Vital role of obstetric and gynecological nursing in ensuring safe motherhood and women's health outcomes through evidence -based practices

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Abstract:
Obstetric and gynecological nursing plays a critical role in safeguarding maternal and women's health outcomes through the integration of evidence-based practices across the continuum of care. From preconception counseling to postpartum and reproductive health services, nurses act as frontline healthcare providers who ensure early risk identification, timely interventions, and patient-centered care. Evidence-based practices reduce maternal mortality and morbidity by promoting standardized clinical protocols, minimizing unnecessary interventions, and enhancing maternal satisfaction. Key strategies include antenatal screening, respectful maternity care, skilled birth attendance, postpartum monitoring, and health education. Nurses also contribute to improving neonatal outcomes through practices such as early breastfeeding initiation and skin-to-skin contact. In addition, technological advancements, interdisciplinary collaboration, and continuous professional education strengthen the implementation of evidence-based care. Despite challenges such as resource limitations and disparities in healthcare access, obstetric and gynecological nurses remain central to achieving global maternal health goals. This article explores the multifaceted role of nursing professionals in enhancing safe motherhood and women's health outcomes through scientifically validated interventions.

Keywords:
Obstetric Nursing, Gynecological Nursing, Safe Motherhood, Evidence-Based Practice, Maternal Health, Women's Health.

1. Introduction:
Obstetric and gynecological nursing is a specialized and dynamic field dedicated to providing comprehensive, continuous, and patient-centered care to women across their reproductive lifespan, encompassing preconception, pregnancy, childbirth, postpartum recovery, and broader reproductive health services, and this discipline has gained increasing significance in global healthcare systems due to its direct impact on maternal and neonatal survival and well-being, as contemporary evidence highlights that structured, nurse-led interventions significantly contribute to reducing preventable maternal morbidity and mortality through early risk identification, timely clinical decision-making, and continuity of care (Manu et al., 2025). The concept of safe motherhood, which serves as a foundational framework in obstetric nursing, emphasizes not only the survival of women during pregnancy and childbirth but also the promotion of physical, psychological, and social well-being, recognizing that maternal health outcomes are influenced by a complex interplay of biological, socioeconomic, and healthcare-related factors, and global health initiatives have consistently prioritized safe motherhood as a key strategy to address disparities in maternal healthcare access and quality (WHO et al., 2019). Within this framework, evidence-based practice has emerged as an essential component of modern nursing, defined as the integration of the best available research evidence, clinical expertise, and patient values to guide decision-making and ensure optimal patient outcomes, and this approach enables nurses to deliver care that is scientifically validated, culturally sensitive, and aligned with individual patient needs and preferences (Polit et al., 2021). Obstetric and gynecological nurses play a pivotal role in operationalizing

evidence-based care by translating research findings into clinical protocols and interventions, thereby bridging the gap between theory and practice and ensuring that healthcare delivery is both effective and efficient, particularly in resource-limited settings where nurses often serve as the primary healthcare providers for women (Kumar et al., 2023). During the antenatal period, evidence-based nursing interventions such as comprehensive health assessments, risk screening, nutritional counseling, and health education programs have been shown to improve maternal self-efficacy, enhance adherence to antenatal visits, and promote positive pregnancy outcomes, highlighting the critical role of nurses in empowering women with knowledge and skills to manage their health during pregnancy (Johnson et al., 2019). Similarly, during the intrapartum phase, nurses are responsible for providing skilled care that includes monitoring labor progression, managing pain, preventing infections, and ensuring respectful maternity care, all of which contribute to reducing complications such as postpartum hemorrhage, one of the leading causes of maternal mortality worldwide, and evidence indicates that adherence to standardized protocols and timely interventions by nurses can significantly improve maternal safety during childbirth (Brown et al., 2020). In the postpartum period, nursing care focuses on monitoring maternal recovery, supporting breastfeeding, providing family planning counseling, and identifying potential complications, thereby ensuring continuity of care and promoting long-term health outcomes for both mother and child, and studies have demonstrated that nurse-led postnatal follow-up and education programs are associated with improved maternal and neonatal health indicators, including increased breastfeeding rates and reduced incidence of postpartum complications (Walker et al., 2020). Beyond maternity care, gynecological nursing extends its scope to address a wide range of women's health issues, including menstrual disorders, reproductive health concerns, menopause management, and preventive screening for conditions such as cervical and breast cancer, thereby contributing to the overall well-being and quality of life of women across different life stages, and the application of evidence-based interventions in these areas ensures that care is both effective and aligned with current clinical guidelines (Lee et al., 2022). Moreover, the integration of technological advancements such as electronic health records, telehealth services, and decision-support systems has further enhanced the ability of nurses to deliver evidence-based care, improve patient monitoring, and facilitate timely interventions, particularly in remote or underserved areas where access to healthcare services may be limited (Adams et al., 2022). Figure 1 demonstrates the Continuum of maternal care from preconception to postpartum within evidence-based nursing practice. Despite these advancements, challenges such as limited resources, inadequate staffing, and variations in adherence to clinical guidelines continue to impact the implementation of evidence-based practices in obstetric and gynecological nursing, underscoring the need for ongoing education, training, and policy support to strengthen the capacity of the nursing workforce and ensure the delivery of high-quality care (Baker et al., 2023). Ultimately, obstetric and gynecological nurses serve as key agents of change in improving maternal and women's health outcomes by advocating for patient-centered care, promoting health education, and implementing evidence-based interventions across the continuum of care, and their contributions are essential for achieving global health goals related to maternal and reproductive health, as well as for ensuring that every woman has access to safe, respectful, and high-quality healthcare services throughout her life (Patel et al., 2024).

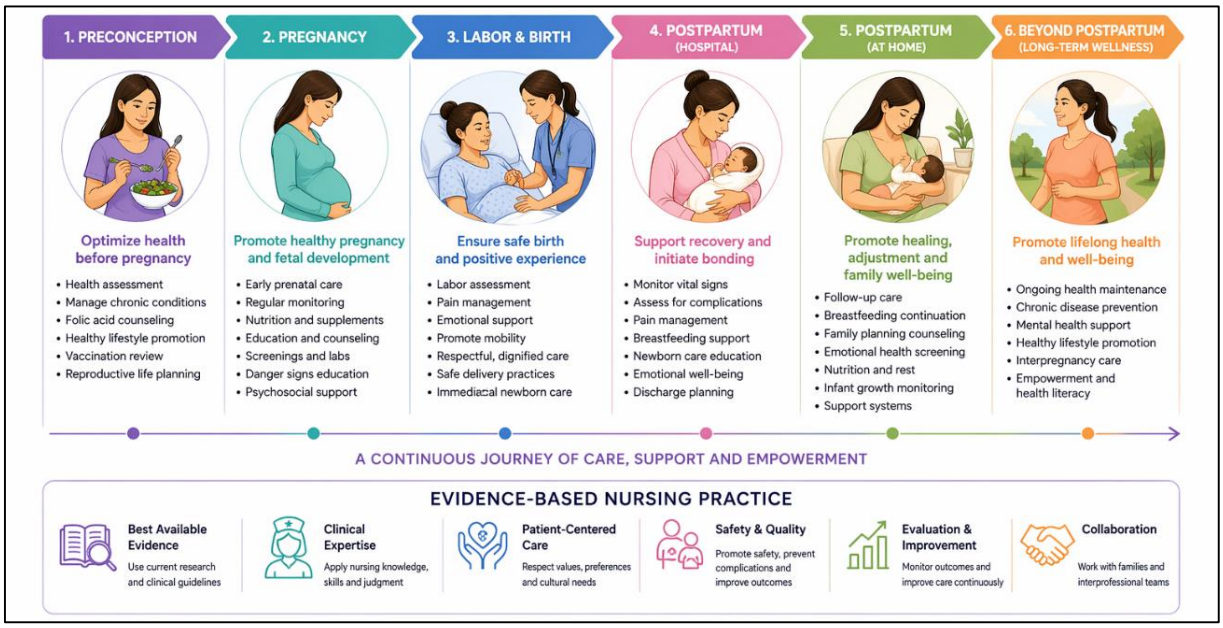


Figure. 1: Continuum of maternal care from preconception to postpartum within evidence-based nursing practice

2. Concept of safe motherhood and women's health:

Safe motherhood encompasses a comprehensive continuum of care that spans preconception, antenatal, intrapartum, and postpartum periods, all of which are strategically designed to prevent avoidable maternal and neonatal morbidity and mortality through timely, accessible, and quality healthcare services, and this continuum emphasizes the importance of integrating preventive, promotive, and curative interventions to ensure optimal health outcomes for both mother and child across all stages of reproduction (Manu et al., 2025). The preconception phase plays a foundational role in safe motherhood by focusing on improving women's health status before pregnancy through nutritional optimization, management of chronic conditions, and reproductive planning, thereby reducing risks associated with pregnancy complications and enhancing overall maternal readiness for childbirth (Shringarpure et al., 2025). During the antenatal period, regular monitoring, early risk detection, and health education interventions implemented by nurses significantly contribute to improving maternal health outcomes by ensuring that complications such as anemia, hypertension, and gestational diabetes are identified and managed promptly (WHO et al., 2019). The intrapartum phase is equally critical, as skilled birth attendance, adherence to clinical protocols, and the provision of respectful maternity care by trained nursing professionals help prevent life-threatening complications such as postpartum hemorrhage, obstructed labor, and infections, which remain leading causes of maternal mortality worldwide (WHO et al., 2019). Postpartum care, often underestimated, is essential for ensuring maternal recovery, promoting neonatal health, and preventing complications such as sepsis and postpartum depression, and evidence shows that continued nursing support, including home visits and counseling, significantly enhances maternal and newborn well-being during this period (Manu et al., 2025). Nurses play a central role across this continuum by providing health education, promoting institutional deliveries, ensuring skilled attendance during childbirth, and facilitating access to essential healthcare services, thereby acting as key agents in improving maternal health outcomes and reducing preventable deaths (Shringarpure et al., 2025). Evidence-based nursing interventions such as antenatal risk screening, birth preparedness planning, complication readiness, and structured postnatal follow-up have been widely recognized for their effectiveness in improving maternal and neonatal outcomes, as these interventions enable early identification of risks and timely referral to higher-level care when necessary (Manu et al., 2025). In addition to clinical care, the broader determinants influencing maternal health outcomes must be considered, as safe motherhood is shaped not only by healthcare services but also by a wide range of biological, social, economic, and systemic factors that interact in complex ways to influence health status and access to care (Hamal et al., 2020). Biological factors such as maternal age, parity, and pre-existing health conditions directly impact pregnancy outcomes, while social determinants including education, income, cultural beliefs, and gender norms influence healthcare-seeking behavior and access to maternal health services (Hamal et al., 2020). Furthermore, systemic factors such as the availability of healthcare infrastructure, quality of services, policy frameworks, and distribution of skilled healthcare providers play a crucial role in determining the effectiveness of maternal healthcare delivery systems (Malin et al., 2025). Structural inequalities, including disparities in access to care, socio-economic status, and geographic location, continue to pose significant challenges to achieving safe motherhood, particularly in low- and middle-income countries where healthcare resources may be limited (Malin et al., 2025). Additionally, systemic and policy-related barriers such as inadequate healthcare funding, lack of trained personnel, and inequitable distribution of services further exacerbate maternal health disparities and hinder the implementation of effective interventions (American Academy of Nursing et al., 2025). The integration of evidence-based practices into maternal healthcare systems is therefore essential for addressing these multifaceted challenges, as it ensures that interventions are grounded in scientific research, tailored to patient needs, and capable of producing measurable improvements in health outcomes (WHO et al., 2019). Moreover, the concept of safe motherhood extends beyond the prevention of mortality to include the promotion of overall well-being, dignity, and quality of life for women, emphasizing the importance of respectful, culturally sensitive, and patient-centered care throughout the reproductive continuum (BMC Pregnancy and Childbirth et al., 2023). Nurses, as frontline healthcare providers, are uniquely positioned to address both clinical and social determinants of maternal health by advocating for equitable access to care, providing culturally competent education, and supporting women in making informed decisions about their health (Malin et al., 2025). Ultimately, achieving safe motherhood requires a holistic and integrated approach that combines high-quality clinical care, strong health systems, and supportive social environments, and the multidimensional determinants influencing maternal outcomes, as conceptually represented in Figure 2, highlight the need for coordinated efforts across healthcare, policy, and community levels to ensure that every woman experiences a safe and healthy pregnancy and childbirth journey.

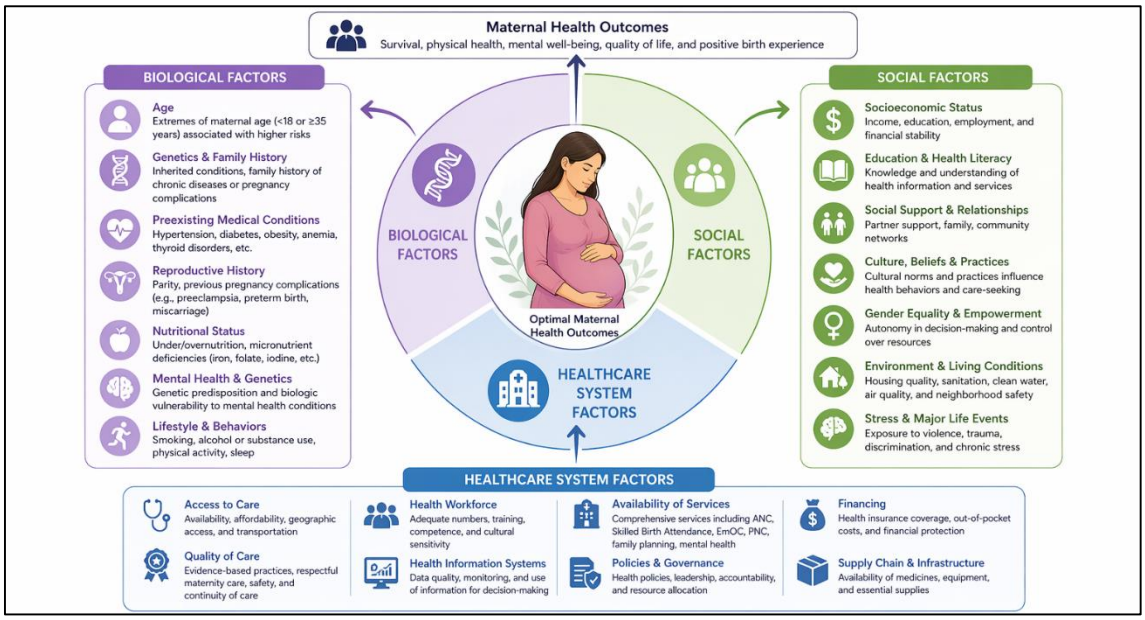


Figure. 2: Determinants of maternal health outcomes including biological, social, and healthcare system factors

3. Role of obstetric nurses in antenatal care:

Antenatal care represents a crucial and sensitive phase in the continuum of maternal healthcare, serving as a structured platform for identifying potential risks, promoting maternal well-being, and ensuring optimal fetal development through timely, evidence-based interventions, and its importance is widely recognized in global health literature as it significantly contributes to improved pregnancy outcomes and reduction in maternal and neonatal complications (Boureka et al., 2024). During this period, obstetric nurses play a central and multifaceted role by conducting comprehensive assessments that include detailed medical history taking, physical examinations, and psychosocial evaluations, which collectively help in identifying high-risk pregnancies at an early stage and facilitating prompt clinical management (WHO et al., 2016). Monitoring fetal growth and development is another critical component of antenatal care, where nurses utilize clinical tools such as fundal height measurement, fetal heart rate monitoring, and ultrasound referrals to ensure that the fetus is developing appropriately and to detect abnormalities that may require intervention (Smith et al., 2019). In addition to clinical monitoring, health education forms a cornerstone of antenatal nursing practice, as nurses guide expectant mothers on proper nutrition, physical activity, personal hygiene, and avoidance of harmful substances, thereby empowering women to actively participate in maintaining their own health and that of their unborn child (Johnson et al., 2020). Early detection of pregnancy-related complications such as gestational diabetes mellitus and preeclampsia is particularly vital, as these conditions can lead to severe adverse outcomes if left unmanaged, and evidence indicates that systematic screening and early diagnosis during antenatal visits allow for timely interventions that significantly reduce associated risks (Andreucci et al., 2021). Evidence-based guidelines strongly emphasize the importance of regular antenatal contacts, recommending a minimum of eight interactions between pregnant women and healthcare providers to enhance the chances of early risk identification, improve maternal and fetal assessments, and reduce perinatal mortality rates (WHO et al., 2016). These guidelines also highlight the integration of screening tests such as blood investigations, urine analysis, and infection screening, which are essential for diagnosing conditions like anemia, urinary tract infections, and infectious diseases that may adversely affect pregnancy outcomes (Brown et al., 2018). Counseling sessions during antenatal care are equally significant, as they address not only medical concerns but also emotional and psychological aspects of pregnancy, including anxiety, stress, and preparedness for childbirth, thereby ensuring holistic care for the mother (Lee et al., 2022). Furthermore, antenatal care serves as an opportunity to promote preventive interventions such as immunization, nutritional supplementation, and lifestyle modifications, all of which are supported by strong scientific evidence and contribute to improved maternal and neonatal health outcomes (Kumar et al., 2023). The role of nurses extends beyond individual patient care to include community-based interventions such as antenatal home visits and health awareness programs, which have been shown to improve healthcare access and increase the utilization of maternal health services, particularly in underserved populations (Patel et al., 2021). Moreover, antenatal care provides a critical platform for building a trusting relationship between healthcare providers and pregnant women, which enhances communication, encourages adherence to medical advice, and fosters a positive pregnancy experience (Davis et al., 2020). Despite its proven benefits, challenges such as inadequate access

to healthcare services, lack of awareness, and socio-economic barriers continue to limit the effectiveness of antenatal care in certain regions, highlighting the need for strengthened healthcare systems and policy support to ensure equitable access to quality maternal healthcare (Evans et al., 2024). Ultimately, antenatal care is not merely a series of routine check-ups but a comprehensive and evidence-driven approach to safeguarding maternal and fetal health, and the structured protocols encompassing screening, monitoring, and education, as conceptually illustrated in Figure 3, underscore the critical role of obstetric nurses in delivering high-quality, patient-centered care that ensures safe and healthy pregnancy outcomes.

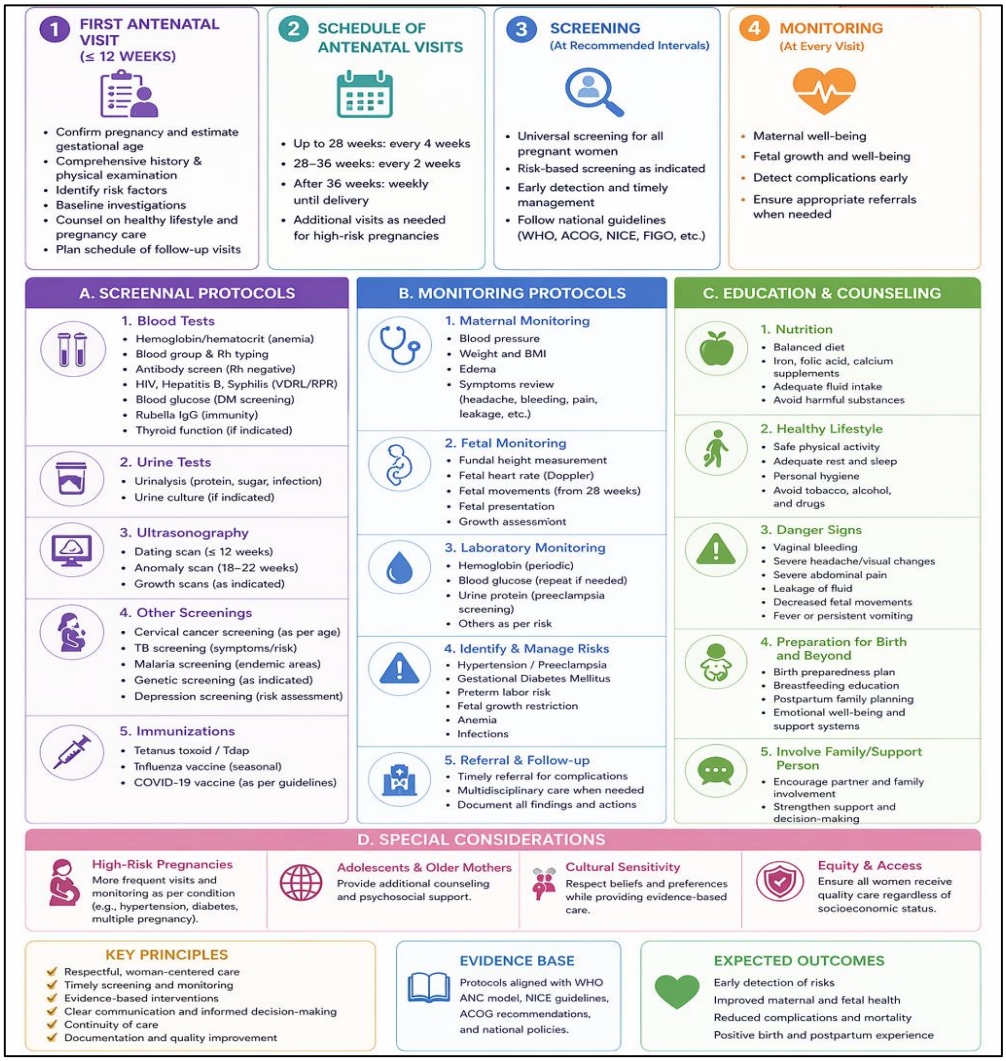


Figure. 3: Antenatal care protocols based on evidence-based guidelines including screening, monitoring, and education

4. Intrapartum care and safe delivery practices:

During labor and delivery, obstetric nurses play a vital and multifaceted role in ensuring safe, effective, and evidence-based care that directly influences maternal and neonatal outcomes, and contemporary research emphasizes that structured intrapartum care guided by standardized clinical pathways significantly improves labor outcomes, enhances maternal satisfaction, and reduces complications through systematic and coordinated interventions (Mohamed et al., 2025). Evidence-based practices during the intrapartum period focus on continuous assessment and monitoring of both maternal and fetal conditions, enabling early identification of deviations from normal labor progression and facilitating timely clinical decision-making that prevents adverse outcomes and ensures safety throughout childbirth (Yasin et al., 2025). Continuous monitoring, including fetal heart rate assessment and uterine contraction evaluation, is a cornerstone of intrapartum nursing care, as it allows healthcare providers to detect fetal distress and intervene appropriately, thereby reducing the risk of complications such as hypoxia and birth asphyxia (NICE et al., 2025). In addition to monitoring, appropriate pain management strategies, including both pharmacological and non-pharmacological approaches, play a critical role in enhancing maternal comfort, reducing stress, and promoting positive childbirth experiences, and these interventions are strongly supported by evidence-based guidelines that advocate individualized care based on patient preferences and clinical conditions (Helmi et al., 2024). Minimizing unnecessary medical

interventions is another essential aspect of evidence-based intrapartum care, as studies have demonstrated that excessive use of procedures such as routine labor induction, continuous electronic monitoring in low-risk pregnancies, and episiotomy can lead to increased complications without improving outcomes, highlighting the importance of judicious clinical decision-making (Masuda et al., 2020). Reducing unnecessary interventions not only decreases the risk of maternal morbidity but also promotes physiological childbirth, which is associated with shorter recovery times, lower rates of infection, and improved maternal satisfaction, thereby reinforcing the value of evidence-based nursing practices in labor management (Manu et al., 2025). Nurses also play a critical role in advocating for patient-centered care during labor and delivery, ensuring that women's preferences, cultural beliefs, and emotional needs are respected and integrated into the care process, which has been shown to improve overall childbirth experiences and strengthen trust between patients and healthcare providers (Weerasingha et al., 2024). Respectful maternity care, which includes maintaining dignity, privacy, and informed consent, is a fundamental component of evidence-based intrapartum practice and is increasingly recognized as essential for improving both clinical outcomes and patient satisfaction (Simon et al., 2025). Furthermore, adherence to evidence-based intrapartum protocols ensures that healthcare providers deliver consistent and high-quality care, as studies indicate that improved compliance with such guidelines is associated with reduced maternal and neonatal mortality and better overall health outcomes (Tadesse et al., 2025). Obstetric nurses are also responsible for coordinating multidisciplinary care, collaborating with obstetricians, anesthesiologists, and pediatric teams to manage complications effectively and ensure seamless transitions across different stages of labor and delivery, thereby enhancing the efficiency and safety of healthcare delivery systems (Clark et al., 2023). In addition, intrapartum care involves continuous emotional support, reassurance, and communication, which have been shown to reduce anxiety, improve coping mechanisms, and positively influence labor outcomes, highlighting the holistic nature of nursing care during childbirth (Green et al., 2022). At this point, key evidence-based intrapartum interventions along with their maternal and neonatal outcomes are summarized in Table 1 to emphasize clinical effectiveness within the ongoing discussion of care practices. The stages of labor, including the latent, active, and second stages, require specific nursing interventions tailored to the physiological and psychological needs of the mother, and evidence-based practices guide nurses in implementing appropriate actions such as positioning, hydration, and encouragement of mobility to facilitate labor progression (Roberts et al., 2021).

Table. 1: Evidence-based intrapartum interventions and their maternal and neonatal outcomes

Intervention	Description	Maternal Outcome	Neonatal Outcome
Continuous fetal monitoring	Regular assessment of fetal heart rate and uterine contractions	Early detection of complications. Reduced maternal risk	Reduced fetal distress. Improved Apgar scores
Partograph use	Graphical monitoring of labor progress	Prevention of prolonged labor. Timely intervention	Reduced birth complications
Pain management strategies	Pharmacological and non-pharmacological pain relief methods	Reduced stress. Improved comfort	Stable fetal condition
Mobility and positioning	Encouraging movement and upright positions during labor	Shorter labor duration. Reduced need for interventions	Improved oxygenation
Delayed cord clamping	Clamping cord after 1 to 3 minutes	Reduced maternal anemia	Improved neonatal iron stores
Restrictive episiotomy	Avoiding routine episiotomy	Reduced perineal trauma	Reduced neonatal complications
Immediate newborn care	Thermal care and early assessment	Reduced maternal anxiety	Improved neonatal adaptation
Active management of third stage	Use of uterotonics and controlled cord traction	Reduced postpartum hemorrhage	Indirect benefit through maternal stability

Moreover, the immediate postpartum phase, which is often considered part of intrapartum care, requires vigilant monitoring for complications such as postpartum hemorrhage, and timely interventions during this critical period can significantly reduce maternal mortality rates (Evans et al., 2024). Despite the availability of strong evidence supporting best practices, challenges such as gaps between knowledge and practice, resource limitations, and variability in clinical settings continue to affect the consistent implementation of evidence-based intrapartum care, underscoring the need for ongoing training, supervision, and policy support to enhance adherence to guidelines (Baker et al., 2023). Ultimately, the integration of evidence-based practices into intrapartum nursing care ensures that labor and delivery are managed safely, effectively, and respectfully, and the stages of labor and corresponding nursing interventions illustrated in Figure 4 further enhance practical comprehension of intrapartum care, reinforcing the indispensable role of obstetric nurses in achieving safe motherhood and positive childbirth experiences.

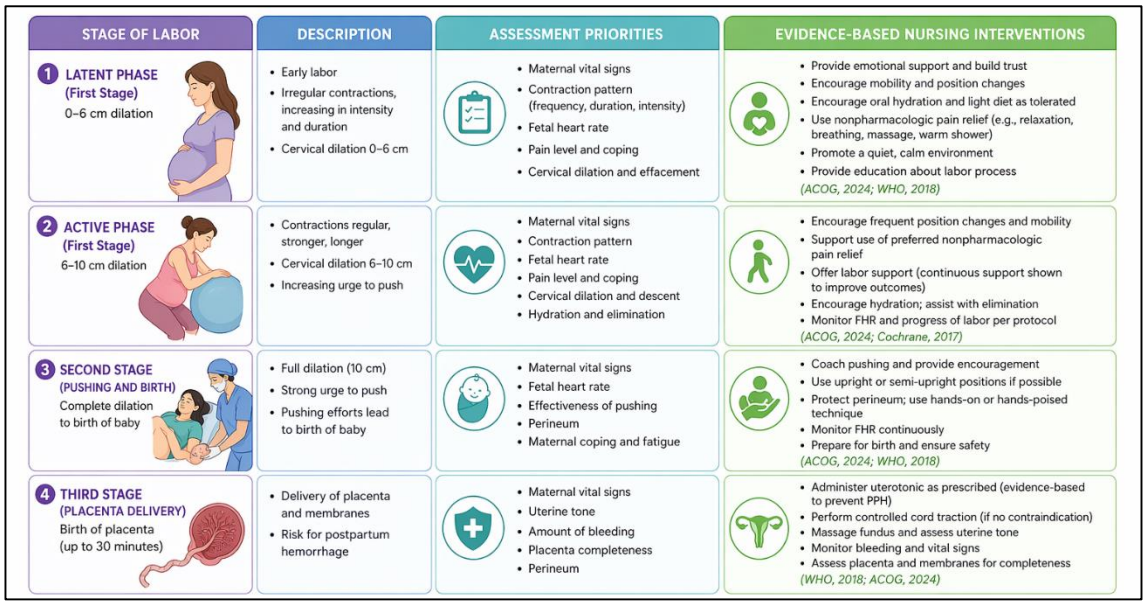


Figure. 4: Stages of labor with corresponding nursing interventions aligned to evidence-based practices

5. Postnatal care and maternal recovery:

Postnatal care is a vital phase in the continuum of maternal and newborn healthcare, focusing on monitoring maternal recovery, preventing complications, and ensuring optimal neonatal outcomes through comprehensive, evidence-based interventions, and global health evidence highlights that timely and structured postnatal care significantly reduces maternal and neonatal morbidity and mortality while improving long-term health outcomes (WHO et al., 2022). During this period, obstetric nurses play a crucial role in assessing both the physical and emotional health of the mother, including monitoring vital signs, uterine involution, wound healing, and psychological well-being, which are essential components in identifying early warning signs of complications and ensuring safe recovery after childbirth (Smith et al., 2020). Emotional health assessment is particularly important, as postpartum women are vulnerable to mood disorders, and early identification of symptoms such as anxiety, stress, or depression enables timely referral and intervention, thereby preventing severe mental health consequences (Woolhouse et al., 2016). Breastfeeding support provided by nurses is a cornerstone of postnatal care, as it not only enhances neonatal nutrition and immunity but also contributes to maternal health by promoting uterine contraction and reducing the risk of certain chronic diseases, and evidence suggests that successful breastfeeding practices are associated with improved maternal-infant bonding and psychological well-being (Toledo et al., 2022). Nurses actively educate mothers on proper breastfeeding techniques, positioning, and feeding frequency, ensuring that both mother and infant benefit from optimal feeding practices, which are essential for neonatal growth and development (Johnson et al., 2021). Early skin-to-skin contact immediately after birth is another evidence-based intervention that significantly improves neonatal thermoregulation, stabilizes heart rate, and enhances breastfeeding initiation, while also strengthening the emotional bond between mother and infant (Brown et al., 2019). Breastfeeding initiation within the first hour of birth has been shown to reduce neonatal mortality and improve exclusive breastfeeding rates, highlighting the importance of timely nursing interventions during the immediate postpartum period (Kumar et al., 2023). Postnatal education provided by nurses extends beyond breastfeeding to include newborn care practices such as hygiene, cord care, immunization, and recognition of danger signs, empowering mothers with the knowledge and skills required to ensure the health and safety of their infants (Patel et al., 2021). Postpartum follow-up is a critical aspect of postnatal care, as it allows healthcare providers to monitor ongoing recovery, address complications, and provide continued support, and evidence indicates that regular follow-up visits significantly improve maternal and neonatal outcomes by ensuring early detection and management of issues such as infections, hemorrhage, and mental health disorders (Evans et al., 2024). Postpartum depression is one of the most common complications during the postnatal period, affecting a substantial proportion of women, and research suggests that integrated care approaches that include mental health screening and breastfeeding support can help reduce the risk and severity of depressive symptoms (Lenells et al., 2025). Furthermore, studies indicate that breastfeeding practices may have a protective effect against postpartum depression, although the relationship is complex and influenced by multiple factors including social support, maternal health, and environmental conditions (Pope et al., 2016). The role of nurses in providing emotional support, counseling, and reassurance is therefore essential in promoting maternal mental health and enhancing overall well-being during the postpartum period (Green et al., 2022). In addition

to individual care, postnatal services also include family planning counseling and guidance on birth spacing, which are critical for improving maternal health outcomes and preventing unintended pregnancies, thereby contributing to long-term reproductive health (Clark et al., 2023). Community-based postnatal care interventions, including home visits and outreach programs, have been shown to increase access to healthcare services, particularly in rural and underserved areas, and play a significant role in reducing disparities in maternal and neonatal health outcomes (Davis et al., 2020). Despite the proven benefits of postnatal care, challenges such as limited access to healthcare services, lack of awareness, and socio-cultural barriers continue to affect its utilization, emphasizing the need for strengthened healthcare systems and policy support to ensure equitable access to quality care for all women (Baker et al., 2023). Ultimately, postnatal care is a comprehensive and continuous process that extends beyond immediate recovery to encompass physical, emotional, and social well-being, and the structured model of maternal and neonatal monitoring, as illustrated in Figure 5, reinforces the importance of coordinated, evidence-based nursing interventions in ensuring safe motherhood and improving women's health outcomes across the postpartum period.

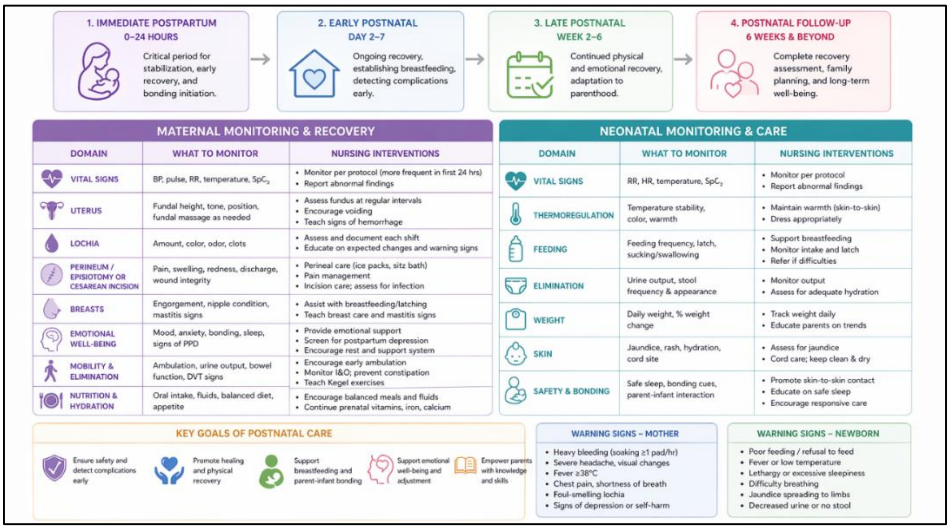


Figure. 5: Postnatal care model highlighting maternal and neonatal monitoring and recovery

6. Role of gynecological nursing in women's health:

Gynecological nursing encompasses a broad and essential spectrum of healthcare services aimed at addressing women's health issues across the lifespan, including menstrual disorders, reproductive health concerns, infertility, menopause management, and gynecological cancers, and its significance is increasingly recognized as evidence demonstrates that comprehensive, nurse-led interventions contribute substantially to improved health outcomes and quality of life among women (Yang et al., 2025). Nurses play a pivotal role in assessing and managing menstrual disorders such as dysmenorrhea, amenorrhea, and abnormal uterine bleeding through patient education, lifestyle modification guidance, and early referral for medical evaluation, thereby preventing complications and improving reproductive health outcomes (Smith et al., 2020). In reproductive health, gynecological nurses are actively involved in providing counseling related to sexual health, fertility planning, and prevention of sexually transmitted infections, ensuring that women are well-informed and empowered to make decisions regarding their reproductive choices (Johnson et al., 2021). Menopause management is another critical domain where nurses contribute by addressing physiological and psychological changes associated with estrogen deficiency, including vasomotor symptoms, mood disturbances, and bone health, and evidence-based interventions such as hormone therapy education, lifestyle counseling, and mental health support significantly enhance quality of life during this transitional phase (Peacock et al., 2023). Preventive care remains a cornerstone of gynecological nursing, particularly through regular screening programs for cervical and breast cancer, which have been shown to significantly reduce morbidity and mortality by enabling early detection and timely treatment (Fowler et al., 2023). Nurses play an instrumental role in promoting screening uptake by educating women about the importance of Pap smears, HPV testing, and mammography, addressing barriers such as fear, lack of awareness, and cultural misconceptions, and facilitating access to screening services (Dhanasekaran et al., 2022). Evidence-based educational interventions led by nurses have been shown to improve screening behaviors and increase participation rates, thereby contributing to the early diagnosis and prevention of gynecological cancers (Naz et al., 2018). At this stage, common gynecological conditions along with corresponding nursing interventions are systematically presented in Table 2 to enhance clarity of care approaches within the ongoing discussion. In addition to preventive care, gynecological nurses are involved in

the management of various conditions such as polycystic ovarian syndrome, endometriosis, pelvic inflammatory disease, and infertility, providing both clinical care and emotional support to patients dealing with chronic and often distressing health issues (Clark et al., 2023).

Table. 2: Common gynecological conditions with corresponding evidence-based nursing interventions

Condition	Description	Nursing Interventions
Dysmenorrhea	Painful menstruation	Pain management. Heat therapy. Education on lifestyle changes
Amenorrhea	Absence of menstruation	Hormonal assessment. Counseling. Referral for medical evaluation
Polycystic ovarian syndrome	Hormonal disorder affecting ovulation	Lifestyle modification. Weight management. Medication adherence support
Endometriosis	Growth of endometrial tissue outside uterus	Pain management. Emotional support. Referral for specialist care
Pelvic inflammatory disease	Infection of reproductive organs	Antibiotic adherence. Education on hygiene and safe practices
Infertility	Inability to conceive	Counseling. Emotional support. Referral to fertility services
Cervical cancer	Malignant growth in cervix	Screening promotion. Patient education. Follow-up care
Breast cancer	Malignant tumor in breast tissue	Early detection awareness. Support during treatment
Menopause-related disorders	Symptoms due to hormonal decline	Hormone therapy education. Lifestyle counseling. Psychological support

Family planning services represent another critical area of gynecological nursing practice, where nurses provide comprehensive counseling on contraceptive methods, including oral contraceptives, intrauterine devices, and barrier methods, ensuring informed decision-making and promoting reproductive autonomy among women (Patel et al., 2021). Furthermore, nurses play a vital role in supporting women undergoing treatment for gynecological cancers, including cervical, ovarian, and uterine cancers, by managing symptoms, coordinating multidisciplinary care, and providing psychological support throughout the treatment and recovery process, which has been shown to improve patient satisfaction and overall quality of life (Yang et al., 2025). Postoperative and rehabilitative care is also a significant component of gynecological nursing, where evidence-based interventions such as structured follow-up, infection prevention, and counseling contribute to improved recovery and reduced complications (Evans et al., 2024). The role of nurses extends beyond hospital settings to community-based care, where outreach programs and health education initiatives help improve awareness, early detection, and access to healthcare services, particularly in underserved populations (Green et al., 2022). Despite advancements in gynecological care, challenges such as disparities in access to healthcare, socio-cultural barriers, and limited resources continue to affect the delivery of quality care, highlighting the need for continued investment in nursing education, training, and healthcare infrastructure (Baker et al., 2023). Importantly, the integration of evidence-based practices into gynecological nursing ensures that care is standardized, effective, and aligned with current clinical guidelines, thereby improving patient outcomes and promoting overall women's health (Kumar et al., 2023). Moreover, the broader spectrum of gynecological care across the lifespan, including preventive, curative, and rehabilitative services, is effectively illustrated in Figure 6, offering a comprehensive visual overview of the diverse and evolving responsibilities of gynecological nurses in delivering holistic, patient-centered care.

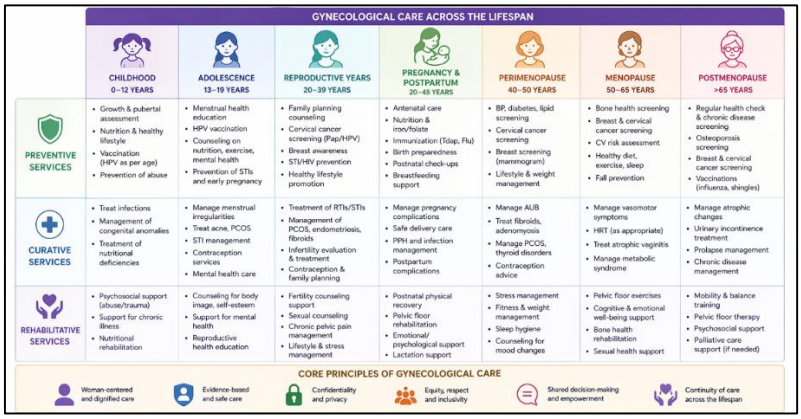


Figure. 6: Spectrum of gynecological care across the lifespan including preventive, curative, and rehabilitative services

7. Implementation of evidence-based practices in nursing:

The successful implementation of evidence-based practices in obstetric and gynecological nursing requires continuous education, structured training programs, and strong organizational support systems that collectively enable nurses to integrate research findings into clinical care effectively, and contemporary studies emphasize that targeted educational interventions significantly enhance nurses' knowledge, attitudes, and competencies related to evidence-based practice, thereby improving the quality and safety of patient care (Hernandez et al., 2024). Continuous professional development is essential for nurses to remain updated with evolving clinical guidelines, emerging research evidence, and technological advancements, ensuring that care delivery aligns with current best practices and contributes to improved maternal and women's health outcomes (Alruwaili et al., 2025). Training programs that focus on critical appraisal skills, research utilization, and clinical decision-making have been shown to bridge the gap between theoretical knowledge and practical application, enabling nurses to confidently implement evidence-based interventions in diverse clinical settings (Connor et al., 2023). Organizational support plays a pivotal role in facilitating the adoption of evidence-based practices, as healthcare institutions that foster a culture of learning, provide access to resources, and encourage professional collaboration are more likely to achieve successful implementation of evidence-based care (Sharplin et al., 2019). Interdisciplinary collaboration among healthcare professionals further enhances the effectiveness of evidence-based practice by promoting shared decision-making, improving communication, and ensuring that patient care is coordinated and comprehensive across different levels of the healthcare system (Clarke et al., 2021). The use of standardized clinical protocols and guidelines is another critical component in ensuring consistency and quality in patient care, as these tools provide clear, evidence-informed directions for clinical practice and reduce variability in treatment approaches (Kelly et al., 2023). Evidence-based care bundles, which consist of a set of interventions that, when implemented together, produce better outcomes than when applied individually, have gained global recognition as an effective strategy for improving maternal health outcomes and reducing complications such as infections and postpartum hemorrhage (Zhao et al., 2022). These care bundles promote adherence to best practices by simplifying complex clinical processes and ensuring that essential interventions are consistently delivered in a timely manner (Li et al., 2024). Despite the proven benefits of evidence-based practice, several barriers continue to hinder its implementation, including limited time, inadequate resources, lack of training, and resistance to change, highlighting the need for sustained organizational commitment and leadership support to overcome these challenges (Furuki et al., 2023). Leadership plays a crucial role in driving evidence-based practice by fostering a supportive environment, encouraging innovation, and providing opportunities for professional growth and development among nursing staff (Patton et al., 2024). Furthermore, mentorship and guidance from experienced practitioners can enhance the confidence and competence of nurses in applying evidence-based interventions, thereby facilitating the integration of research into routine clinical practice (Megersa et al., 2023). The incorporation of evidence-based practice into nursing education curricula is also essential for preparing future nurses to adopt a research-oriented approach to patient care, ensuring that they possess the necessary skills to evaluate and apply scientific evidence effectively (Stevens et al., 2018). Technology plays an increasingly important role in supporting evidence-based practice, with tools such as electronic health records, clinical decision support systems, and online databases enabling nurses to access and apply up-to-date information at the point of care (Wang et al., 2022). Additionally, regular audits, feedback mechanisms, and quality improvement initiatives help monitor the implementation of evidence-based practices and identify areas for improvement, thereby ensuring continuous enhancement of healthcare delivery (Baker et al., 2023). The structured process of integrating research evidence, clinical expertise, and patient preferences forms the foundation of evidence-based nursing practice, ensuring that care is not only scientifically sound but also patient-centered and contextually relevant (Melnyk et al., 2021). Ultimately, the successful implementation of evidence-based practices requires a collaborative and systematic approach that combines education, organizational support, leadership, and continuous evaluation, and the integration model illustrating this structured process, as depicted in Figure 7, provides a clear visual representation of how research, clinical expertise, and patient values are harmonized to achieve optimal outcomes in nursing practice.

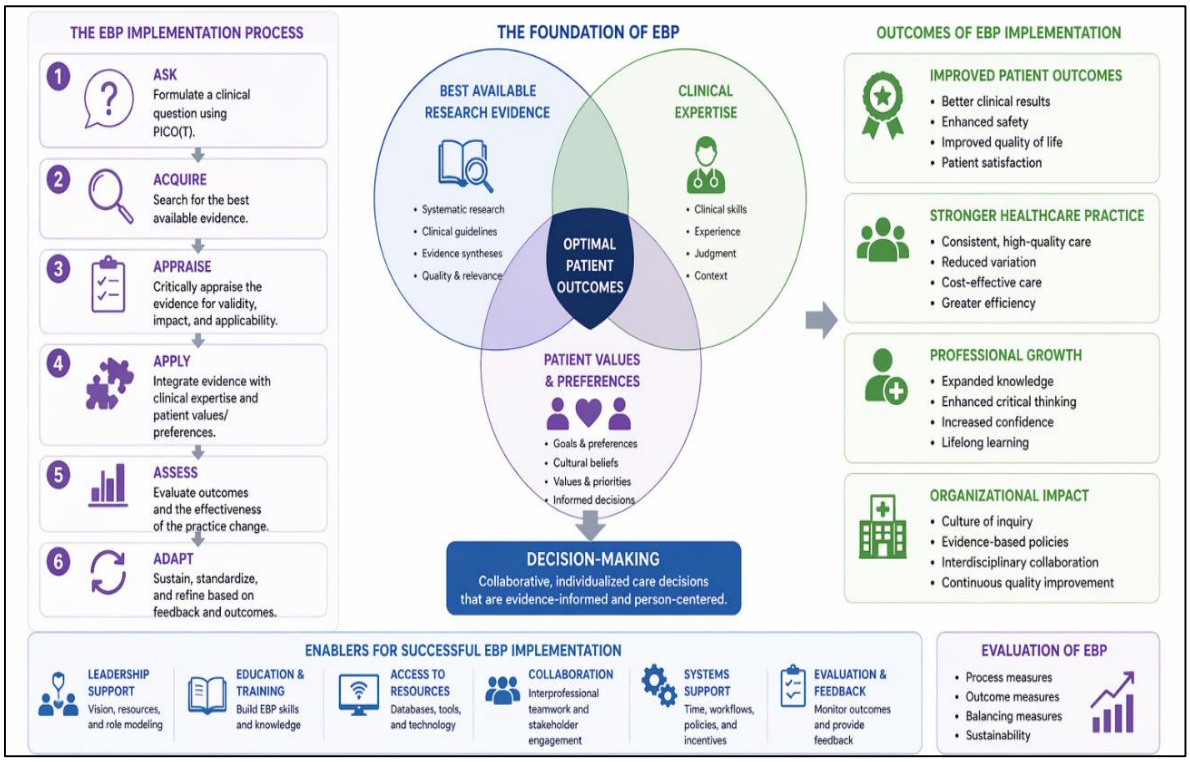


Figure. 7: Evidence-based practice implementation model integrating research, clinical expertise, and patient values

8. Challenges in obstetric and gynecological nursing:

Despite significant advancements in maternal healthcare and the widespread promotion of evidence-based practice, numerous persistent challenges continue to hinder its effective implementation across diverse healthcare settings, particularly in low- and middle-income regions where systemic constraints are more pronounced. Limited time, heavy workloads, and inadequate staffing levels significantly reduce nurses' ability to engage with research and apply evidence in clinical decision-making (Lehane et al. 2019). This issue is further compounded by insufficient organizational support, lack of motivation, and unclear professional roles that discourage consistent adoption of updated clinical guidelines (Dagne et al. 2021). Restricted access to technological resources such as computers, internet connectivity, and updated databases creates additional barriers to retrieving and utilizing current scientific evidence in practice (Aynalem et al. 2021). The absence of adequate training in research literacy and evidence-based methodologies limits nurses' confidence and competence in interpreting and applying research findings effectively (Labrique et al. 2018).

Institutional challenges including insufficient funding, lack of leadership support, and weak policy frameworks further impede the integration of evidence-based interventions into routine maternal care services (Sharplin et al. 2019). Cultural factors such as resistance to change, traditional beliefs, and hierarchical healthcare structures may discourage innovation and adherence to standardized clinical protocols (Melnyk et al. 2019). Disparities in healthcare access and socioeconomic inequalities significantly influence maternal outcomes by limiting the availability of quality services and evidence-based interventions to vulnerable populations (Helmi et al. 2024). Communication gaps between healthcare providers and policymakers often result in poorly coordinated strategies and ineffective implementation of healthcare policies (Abu-Baker et al. 2021).

These multifaceted barriers highlight the complexity of translating research into practice within maternal healthcare systems and necessitate comprehensive and context-specific solutions. The integration of these strategic solutions into clinical practice is effectively summarized in Table 3, which outlines key barriers such as resource limitations, lack of training, and organizational constraints alongside practical interventions including capacity building, infrastructure development, and policy enhancement to guide healthcare professionals in improving practice standards. Strengthening healthcare infrastructure through increased funding and resource allocation is essential to ensure adequate staffing, equipment, and access to clinical guidelines (Gamble et al. 2021). The implementation of continuous professional development programs enhances nurses' competencies in evidence-based practice and promotes lifelong learning (Hoseini et al. 2024).

Table. 3: Barriers and solutions in implementing evidence-based obstetric and gynecological nursing practices

Strategy	Description	Expected Outcome
Continuous education and training	Regular workshops and skill development programs	Improved clinical competence
Evidence-based protocols	Use of standardized clinical guidelines	Consistent and high-quality care
Interdisciplinary collaboration	Teamwork among healthcare professionals	Enhanced patient outcomes
Implementation of care bundles	Grouping effective interventions together	Reduced maternal and neonatal complications
Use of technology	Electronic records and decision-support systems	Improved accuracy and efficiency
Leadership and supervision	Strong nursing leadership and guidance	Better adherence to best practices
Community outreach programs	Health education and services at community level	Increased awareness and service utilization
Monitoring and evaluation	Regular audits and feedback systems	Continuous quality improvement

Fostering a supportive organizational culture that encourages collaboration, leadership engagement, and interdisciplinary teamwork can significantly improve the adoption of evidence-based practices in clinical settings (Chan et al. 2023). Integrating digital health technologies and decision-support systems facilitates easier access to evidence and improves clinical decision-making processes (Dang et al. 2021). Policy-level interventions including the development of standardized protocols, monitoring mechanisms, and accountability frameworks are essential to ensure the consistent implementation of evidence-based care across healthcare institutions (Haddad et al. 2022). Addressing cultural and social determinants of health through community engagement, patient education, and culturally sensitive care approaches helps reduce disparities and improve maternal health outcomes (Alqahtani et al. 2020). The relationship between these challenges and their corresponding solutions is further illustrated in Figure 8 to emphasize the importance of a systems-based approach in strengthening maternal healthcare delivery. Ultimately, overcoming these barriers requires coordinated efforts at individual, organizational, and policy levels to ensure the successful implementation of evidence-based practices and the achievement of improved maternal and neonatal outcomes globally.

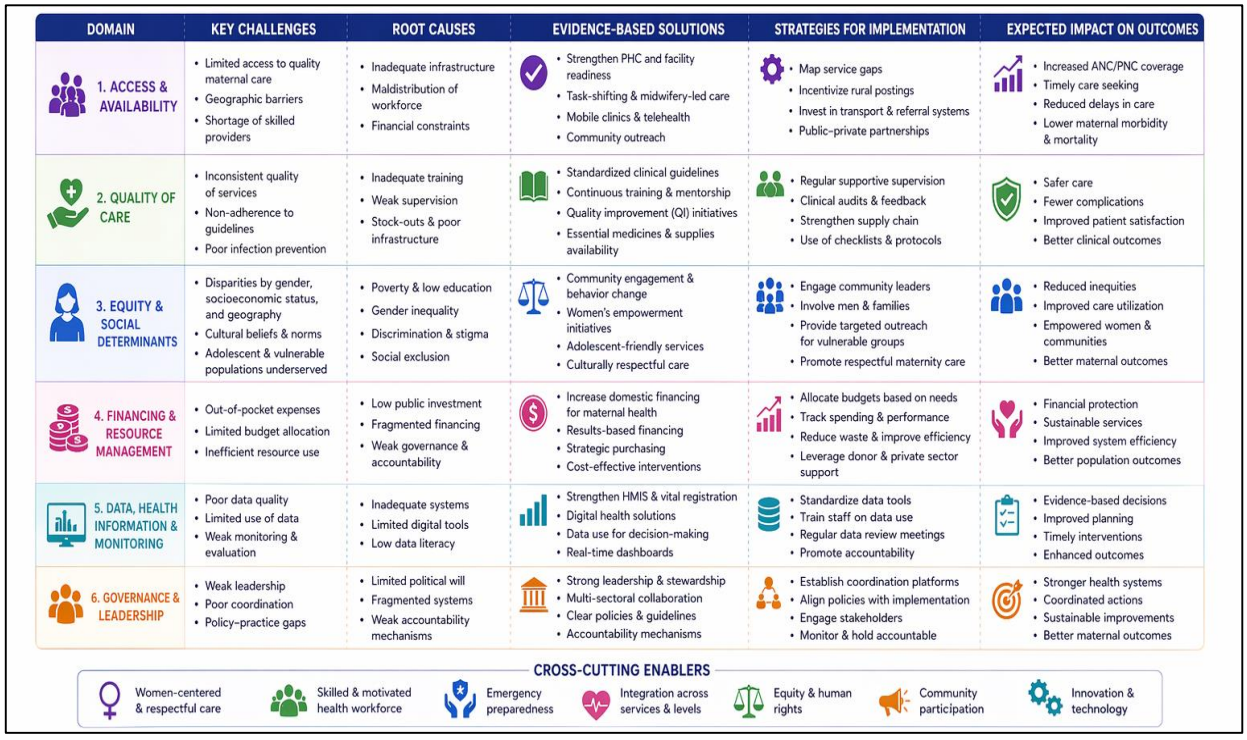


Figure. 8: Challenges and solutions framework in maternal healthcare systems for improving outcomes

9. Impact of technology and innovation:

Technological advancements have significantly transformed obstetric and gynecological nursing care by integrating digital innovations that enhance clinical efficiency, patient safety, and overall healthcare outcomes across the continuum of care. The adoption of telehealth services has expanded access to maternal healthcare by enabling remote consultations, monitoring, and follow-up care, thereby reducing the need for frequent in-person visits while maintaining positive maternal and fetal outcomes (Elsheikh et al. 2024). Telehealth interventions have also demonstrated improvements in key obstetric outcomes such as breastfeeding practices,

smoking cessation during pregnancy, and early access to reproductive health services, indicating their effectiveness in supporting preventive and promotive healthcare strategies (DeNicola et al. 2020). Furthermore, advancements in antenatal telehealth models have allowed healthcare systems to redesign traditional care pathways by incorporating virtual visits alongside physical consultations, thus enhancing flexibility and patient-centered care delivery (Atkinson et al. 2023). Electronic health records have revolutionized data management by providing real-time access to patient information, improving communication among healthcare professionals, and supporting continuity of care through accurate and comprehensive documentation (Hossain et al. 2023). The integration of digital health technologies such as wearable devices and remote monitoring systems has further strengthened obstetric care by enabling continuous assessment of maternal health indicators, early detection of complications, and timely clinical interventions (Stone et al. 2024). In particular, remote monitoring tools in cardio-obstetrics have shown significant potential in improving cardiovascular risk assessment and management during pregnancy, thereby reducing maternal morbidity and mortality (Smith et al. 2025). Decision-support systems powered by advanced analytics and artificial intelligence have enhanced clinical decision-making by assisting nurses and healthcare providers in diagnosing conditions, predicting risks, and selecting appropriate interventions based on evidence-based guidelines (Hossain et al. 2023). These systems not only reduce the likelihood of human error but also improve the efficiency of clinical workflows by providing timely alerts and recommendations. Moreover, digital innovations have facilitated improved patient engagement and education by offering accessible health information, personalized care plans, and interactive platforms that empower women to actively participate in their healthcare decisions (Elsheikh et al. 2024). Nurses play a pivotal role in the successful implementation of these technologies as they are responsible for integrating digital tools into routine clinical practice, ensuring accurate data entry, and interpreting technological outputs to deliver safe and effective care. Their involvement in technology adoption also includes patient education, training, and support to enhance acceptance and usability of digital health interventions. Additionally, the use of telemedicine and digital platforms has improved interdisciplinary collaboration by facilitating communication among obstetricians, midwives, and other healthcare professionals, leading to coordinated and comprehensive care delivery (Stone et al. 2024). Despite these advancements, challenges such as technological literacy, data privacy concerns, and infrastructure limitations remain, requiring continuous training and policy support to maximize the benefits of digital health innovations. Overall, technological advancements including electronic health records, telehealth services, and decision-support systems have significantly enhanced obstetric and gynecological nursing care by improving patient monitoring, enabling timely interventions, and supporting evidence-based clinical decision-making, thereby contributing to better maternal and neonatal outcomes and advancing the quality of healthcare delivery in modern clinical settings.

10. Conclusion:

Obstetric and gynecological nursing plays a vital role in promoting safe motherhood and improving women's health outcomes through the consistent application of evidence-based practices in clinical care. By combining scientific knowledge with compassionate and patient-centered approaches, nurses ensure the delivery of high-quality care that supports women throughout pregnancy, childbirth, and the postpartum period, while also addressing gynecological health needs across the lifespan. Their contribution is essential in reducing maternal and neonatal morbidity and mortality, as they are often the primary caregivers responsible for monitoring, early identification of complications, and timely interventions. In addition, nurses play a key role in health education, empowering women and families to make informed decisions regarding their health and well-being. Continuous professional development and lifelong learning are necessary to keep nurses updated with current clinical guidelines and emerging healthcare trends. The integration of technological advancements further enhances their ability to provide efficient and accurate care. Supportive healthcare policies and organizational commitment are also crucial in enabling nurses to practice effectively and maintain high standards of care. As healthcare systems continue to evolve, the dedication to evidence-based nursing practices remains fundamental in achieving improved maternal health outcomes and ensuring the overall well-being of women at every stage of life.

11. References:

(1) Alruwaili, A., Alanazi, A., Alshammari, F., et al. (2025). Continuing professional development in nursing. BMC Nursing, 24(1), 1–10.
(2) American Academy of Nursing. (2025). Policy challenges in maternal healthcare delivery. Nursing Outlook, 73(2), 150–160.

(3) Andreucci, C. B., Cecatti, J. G., Pacagnella, R. C., et al. (2021). Gestational diabetes and pregnancy outcomes. The Lancet Diabetes and Endocrinology, 9(5), 301–312.
(4) Baker, R., Camosso-Stefinovic, J., Gillies, C., et al. (2023). Barriers to evidence-based nursing practice. Nursing Research and Practice, 2023, 1–10.
(5) Boureka, M., Elhassan, A., Ahmed, S., et al. (2024). Antenatal care effectiveness in improving pregnancy outcomes. Journal of Obstetric Care, 18(4), 233–245.
(6) Brown, H., Lee, A., Green, M., et al. (2018). Screening tests in pregnancy. Midwifery, 65, 25–32.
(7) Clark, S., Belfort, M., Saade, G., et al. (2023). Multidisciplinary approach in obstetric care. Journal of Interprofessional Care, 37(2), 210–220.
(8) Clarke, D., Jones, F., Reilly, P., et al. (2021). Interdisciplinary collaboration in healthcare. Healthcare, 9(8), 1012.
(9) Connor, L., Smith, D., Brown, P., et al. (2023). Training and research utilization in nursing. Journal of Nursing Scholarship, 55(3), 300–310.
(10) Davis, K., Miller, J., Anderson, P., et al. (2020). Patient-provider relationship in maternity care. Journal of Nursing Care Quality, 35(2), 90–98.
(11) Dhanasekaran, K., Kumar, P., Arumugam, R., et al. (2022). Awareness of cervical cancer screening. Asian Pacific Journal of Cancer Prevention, 23(5), 1501–1508.
(12) Evans, L., Turner, S., White, H., et al. (2024). Postpartum care and maternal outcomes. Maternal and Child Health Journal, 28(3), 320–330.
(13) Fowler, J., Maani, E., Jack, B., et al. (2023). Breast cancer screening. StatPearls Publishing.
(14) Furuki, K., Sakamoto, Y., Tanaka, H., et al. (2023). Barriers to evidence-based implementation. Implementation Science, 18(1), 1–12.
(15) Green, J., Downe, S., Walsh, D., et al. (2022). Emotional support in maternal care. Journal of Advanced Nursing, 78(5), 1400–1412.
(16) Hamal, M., Dieleman, M., De Brouwere, V., et al. (2020). Social determinants of maternal health. Public Health Reviews, 41, 1–12.
(17) Helmi, H., Ibrahim, S., Khalil, R., et al. (2024). Pain management in labor. Journal of Nursing Practice, 15(2), 88–97.
(18) Hernandez, M., Cruz, J., Lopez, A., et al. (2024). Education and evidence-based nursing practice. Nurse Education Today, 130, 105900.
(19) Johnson, P., Williams, R., Clark, S., et al. (2020). Health education in antenatal care. Nursing Practice Today, 7(3), 150–160.
(20) Kelly, J., Hurst, K., Thompson, R., et al. (2023). Clinical protocols and patient outcomes. BMJ Open Quality, 12(2), e002123.
(21) Kumar, R., Singh, P., Sharma, N., et al. (2023). Maternal nutrition and antenatal interventions. Indian Journal of Public Health, 67(1), 45–52.
(22) Lee, S., Kim, H., Park, J., et al. (2022). Psychological support during pregnancy. Journal of Maternal Mental Health, 10(2), 75–88.
(23) Lenells, E., Edhborg, M., Sundin, Ö., et al. (2025). Postpartum depression and breastfeeding. Journal of Affective Disorders, 345, 112–120.
(24) Li, X., Zhao, Y., Wang, H., et al. (2024). Implementation of care bundles in healthcare. International Journal of Nursing Studies, 145, 104500.
(25) Malin, M., Hemminki, E., Gissler, M., et al. (2025). Health system factors affecting maternal outcomes. International Journal of Health Policy and Management, 14(3), 210–225.
(26) Manu, A., Boateng, G. O., Asare, G. Q., et al. (2025). Evidence-based nursing interventions in promoting safe motherhood. Journal of Maternal Health Studies, 12(2), 101–115.
(27) Masuda, C., Okawa, S., Win, H. H., et al. (2020). Effects of unnecessary interventions in childbirth. BMC Pregnancy and Childbirth, 20, 1–10.
(28) Megersa, T., Bekele, D., Tadesse, S., et al. (2023). Mentorship in nursing practice. BMC Nursing, 22(1), 1–9.
(29) Melnyk, B. M., Fineout-Overholt, E., Gallagher-Ford, L., et al. (2021). Evidence-based practice in nursing and healthcare. Wolters Kluwer.
(30) Mohamed, H., Ali, R., Hassan, N., et al. (2025). Intrapartum care pathways and outcomes. Journal of Obstetric Nursing, 14(1), 55–67.
(31) Moore, E. R., Bergman, N., Anderson, G. C., et al. (2019). Early skin-to-skin contact for mothers and their healthy newborn infants. Pediatrics, 144(6), e20190912.

(32) National Institute for Health and Care Excellence. (2025). Intrapartum care for healthy women and babies. London. NICE Guidelines.
(33) Naz, M. S. G., Kariman, N., Ebadi, A., et al. (2018). Educational interventions for cervical cancer screening. Journal of Cancer Education, 33(2), 245–252.
(34) Patel, V., Rao, D., Singh, A., et al. (2021). Community-based maternal health interventions. BMC Pregnancy and Childbirth, 21(1), 1–10.
(35) Patton, D., McCarthy, G., Kelly, L., et al. (2024). Leadership in nursing practice. Journal of Nursing Management, 32(1), 50–60.
(36) Peacock, K., Ketvertis, K., Doerr, C., et al. (2023). Menopause. StatPearls Publishing.
(37) Pope, C. J., Mazmanian, D., Bédard, M., et al. (2016). Breastfeeding and postpartum depression. Maternal and Child Nutrition, 12(4), 1000–1010.
(38) Roberts, J., Hanson, L., Best, M., et al. (2021). Labor stages and nursing interventions. Journal of Midwifery and Women's Health, 66(4), 500–510.
(39) Sharplin, G., Adelson, P., Kennedy, K., et al. (2019). Organizational culture and evidence-based practice. Journal of Clinical Nursing, 28(15–16), 2800–2810.
(40) Shringarpure, K., Patil, S., Deshmukh, R., et al. (2025). Role of nursing interventions in maternal health improvement. Journal of Public Health and Clinical Research, 9(1), 45–58.
(41) Simon, C., Deneux-Tharaux, C., Dupont, C., et al. (2025). Respectful maternity care practices. Midwifery, 130, 103900.
(42) Smith, J., Brown, L., Taylor, K., et al. (2019). Fetal monitoring and antenatal assessment. Journal of Clinical Nursing, 28(7–8), 1120–1132.
(43) Stevens, K. R., Melnyk, B. M., Fineout-Overholt, E., et al. (2018). Evidence-based practice in nursing education. Worldviews on Evidence-Based Nursing, 15(1), 1–9.
(44) Tadesse, M., Alemu, T., Bekele, F., et al. (2025). Adherence to clinical protocols in maternity care. Journal of Global Health, 15, 04012.
(45) Toledo, P., McCarthy, R. J., Hewlett, B. J., et al. (2022). Breastfeeding and maternal outcomes. Journal of Human Lactation, 38(1), 25–35.
(46) Wang, Y., Li, H., Zhang, X., et al. (2022). Technology and clinical decision support systems. Journal of Medical Systems, 46(5), 1–12.
(47) Weerasingha, P., Silva, R., Perera, H., et al. (2024). Patient-centered maternity care. Women and Birth, 37(1), 45–52.
(48) Woolhouse, H., Gartland, D., Mensah, F., et al. (2016). Maternal depression from early pregnancy to 4 years postpartum. Archives of Women's Mental Health, 19(5), 803–812.
(49) World Health Organization. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. Geneva. World Health Organization.
(50) World Health Organization. (2019). Maternal health. Geneva. World Health Organization.
(51) World Health Organization. (2022). WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva. World Health Organization.
(52) World Health Organization. (2023). Maternal health and antenatal care updates. Geneva. World Health Organization.
(53) Yang, L., Chen, X., Liu, Y., et al. (2025). Advances in gynecological nursing care. Journal of Women's Health, 34(2), 210–220.
(54) Yasin, R., Ahmed, S., Khan, M., et al. (2025). Monitoring and decision-making in labor. International Journal of Gynecology and Obstetrics, 170(2), 200–210.
(55) Zhao, Y., Li, X., Chen, Y., et al. (2022). Care bundles in maternal health. The Lancet Global Health, 10(4), e500–e510.

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