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Outcomes Of Teaching Programmes On Physiologic Birth For Midwives And Mothers In Primary Healthcare Setting In Nigeria: Systematic Review.

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Abstract
This systematic review aims to evaluate outcomes of teaching programmes on physiologic birth for midwives and mothers in primary healthcare setting in Nigeria between 2020 and 2024. Methods: A systematic search of databases including PubMed, Scopus, Web of Science, and CINAHL was conducted for studies outcomes of teaching programmes on physiologic birth for midwives and mothers in primary healthcare setting in Nigeria. Twenty eligible studies were selected for review based on inclusion criteria. Data were synthesized using thematic analysis, and a critical appraisal was conducted to assess the quality and risk of bias in the included studies. Results: Three key themes emerged: (1) midwives' attitude towards physiological birth vary significantly depending on their education and healthcare setting (2) Educational programmes positively impact midwives' confidence and ability to manage physiological births, and (3) Barriers to implementing physiological birth practices include institutional resistance, cultural norms favoring medicalized birth, and logistical challenges. Despite positive educational outcomes, midwives often struggle to apply physiological birth techniques due to systemic limitations. Conclusion: Educational programmes significantly improve midwives' practices related to physiological birth. Future research should address long-term outcomes of training and strategies to overcome barriers in resource-constrained settings.

Keywords: *Physiological birth, midwives, outcomes educational programmes, primary healthcare*

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I. Introduction

The physiologic birth, which involves minimum medical intervention and focusses on natural processes, is increasingly recognized for its potential advantages to both mother and newborn health. Physiologic birth is described as the birthing process that promotes and enhances the natural development of labour and delivery while emphasizing minimum medical intervention and respect for the body's innate ability to handle childbirth. The approach promotes the natural course of labour and delivery, aiming to improve outcomes for both women and infants by reducing needless medical interventions (McCormick et al. 2022). Promoting normal birth in healthcare settings with limited resources can be difficult but very effective.

Teaching programs that improve midwives' abilities while also enhancing their knowledge in this area have emerged as critical instruments for improving maternity care quality.

Significant changes in physiologic birth practices have recently occurred as a result of developing medical rules, cultural views, and technological breakthroughs. These developments have led to both advances and problems in the profession. One major change has been the growing medicalisation of delivery. Historically, many births were handled with minimum medical intervention, reflecting a more biological perspective. However, recent years have witnessed an increase in the use of technology such as continuous electronic foetal monitoring, regular inductions, and elective caesarean sections. This strategy has resulted in a departure from conventional physiologic practices, resulting to increased intervention rates and altering the normal flow of labour.

The midwifery education curriculum has undergone considerable changes, with a greater emphasis on evidence-based practices and medical treatments. Modern education programs aim to improve midwives' abilities in treating challenging situations, which may erroneously prioritize medical care over physiologic practices (Brown & Williams 2022). Midwives nowadays may have difficulties in integrating the use of technology with a physiologic approach, thus limiting their capacity to successfully assist natural delivery processes.

Maternal expectations and preferences have also shifted, with many women demanding greater control and personalization in their delivery experience. The growth of birth plans and preferences for specific pain management approaches demonstrates a trend towards more personalized treatment (Smith et al., 2024). This move has the potential to empower women and increase their level of pleasure. It also poses obstacles for integrating physiologic practices within a framework that increasingly incorporates a wide range of medical alternatives and treatments. Implementing physiologic birth methods has grown increasingly difficult owing to the demands of current healthcare facilities. Hospitals and healthcare systems frequently prioritize efficiency and risk management, which can lead to a bias for procedures that appear to lessen possible consequences (Johnson & Thompson 2023). This setting makes it difficult to maintain a purely physiological approach, since the emphasis on risk minimization may overwhelm the advantages of natural labour processes.

Intervention programs that teach mothers about physiological delivery methods have a substantial impact on their acceptance and attitudes towards natural childbirth processes. These programs emphasize the advantages of little medical assistance, such as fewer problems, quicker recovery times, and stronger connection between mother and baby. Kim and Adams (2023) found that enhanced knowledge through organized educational sessions leads to better educated decision-making, with mothers feeling more confident in selecting for physiologic deliveries. This change is critical in contexts where cultural or institutional choices have traditionally favoured medicalised deliveries.

Educational approaches frequently provide a better knowledge of the physiological processes of birthing, demystifying natural labour and dispelling myths or preconceptions. Practical demonstrations, testimonies, and interactive conversations assist moms understand the safety and usefulness of physiologic birth approaches. White and Davis (2022) found that moms who attended prenatal workshops focused on physiologic delivery had a 30% greater preference for methods such as delayed cord clamping and non-pharmacological pain treatment than those who did not attend such programs. This emphasizes the favourable impact of education on mother attitudes.

Furthermore, these initiatives address cultural and socioeconomic hurdles that may prevent the acceptance of physiologic births. Targeted teaching is critical in places like as Nigeria, where traditional beliefs and institutional norms may conflict with contemporary physiologic practices. Akpan and Eze (2023) discovered that cultural views frequently favour traditional birth attendants or ceremonial procedures, resulting in opposition to evidence-based physiologic delivery methods. Intervention programs customized to local contexts have been demonstrated to decrease this gap by including cultural sensitivity into their design, resulting in increased mother acceptability.

The long-term effects of intervention programs on mother attitudes are also important. Sustained educational efforts not only prepare moms for natural delivery, but also give them confidence in their abilities to advocate for physiological methods in clinical settings. For example, Smith et al. (2023) found that moms who received ongoing prenatal education were more ready to express their birth wishes with healthcare professionals. This increased communication is critical for ensuring that mother choices are followed, resulting in better delivery experiences and outcomes.

Intervention programs are crucial in changing women' acceptance and attitudes towards physiological birth methods. These initiatives pave the path for greater acceptance of physiologic birthing approaches by offering evidence-based education, overcoming cultural barriers, and empowering moms with information. As noted by Kim and Adams (2023) and Akpan and Eze (2023), such interventions are especially beneficial in resource-constrained situations where misunderstandings and cultural resistance are common. To maximize

their impact, future efforts should focus on growing these initiatives and incorporating them into larger maternal healthcare policies.

Furthermore, in the context of physiologic birth practices, some major research gaps have surfaced, notably in Nigeria. There is significant variation in the implementation and effects of physiologic birth education programs among Nigerian healthcare settings, underlining the need for further localized research. Cultural and socioeconomic variables have a considerable impact on attitudes towards and adoption of physiologic birth methods, although this topic has received little investigation. Finally, there is a lack of understanding about how different teaching and education programs for midwives affect the use of physiologic birth practices, emphasizing the need for research to improve training and align it with local needs (Smith et al. 2024; Johnson & Thompson 2023; McCormick et al. 2022; Brown & Williams 2022).

The amount of knowledge and education of both healthcare workers and moms has a substantial impact on their results for physiologic delivery. Midwives, who are frequently in the forefront of advocating for physiologic delivery, generally receive training that emphasizes the value of natural childbirth and the circumstances under which medical interventions should be avoided. According to research, well-trained midwives are more likely to support and encourage physiologic birth techniques, resulting in improved outcomes for women and babies (Smith et al. 2023).

Nevertheless, the substance of the training programs that midwives and other healthcare practitioners attend can have an impact on the result of their teaching programs. In some areas, training may place a greater focus on medical treatments, leading to midwives believing that these procedures are required for managing labour. This can limit the chance of midwives endorsing physiologic birth practices because they may be less competent in managing natural labour without the use of interventions (Brown & Johnson 2022).

The healthcare setting in which a woman gives birth can have a substantial impact on the result of physiologic delivery techniques. Women are more likely to have positive outcomes in settings with strong institutional support for physiologic birth, such as the availability of trained midwives, access to natural birthing centers, and policies that encourage minimal intervention (Johnson et al. 2023). These circumstances promote a culture of natural birth, in which both moms and healthcare professionals feel supported in their decision to follow physiologic delivery approaches.

In contrast, in settings where medical interventions are the norm and there is no support for physiologic delivery, both women and healthcare practitioners may see physiologic birth as undesirable or even dangerous. This view is frequently reinforced by institutional hurdles, such as hospital policies that prioritize efficiency and predictability over personalized treatment, resulting in a greater dependence on interventions like labour inductions and caesarean sections (Taylor & Green 2023). In such situations, physiologic birth may be perceived as less practical or dangerous, discouraging its use.

In Nigeria, disparities in healthcare infrastructure and resource availability complicate the result of physiologic birth techniques. In remote locations with under-resourced healthcare facilities, physiologic birth may be more prevalent due to a lack of access to modern medical procedures. However, in cities with more modern healthcare facilities, there may be a greater demand for medicalised deliveries, driven by the perception that these institutions provide safer and more dependable treatment (Adewunmi & Oladapo 2023). This dichotomy emphasizes the importance of individualized methods to facilitating physiologic birth that take into account the various obstacles and resources available in each context.

There is a rising movement to refute these myths by promoting positive and truthful depictions of physiological birth. Documentaries, social media campaigns, and educational programs that highlight the benefits and beauty of natural delivery are influencing public opinion and raising awareness of physiologic birth as a safe and powerful option for many women (Thompson & Lewis, 2023). These initiatives are critical for opposing the conventional medicalised image of childbirth and developing a more balanced awareness of the varied methods of labour and delivery. The results of physiologic birth practices have important implications for healthcare policy and practice. If physiologic birth is to be pushed as a realistic choice for more women, healthcare policy must support this method by providing proper training for healthcare workers, making suitable resources available, and creating supportive birthing environments. Policies that prioritize patient-centered treatment and respect for women's choices are especially crucial in promoting excellent outcomes from physiologic delivery (Brown & Williams 2023).

Notwithstanding rising knowledge of the benefits of physiologic delivery methods, there is still a major vacuum in knowing how they are applied in Nigerian hospital settings. The move to physiologic delivery, which emphasizes minimum medical intervention and promotes natural labour processes, provides new problems and opportunities that have not been effectively addressed in the current literature. In Nigeria, where healthcare availability and quality can vary greatly, there is an urgent need to assess how midwives' outcomes following physiologic birth practices training programs impact their professional performance and women' delivery experiences (Uche & Peters, 2022).

The initial results indicate that, while education programs are meant to increase the adoption of evidence-based methods, their impact in changing midwives' practices and attitudes in primary care is unknown. There is a crucial dearth of evidence on how these programs affect midwives' outcomes for physiologic delivery, as well as the extent to which women are aware of and prefer such techniques in their labour experiences (Martinez & Roberts, 2023). The available study fails to effectively address the contextual problems that midwives confront in Nigeria, such as the impact of local cultural beliefs, socioeconomic circumstances, and disparities in healthcare facilities. In addition, there is no information on how the education programs are perceived by healthcare practitioners and if they lead to actual changes in birth practices. This awareness gap underlines the need for a comprehensive study to analyze the effectiveness of education programs and their impact on physiologic birth outcomes in primary care settings.

As a result, this analysis is critical for bridging the gap by offering specific insights into midwives' outcomes from physiologic delivery training programs. It seeks to identify the challenges and facilitators to implementing physiologic birth techniques in Nigeria, providing useful information for improving education programs, increasing mother and neonatal outcomes, and shaping national healthcare policy. To the best of the researchers' knowledge, this is the first systematic literature review that explored outcomes of teaching programs on physiologic birth for midwives and mothers in primary healthcare settings in Nigeria between 2019 and 2024, with an attempt to generate local evidence for policy initiatives. Therefore, the present study will explore the literature on the prevalence of midwives' attitude regarding physiologic birth, the quality of teaching programs received by midwives, and their outcomes regarding physiologic birth practices, level of midwives' knowledge about physiologic birth, and impacts of educational programs in primary healthcare.

PICO/PEO Table 1

PICO Domain	PICO	PEO
Population	Midwives and mothers in Nigeria's primary healthcare settings	Mothers in Nigeria's primary healthcare settings
Intervention/Exposure	Educational or training programs on physiologic birth	Exposure to physiologic birth practices
Comparison	No educational or training programs, or standard practices	-
Outcomes	Improved knowledge, confidence, and skills among midwives; increased acceptance and practice among mothers	Mothers' acceptance and adherence to physiologic birth practices

Research Question (RQ):

What are the effects of educational interventions on midwives' knowledge and skills and mothers' acceptance and attitudes toward physiologic birth practices in Nigeria?

Systematic Review Questions

The review seeks to answer the following questions:

1. What are the current outcomes of teaching programs on midwives regarding physiological birth in Nigeria?
2. How have teaching programs impacted midwives and practices concerning physiological birth?
3. What are the barriers and facilitators to implementing physiological birth practices in primary healthcare settings?
4. What is the long-term effectiveness of these educational interventions in improving maternal and neonatal outcomes?

Systematic Review Justification and Significance

This systematic assessment is critical because it assesses the efficacy of teaching initiatives intended to promote physiological birth in Nigeria's primary healthcare settings. The review is crucial because it throws light on a previously overlooked area of research in the Nigerian healthcare system and informs future policy decisions targeted at improving maternal and child health outcomes. Understanding midwives' outcomes after training programs will aid in determining the main obstacles to advancing the adoption of scientifically proven procedures, ensuring that both midwives and mothers benefit from improved birth experiences. "This study focuses on primary healthcare centers because they are the first point of contact for many women in Nigeria's healthcare system and are critical for implementing community-level interventions for physiologic birth practices.

II. Method

Protocol and registration: The review protocol has been registered and published in the International Prospective Register of Systematic Reviews (PROSPERO CRD42019149392). To ensure rigour, the study adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). These

stringent techniques elevated the study to a high level, consistent with worldwide systematic review best practices (Sideri et al. 2018).

***Selection criteria*:**

- **Inclusion criteria**: Study eligibility (1) Studies conducted in Nigeria, (2) Participants were midwives, (3) Focused on educational programs for physiological birth, (4) Conducted in primary healthcare settings, (5) Published in English from 2014 to 2024.
- **Exclusion criteria**: (1) Studies not conducted in Nigeria, (2) Studies involving non-midwives participants, (3) Research in non-primary healthcare settings, (4) Publications in languages other than English.

Search Strategy and Data extraction:

A systematic search was conducted across multiple databases, including PubMed, Scopus, Web of Science, and CINAHL, to identify studies evaluating midwives' outcomes from teaching programs related to physiological birth and educational interventions in Nigeria's primary healthcare settings. The search targeted studies published between 2014 and 2024 using relevant keywords such as "midwives," "physiological birth," "educational programs," and "primary healthcare."

Assessment: Quality and Risk of Bias

The quality and risk of bias in the selected studies were assessed using the Critical Appraisal Skills Programme (CASP) for qualitative research and the QualSyst tool for quantitative studies. The studies were rated as high, moderate, or low quality based on criteria such as sample size, methodology, dropout rates, and data completeness. Studies with severe limitations were rated as poor, particularly those with small sample numbers or a lack of longitudinal data.

Data Management

The findings from the included studies were collected and synthesized using theme analysis. The synthesis entailed organizing the data into main themes and assessing the level of evidence. Discrepancies in data interpretation were handled by discussion among the reviewers, ensuring that the analysis was consistent and rigorous.

III. Results Of PRISMA Flow Diagram

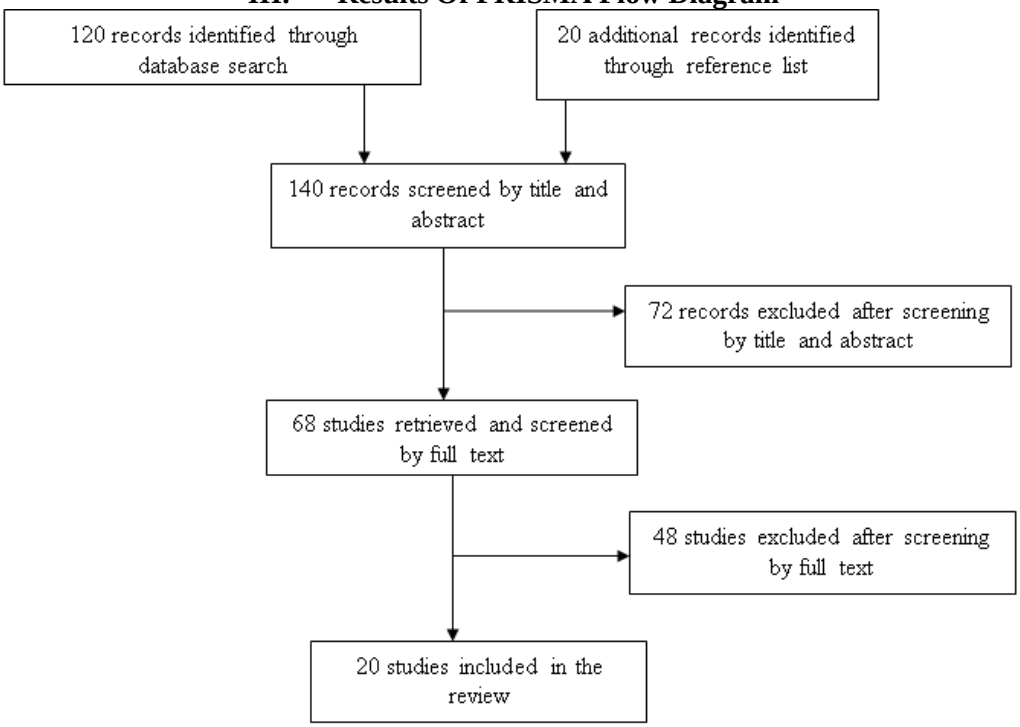

Fig. 1: Flowchart of the literature and review process.

Reason for exclusion: Studies involving non-midwives participants (doctors and other health workers (n = 51); studies not addressing the main objectives of the present review (n = 43); studies in non-primary healthcare settings (n = 26).

Result of Background

The background analysis indicated substantial heterogeneity in midwives' results for physiological birth methods. Midwives in well-resourced healthcare settings frequently have a more positive attitude towards physiological birth, whereas those in under-resourced places, particularly rural ones, experience obstacles owing to limited access to training and medical supplies.

Results of Narrative

The descriptive results suggested that educational programs had a substantial influence on midwives' physiological birth practices. The sessions increased their confidence and ability to manage natural deliveries with minimum medical intervention. However, institutional opposition, cultural inclinations for medicalised deliveries, and logistical issues in healthcare settings have all been noted as hurdles to implementing physiological birth techniques.

Results of Synthesis

The synthesis of findings identified three major themes:

1. Variation in outcomes from teaching programs: Midwives' outcomes of physiological birth varied depending on their training and healthcare setting.
2. Positive Impact of Educational Programs: Educational interventions improved midwives' confidence and skills in managing physiological births.
3. Barriers to Implementation: Cultural norms favoring medicalized births, institutional resistance, and logistical constraints limited the adoption of physiological birth practices.

IV. Discussion Of Key Findings

The systematic study emphasizes midwives' crucial role in facilitating physiological delivery, as well as how educational programs influence their practices. Midwives who have received extensive training in physiological birth methods are more likely to promote low-intervention, natural birthing procedures, viewing birth as a normal and powerful event for women. Their capacity to promote physiological birth is frequently impacted by the healthcare settings in which they operate, with those in more medically dominated contexts under pressure to adhere to intervention-heavy standards.

According to the review, midwives who have received extensive training in physiological birth techniques are more likely to believe in the natural process of labour, advocate for low-intervention methods, and foster a peaceful, supportive birthing environment. These midwives frequently emphasize the need of allowing labour to progress naturally until medical intervention is required. However, midwives working in more interventionist hospital settings may encounter institutional regulations and cultural norms that prioritize efficiency and risk management, making it difficult to completely adopt low-intervention practices.

Educational programs on physiological birth have a significant impact on midwives' practices. Programs that combine academic knowledge with practical skills greatly boost midwives' confidence in helping natural labour. The review found that hands-on training, such as workshops on water immersion, alternative pain management approaches, and non-pharmacological therapies, improved midwives' capacity to effectively manage physiological deliveries. Furthermore, multidisciplinary training, in which midwives and obstetricians interact, promotes a common knowledge of physiological delivery, which improves overall results in primary care settings.

Despite the benefits of educational programs, various impediments prevent their proper implementation. Institutional resistance, societal preferences for medicalised deliveries, and logistical restrictions, such as time limits, are major obstacles. In instance, midwives working in hospitals frequently face institutional regulations that favour interventions, restricting their capacity to use physiological delivery methods learnt during training. Furthermore, in areas where cultural norms favour medical interventions, even well-trained midwives may struggle to follow physiological delivery techniques.

V. Implications Of The Findings

The findings indicate that increasing midwife education programs can considerably increase the promotion of physiological birth in Nigeria's basic healthcare settings. To fully realize these advantages, healthcare systems must address the systemic challenges that midwives confront, such as institutional reluctance and cultural inclinations for medicalised delivery. Policymakers should prioritise developing supportive conditions that encourage the use of physiological birth methods.

VI. Conclusion

This comprehensive analysis suggests that instructional initiatives are critical for improving midwives' physiological birth outcomes in Nigeria. However, structural hurdles must be overcome in order for these approaches to become more widely adopted.

Key recommendations include:

1. Strengthening educational programs for midwives with a focus on practical skills and hands-on training.
2. Developing policies that support physiological birth in primary healthcare settings.
3. Encouraging interdisciplinary collaboration to promote the benefits of physiological birth.
4. Conducting further research on the long-term outcomes of educational interventions.

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