in certain years; however, the introduction of antiseptic



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practices and organizational reforms reduced this rate to below 1%. In later periods, outpatient follow-up and systematic registration of pregnant women contributed to lowering perinatal mortality from 10.6‰ to 5.7‰. These findings further emphasize the strategic importance of nurses as continuous care providers for pregnant women [9].

Similarly, outpatient detection and monitoring of pregnant women with chronic or congenital pathology enable more efficient use of healthcare resources. Clinical-statistical studies have shown that pregnancies complicated by mesenchymal dysplasia require inpatient treatment at twice the rate observed in uncomplicated pregnancies. The average hospitalization duration was 29.0 ± 18.1 days in the dysplasia group, compared to 13.1 ± 13.0 days in the healthy group ($p < 0.0001$). In addition, the number of inpatient admissions during pregnancy averaged 2.32 ± 1.4 in the dysplasia group versus 1.2 ± 1.1 in the control group. These results support the necessity of early inclusion of such women into high-risk categories and the establishment of intensified outpatient monitoring led by nurses, which can reduce inpatient burden and increase economic efficiency [3]. The quality of nursing care provided to pregnant women and postpartum patients in both outpatient and inpatient settings is largely influenced by nurse–patient communication and professional interaction. According to a sociological study conducted in a specialized maternity institution involving 20 patients and 10 nurses, 80% of patients reported no difficulties in communication with mid-level medical staff, while 10% experienced certain communication barriers [8].

CONCLUSION

The findings synthesized from the reviewed scientific literature confirm that nurses play a central, multidimensional, and increasingly independent role in providing outpatient medical care to women of reproductive age and pregnant women. In the ambulatory setting, nursing practice extends beyond routine execution of medical instructions and includes systematic antenatal and postnatal follow-up, early registration of pregnant women, risk factor identification, health education, psychological support, and coordination of care across different levels of the healthcare system. Evidence demonstrates that nurse-led interventions



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contribute to improved continuity of care, higher patient satisfaction, and more efficient utilization of healthcare resources, while also supporting the reduction of preventable maternal and perinatal complications through early detection, timely referral, and adherence to infection prevention standards. At the same time, existing barriers-such as workforce shortages, limited training opportunities, organizational constraints, and inconsistent standardization of nursing functions-may weaken the overall effectiveness of outpatient maternal services. Therefore, strengthening nursing competencies, expanding evidence-based nurse-led care models, and implementing clear evaluation indicators for nursing performance are essential priorities for improving the quality, safety, and outcomes of outpatient prenatal care.

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