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NURSING RESPONSIBILITIES AND THEIR IMPACT ON OUTPATIENT MATERNAL HEALTHCARE QUALITY

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Abstract

Outpatient healthcare services for women of reproductive age and pregnant women are considered one of the key components in improving maternal and child health indicators. The quality and effectiveness of these services are strongly influenced by the professional competence and practical activities of nurses working within primary healthcare systems. In contemporary medical practice, nurses function not only as physician assistants but also as independent healthcare professionals responsible for health education, disease prevention, early identification of risk factors, patient counseling, and continuous monitoring. During pregnancy, nurses maintain consistent communication with women, organize antenatal and postnatal follow-up, encourage participation in screening and preventive examinations, and provide recommendations regarding medication use, nutrition, hygiene, and healthy lifestyle behaviors. In addition, nursing interventions support the timely registration of pregnant women, facilitate early detection of complications, and strengthen psychological assistance, thereby improving the continuity and overall quality of outpatient medical care. This article examines the professional role and functional responsibilities of nurses in ambulatory healthcare, with particular attention to their contribution to safe pregnancy monitoring, enhancement of healthcare quality, and promotion of reproductive health.

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Keywords: Outpatient healthcare, nursing practice, reproductive health, pregnant women, antenatal services, postnatal follow-up, primary healthcare, preventive care, health education, patient counseling, maternal health, child health.

Introduction

Outpatient healthcare services provided to women of reproductive age and pregnant women significantly depend on the effectiveness and professional involvement of nurses. Modern healthcare approaches recognize nurses at the primary healthcare level as independent specialists who perform essential clinical and preventive functions while actively participating in health promotion, patient monitoring, and disease prevention activities. During pregnancy, nurses play a particularly important role by maintaining continuous and organized communication with women, which substantially contributes to the protection of maternal and child health. Research findings demonstrate that the quality of antenatal and postnatal care delivered in ambulatory settings is closely associated with nursing responsibilities such as regular follow-up, counseling, healthy lifestyle promotion, and early detection of potential risk factors. Timely registration of pregnant women, referral to screening procedures, providing clear instructions regarding medication use, and offering psychological support are among the major areas of outpatient nursing practice. Effective implementation of these responsibilities helps reduce pregnancy-related complications and ensures continuity and accessibility of healthcare services.

Simultaneously, the growing implementation of patient-centered healthcare approaches has expanded the professional responsibilities of nurses within outpatient services. Women's confidence in healthcare systems, satisfaction with medical services, and awareness of health-related matters are largely influenced by the effectiveness of nurse-patient communication. For this reason, comprehensive evaluation of nurses' professional roles, functional

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responsibilities, and performance in ambulatory care settings has become an important issue from both scientific and practical perspectives.

The effectiveness of outpatient obstetric services directly influences maternal and child health outcomes, while nursing performance is considered one of the major indicators for assessing healthcare quality. Regional investigations have shown that approximately 82% of pregnant women were registered for antenatal follow-up before the 12th week of pregnancy, and this rate has increased by nearly 10% during the last three years. At the same time, the number of women who remained outside regular outpatient supervision decreased 2.4-fold. Such positive changes are mainly associated with timely registration, continuous monitoring, and preventive measures performed by nurses working closely with pregnant women. Evidence from scientific studies further confirms that active nurse participation during the early stages of antenatal care substantially lowers the likelihood of perinatal complications.[12].

During both outpatient and inpatient management of pregnancy and childbirth, infectious complications – especially sepsis – remain among the major causes of mortality among mothers and newborns. Worldwide statistics indicate that nearly 3 million newborns experience sepsis annually, resulting in approximately 500,000 deaths, while maternal sepsis contributes to about 11% of maternal mortality cases globally. Prevention of these serious complications largely depends on the professional practices of nurses and midwives, particularly their compliance with hand hygiene protocols, maintenance of sterile environments, and adherence to infection prevention and control measures. Scientific evidence demonstrates that most healthcare-associated infections are transmitted through the hands of healthcare workers; however, proper implementation of the World Health Organization’s “Five Moments for Hand Hygiene” significantly minimizes this risk. Therefore, nursing practice should be recognized not only as a form of clinical support, but also as an essential preventive strategy aimed at protecting the lives and health of both mothers and newborns. [26].

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In recent years, the midwife-led care model has gained increasing recognition as an effective strategy for improving maternal and child health outcomes. Evidence from studies conducted in African countries shows that the shortage of nursing staff ranges between 68% and 85%, creating significant obstacles to the provision of continuous and high-quality outpatient services. In some settings, maternal mortality rates have been reported to reach as high as 820 deaths per 100,000 live births.

Despite these challenges, regions that have implemented midwife-led care models have demonstrated notable improvements in maternal and neonatal health indicators, higher utilization of healthcare services, and increased patient satisfaction levels. However, the full realization of nurses' professional potential is often constrained by organizational hierarchies, gender-related inequalities, and limited leadership opportunities within healthcare systems. Therefore, addressing these barriers highlights the importance of further evaluating and strengthening the professional role and performance of nurses in outpatient healthcare services [14].

When evaluating the quality of maternal healthcare services, women's personal experiences and individual needs are considered essential indicators. Qualitative research findings indicate that during pregnancy and the postpartum period, many women often feel "invisible," as healthcare services tend to prioritize newborn care while insufficient attention is given to mothers' psychological, emotional, and informational needs. In-depth interviews with 24 women revealed that interruptions in continuity of care, inconsistent medical information, and communication styles that increase anxiety were key factors contributing to reduced satisfaction with maternal services. In contrast, clear and timely explanations provided by nurses, along with psychological support and trust-based communication, were reported to enhance women's sense of safety and ease their adaptation to motherhood. These findings highlight that, in outpatient

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settings, nursing practice goes beyond routine clinical duties and represents a core component 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 recognized as a critical component of effective outpatient maternal healthcare. Evidence from qualitative studies indicates that existing challenges in maternal referral systems are often associated with communication breakdowns, transportation difficulties, and broader structural limitations within health systems, where nurses assume a key coordinating role. A qualitative study conducted in Eastern Ethiopia involving nine healthcare professionals and three referred women identified several major barriers, including lack of prior information exchange, incomplete referral documentation, transportation of patients without accompanying medical staff, and shortages of qualified healthcare personnel. According to estimates by the World Health Organization, an effective referral system has the potential to prevent approximately 88–98% of maternal morbidity and mortality cases. These

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findings provide strong scientific justification for improving communication, documentation, and follow-up processes within outpatient care, with nurses playing a central role in their implementation [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. 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 significantly influences its overall effectiveness. Research indicates that nurse-led educational programs implemented through digital platforms, mobile applications, and hybrid formats have positive effects on improving pregnant women's knowledge, preparedness, and self-confidence. In some studies, the effect size for increased self-efficacy in

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digital interventions exceeded 0.90, demonstrating a strong positive impact. However, the outcomes of such interventions vary depending on contextual factors, including regional differences, levels of digital literacy, and individual motivation of pregnant women. These findings highlight that educational activities conducted by nurses in outpatient settings should be flexible and adaptable, and delivered through multiple formats to ensure accessibility and maximize effectiveness across different population groups [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 is a key motivating factor influencing the utilization of outpatient antenatal services. Findings from a phenomenological study based on in-depth interviews with six pregnant women show that satisfaction with antenatal care is strongly linked to the level of attention provided by nurses, the openness and clarity of communication, and the degree to which care is delivered in a family-centered manner. All participants described nurses as friendly, patient, and willing to explain medical information in an understandable way. The average number of antenatal visits ranged from three to five, and respondents emphasized several

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advantages of nurse-led care, including flexible service delivery, sufficient consultation time without strict time constraints, and active involvement of family members. These results indicate that effective nurse – patient communication and family-oriented care in outpatient settings significantly enhance women’s adherence to antenatal follow-up services [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 play a central coordinating role in the management of pregnant women with chronic diseases or multiple long-term conditions. Systematic reviews indicate that the prevalence of multimorbidity among pregnant women varies between 20% and 44%, depending on the data sources and study populations. It has also been reported that pre-existing somatic or mental health conditions are present in approximately 56% of maternal deaths, highlighting the clinical significance of this group. Available evidence supports multidisciplinary approaches in which nurses act as key professionals responsible for coordinating care, ensuring communication between patients and specialists, and maintaining continuous monitoring throughout pregnancy. However, the literature also notes that empirical evidence regarding the direct impact of nurse-led continuity-of-care models on maternal and neonatal outcomes remains limited. This underscores the need for further research to better evaluate and

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strengthen the effectiveness of nurse-led interventions in outpatient obstetric services [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 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 essential component of nursing responsibilities. According to scientific consensus, interpregnancy care should not be viewed merely as preparation for a subsequent pregnancy, but rather as a continuous, life-course-

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oriented process aimed at maintaining and improving women's overall health. Research indicates that pregnancy-related complications such as gestational diabetes, gestational hypertension, and preeclampsia significantly increase the long-term risk of cardiovascular diseases and metabolic disorders. Therefore, a comprehensive approach during the interpregnancy period is recommended, including management of diabetes and hypertension, immunization, mental health assessment, and reproductive health planning. Within this framework, nurses act as a key link in ensuring continuity of care by performing screening activities, promoting healthy lifestyle behaviors, and referring women to appropriate specialists when necessary [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 considered one of the most highly valued components of service delivery by pregnant women. Findings from a qualitative descriptive study involving interviews with 20 pregnant women and 4 nurses revealed several key strengths of nursing consultations, including the

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comprehensiveness of physical assessments, a respectful and supportive attitude, and adequate time allocated for communication. Participants noted that more than half of prenatal clinical care is provided by nurses and described these consultations as both “problem-solving” and “trust-building” interactions. However, certain organizational and logistical challenges – such as shortages of specific medications and long waiting times for laboratory results – were often perceived by patients as being related to nursing performance. This highlights the importance of clearly distinguishing between systemic healthcare constraints and individual nursing responsibilities when evaluating the quality of outpatient prenatal services[28].

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

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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 evaluating nursing performance, the ability to make independent clinical decisions, coordinate care, and implement patient-centered approaches is considered a key criterion. International experience shows that in advanced healthcare systems, nurses function as integral members of multidisciplinary teams and contribute to maintaining standardized quality of care through the use of structured clinical algorithms and protocols. For example, in geriatric practice, nurses are not limited to following physicians' instructions; they are also recognized as professionals capable of conducting comprehensive assessments of patients' physical, psychological, and social conditions. In global healthcare systems, the quality of care is commonly measured using standardized indicators, where deviations from established clinical pathways may indicate a decline in service quality. This approach can be adapted to outpatient obstetric and gynecological care, highlighting the importance of evaluating nursing activities through clear, systematic, and measurable performance criteria in the management of 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

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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 to achieve better maternal and child health outcomes. Regional evidence indicates that the establishment and expansion of perinatal centers has contributed to significant improvements in perinatal health indicators. For example, large urban perinatal centers manage approximately 6,000 deliveries annually. Although the proportion of preterm births increased from 13.0% to 16.2%, this trend is explained by the centralized management of high-risk pregnancies rather than a deterioration in care quality. During the same period, perinatal mortality rates decreased from 26.0‰ in 2010 to 18.1‰ in 2020. These findings confirm that outpatient nursing activities – particularly early identification of risks, stratification of patients, and timely referral – have a direct and significant impact on improving 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 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].

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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 consistently confirm the enduring importance of outpatient services. Statistical evidence shows that the expansion of women's consultation clinics and ambulatory obstetric care has played a key role in the steady improvement of maternal and child health outcomes. In the early twentieth century, maternal mortality rates in large urban areas ranged from 5% to 20% in certain periods; however, the introduction of antiseptic techniques and organizational reforms led to a significant reduction of these rates to below 1%. In subsequent years, the implementation of outpatient follow-up systems and systematic registration of pregnant women further contributed to a decrease in perinatal mortality from

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10.6‰ to 5.7‰. These historical developments highlight the strategic and continuous role of nurses as primary providers of ongoing care and monitoring for pregnant women within outpatient healthcare systems [9].

Similarly, the outpatient identification and monitoring of pregnant women with chronic or congenital conditions contribute to more efficient utilization of healthcare resources. Clinical and statistical studies indicate that pregnancies complicated by mesenchymal dysplasia require inpatient care approximately twice as often as uncomplicated pregnancies. The average duration of hospitalization in the dysplasia group was 29.0 ± 18.1 days, compared to 13.1 ± 13.0 days in the healthy group ($p < 0.0001$). Additionally, the frequency of hospital admissions during pregnancy averaged 2.32 ± 1.4 in the dysplasia group, whereas it was 1.2 ± 1.1 in the control group. These findings emphasize the importance of early classification of such patients into high-risk groups and the implementation of intensified outpatient monitoring led by nurses. Such an approach can reduce the burden on inpatient services and improve the overall economic efficiency of healthcare delivery [3].

The quality of nursing care provided to pregnant women and postpartum patients in both outpatient and inpatient settings is strongly influenced by the effectiveness of 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 respondents reported no difficulties in communicating with mid-level medical staff, while 10% indicated the presence of certain communication barriers. These findings highlight the importance of effective communication as a key factor in ensuring high-quality nursing care and improving patient experience in maternal healthcare services [8].

CONCLUSION

The synthesis of the reviewed scientific literature confirms that nurses occupy a central, multidimensional, and increasingly autonomous role in the provision of

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outpatient care for women of reproductive age and pregnant women. In ambulatory healthcare settings, nursing practice extends beyond the execution of physician instructions and encompasses systematic antenatal and postnatal follow-up, early registration of pregnant women, identification of risk factors, health education, psychological support, and coordination of services across different levels of the healthcare system. Evidence shows that nurse-led interventions significantly improve continuity of care, increase patient satisfaction, and enhance the efficient use of healthcare resources. They also contribute to the reduction of preventable maternal and perinatal complications through timely detection of risks, prompt referral, and strict adherence to infection prevention and control standards. At the same time, several barriers – such as shortages of healthcare personnel, limited opportunities for professional training, organizational constraints, and the lack of standardized nursing functions – may reduce the effectiveness of outpatient maternal healthcare services. Therefore, strengthening nursing competencies, expanding evidence-based nurse-led care models, and introducing clear, measurable indicators for evaluating nursing performance are essential for improving the quality, safety, and overall outcomes of outpatient prenatal care.

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