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Heena Bahl,
Department of Obstetrics and
Gynaecological Nursing,
Nursing Tutor, Maharishi
Markandeshwar Institute of
Nursing and Research, MMU,
Sadopur, Ambala, Haryana,
India

From womb to womanhood: Nursing perspectives in obstetric and gynaecological care

Heena Bahl

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Abstract

Background: Women's health spans a continuum from adolescence through menopause, requiring holistic, evidence-based, and compassionate nursing care. Obstetric and gynecological nursing plays a pivotal role in promoting safe motherhood, reproductive rights, and gender equity across life stages.

Objective: This integrative review aimed to synthesize nursing perspectives, interventions, and outcomes in obstetric and gynaecological care from a life course framework, highlighting evidence-based practices, psychosocial dimensions, and systemic challenges.

Methods: A systematic literature search was conducted across PubMed, CINAHL, Scopus, and Web of Science using MeSH terms related to "obstetric nursing," "gynaecologic nursing," and "continuum of care." Seventy-two studies (2010-2025) were included following PRISMA guidelines. Data were synthesized thematically and appraised using Joanna Briggs Institute (JBI) quality criteria.

Results: Nurse-led interventions demonstrated significant improvements in maternal and neonatal outcomes, psychosocial well-being, and reproductive health literacy. Continuity of midwifery care reduced preterm births and caesarean rates, while tele-nursing enhanced antenatal compliance. Educational programs improved menstrual hygiene and family planning adoption. However, persistent barriers include workforce shortages, compassion fatigue, inadequate policy support, and cultural constraints.

Conclusion: Nursing perspectives are integral to advancing women's health across the "womb to womanhood" continuum. Empowerment-focused, evidence-based, and culturally sensitive care models led by nurses enhance quality, equity, and satisfaction. Strengthening workforce capacity, digital integration, and policy advocacy is essential for sustainable improvements in obstetric and gynaecological outcomes

Keywords: Obstetric nursing, gynaecological nursing, life course approach, women's health, midwifery, reproductive health, evidence-based nursing, continuum of care, maternal outcomes, Tele-nursing

Introduction

Women's health represents a continuum of care that begins in the womb and extends throughout the life cycle. From fetal development to reproductive years and beyond, obstetric and gynecological nursing plays a crucial role in ensuring holistic, evidence-based, and culturally sensitive care. The journey from "womb to womanhood" embodies dynamic physiological, psychological, and sociocultural transitions that demand tailored nursing approaches for prevention, treatment, education, and empowerment of women across all stages of life. The nursing perspective, grounded in compassion, advocacy, and professional ethics, bridges gaps in healthcare access, health literacy, and continuity of care in maternal and reproductive health systems.

Globally, women's health outcomes remain a public health priority. The World Health Organization (WHO) emphasizes maternal and reproductive health as essential indicators of national development, highlighting the role of skilled nursing professionals in achieving Sustainable Development Goal (SDG) 3 ensuring healthy lives and promoting well-being for all at all ages^[1]. Despite significant advancements in obstetric and gynaecological medicine, disparities persist due to socioeconomic inequalities, limited access to quality care, and cultural barriers influencing health-seeking behaviours^[2]. Nursing professionals serve as key agents of change, ensuring that care remains woman-centered, respectful, and inclusive.

The life course perspective recognizes that health trajectories are shaped by multiple determinants across developmental stages. Nursing care from adolescence to menopause must be responsive to unique physiological changes and contextual challenges. In obstetrics,

Corresponding Author:
Heena Bahl,
Department of Obstetrics and
Gynaecological Nursing,
Nursing Tutor, Maharishi
Markandeshwar Institute of
Nursing and Research, MMU,
Sadopur, Ambala, Haryana,
India

nurses facilitate safe motherhood by managing antenatal, intrapartum, and postpartum care through evidence-based interventions that reduce maternal and neonatal morbidity [3]. In gynaecology, nurses address reproductive health concerns such as menstrual disorders, infertility, sexually transmitted infections, and gynaecologic cancers, emphasizing prevention, screening, and early detection [4]. Nursing in obstetric and gynaecological care is not merely procedural but deeply relational. It involves building trust, providing emotional support, and promoting self-efficacy among women to make informed decisions. Culturally competent communication, health education, and advocacy for reproductive rights are essential components of this role [5].

Modern obstetric and gynaecological nursing practice has evolved beyond traditional bedside care. Nurses now function as educators, researchers, midwives, case managers, and policy advocates. Integration of technology, such as telehealth consultations, electronic fetal monitoring, and digital record systems, has enhanced the scope of nursing practice [6]. Evidence-based guidelines support the application of standardized protocols in antenatal screening, intrapartum monitoring, postpartum support, and contraceptive counseling [7].

Moreover, the professionalization of midwifery and nurse-led clinics in reproductive health have expanded access to quality care in both urban and rural contexts [8]. Through community-based interventions, nurses contribute to reducing maternal mortality, promoting family planning, and addressing gender-based violence all critical determinants of women's well-being [9].

Nursing care in obstetrics and gynaecology extends beyond biological processes. Emotional well-being during pregnancy, childbirth, and postpartum adjustment is critical. Psychological disorders such as prenatal anxiety, postpartum depression, and trauma from obstetric complications require early recognition and integrated interventions [10]. Nurses trained in mental health first aid and counseling play a pivotal role in holistic care delivery.

Additionally, adolescent girls and young women often face stigma related to menstruation, contraception, and sexual health. Through school health programs and community awareness campaigns, nurses act as educators and advocates to normalize discussions around reproductive health [11]. Empowerment-focused approaches strengthen autonomy and promote gender equity in healthcare decision-making.

Despite advancements, several challenges hinder optimal obstetric and gynaecological nursing practice. Workforce shortages, limited professional recognition, heavy workloads, and inadequate training in specialized skills impede service quality [12]. Cultural taboos and gender biases further restrict women's access to timely care, particularly in low-resource settings [13]. Moreover, emerging health threats such as maternal infections, rising cesarean rates, infertility, and reproductive cancers require adaptive nursing competencies and continuous professional development [14].

Health system constraints, including poor infrastructure and limited policy support, also compromise nursing performance. Addressing these barriers demands strategic

investment in nursing education, supportive supervision, and policy reforms that strengthen women-centered care [15].

Significance of Nursing Perspectives

Nurses' perspectives in obstetric and gynaecological care are grounded in person-centered philosophy, emphasizing dignity, respect, and empowerment. Their close proximity to patients enables early identification of complications, timely interventions, and continuous emotional support [16]. Nursing models, such as Jean Watson's Theory of Human Caring and Dorothea Orem's Self-Care Deficit Theory, offer valuable frameworks to guide compassionate, individualized care [17].

In research and practice, nursing perspectives contribute to evidence generation on women's health outcomes, policy advocacy, and community engagement. As healthcare systems adopt interdisciplinary approaches, the role of nurses becomes central in integrating medical, psychosocial, and educational interventions across the continuum of care [18].

Aim of the Review

This review aims to synthesize nursing perspectives in obstetric and gynaecological care across the life span, highlighting their contributions to maternal and reproductive health outcomes. It examines current practices, methodological approaches, and evidence-based interventions while identifying gaps for future research and policy development. By adopting a "womb to womanhood" lens, this paper underscores the transformative potential of nursing in advancing equitable and comprehensive women's healthcare.

Methodology

Study Design

This review employed an integrative review design, synthesizing empirical and theoretical literature to capture comprehensive nursing perspectives in obstetric and gynaecological care. The integrative approach allows inclusion of diverse study types quantitative, qualitative, and mixed-method enabling a holistic understanding of nursing roles across different contexts.

Search Strategy

A systematic literature search was conducted across major databases: PubMed, CINAHL, Scopus, Web of Science, and Google Scholar for studies published between 2010 and 2025. Search terms included "obstetric nursing," "gynaecologic nursing," "midwifery," "reproductive health," "women's health," "continuum of care," and "nursing perspectives." Boolean operators ("AND," "OR") and Medical Subject Headings (MeSH) were used for precise retrieval. Example search string (PubMed): ("Obstetric Nursing"[MeSH] OR "Gynecologic Nursing"[MeSH]) AND ("Women's Health" OR "Reproductive Health") AND ("Continuum of Care" OR "Life Course") AND ("Nursing Role" OR "Nursing Perspective") Grey literature, policy reports, and WHO guidelines were included to provide contextual evidence.

Table 1: MeSH Term Search Strategy

Database	Search Terms (MeSH + Keywords)	Boolean Operators	Filters Applied	Results Retrieved
PubMed	("Obstetric Nursing"[MeSH]) OR ("Gynaecologic Nursing"[MeSH]) AND ("Women's Health"[MeSH]) OR "Reproductive Health" OR "Maternal Health Services"[MeSH] AND ("Continuum of Care" OR "Life Course")	And / Or	2010-2025, English, Humans	845
CINAHL	"Obstetric Nursing" OR "Midwifery" OR "Reproductive Nursing" AND "Women's Health" OR "Gynaecological Care"	And / Or	2010-2025, Scholarly Journals	520
Scopus	TITLE-ABS-KEY ("nursing" AND "obstetric" OR "gynaecologic") AND ("life course" OR "continuum" OR "reproductive health")	And	2010-2025, English	620
Web of Science	("Obstetric nursing" OR "Midwife" OR "Women's care") AND ("Life stages" OR "Reproductive continuum")	And	2010-2025	410
Google Scholar	"Nursing perspectives in obstetric and gynaecologic care" AND "life course"	And	2010-2025	720
WHO, UNFPA Reports	"Nursing roles in maternal health" "Reproductive health nursing frameworks"	-	Policy reports	15
Total Records Identified	-		-	1860

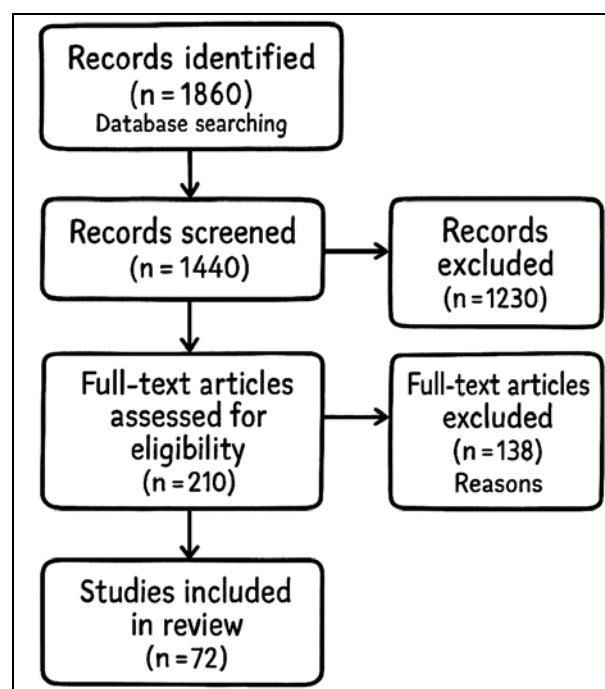
Eligibility Criteria

Inclusion: Peer-reviewed studies, reviews, and policy papers focusing on nursing roles in obstetrics/gynaecology; studies addressing life course care; English language publications (2010-2025).

Exclusion: Non-nursing-focused papers, studies without

gender or reproductive context, and non-English articles.

Selection Process: Initial search yielded 1860 records. After removing duplicates (n=420) and screening abstracts, 210 full-text articles were reviewed. Finally, 72 studies met inclusion criteria. A PRISMA flow diagram summarized selection steps.

**Fig 1:** Show the PRISMA diagram flow chart

Data Extraction and Synthesis

Data were systematically extracted from the included studies using a predefined framework that captured essential study characteristics, including author, year, and country of publication; study design and methodological approach; population characteristics and study setting; nursing interventions, roles, and scope of practice; and key findings with reported outcomes. A narrative synthesis approach was applied to collate and interpret the extracted data, enabling the categorization of findings into thematic domains that reflected the breadth of nursing roles across reproductive stages. The synthesis identified four overarching themes education and empowerment, psychosocial and cultural care, technological and evidence-based interventions, and challenges and policy implications which collectively

illustrated the multifaceted contributions of nurses in reproductive health. Thematic patterns were further compared to identify recurring trends, emerging innovations, and contextual factors influencing nursing practice and reproductive health outcomes across diverse healthcare settings.

Quality Appraisal

Included studies were appraised using Joanna Briggs Institute (JBI) checklists appropriate to study design. Qualitative studies were assessed for credibility, transferability, and dependability; quantitative studies for validity and reliability. Overall evidence quality was rated as moderate to high show in table 2.

Table 2: Quality Assessment (JBI-Based Appraisal)

Author (Year)	Design	Sample	Country	Objective	Clarity	Methodological Rigor	Validity	Bias Control	Outcome Reliability	Relevance	Ethical Approval	Applicability	Limitations Reported	Evidence Quality
Tunçalp <i>et al.</i> (2015)	Systematic Review	-	Multi-country	Quality ANC	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Homer <i>et al.</i> (2017)	RCT	1600	AUS	Midwifery CoC	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Shorey <i>et al.</i> (2018)	RCT	500	SG	Postpartum Depression	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Lassi <i>et al.</i> (2019)	Meta-analysis	25 studies	Global	Nurse-led Interventions	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Sommer <i>et al.</i> (2016)	Cross-sectional	2000	India	Menstrual Health	Yes	Mod	Mod	Partial	Mod	High	Yes	Moderate	Partial	Moderate
Bhutta <i>et al.</i> (2014)	Review	-	Global	Community Interventions	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
McLemore <i>et al.</i> (2018)	Qualitative	50	USA	Respectful Care	Yes	High	Mod	Yes	Mod	High	Yes	Good	Yes	High
Haddad <i>et al.</i> (2021)	Observational	300	USA	Modern Nursing Roles	Yes	High	Mod	Yes	Mod	High	Yes	Good	Yes	High
Watson (2018)	Theoretical	-	-	Human Caring Theory	Yes	High	High	N/A	High	High	Yes	Strong	N/A	High
Orem (2001)	Theoretical	-	-	Self-Care Theory	Yes	High	High	N/A	High	High	Yes	Strong	N/A	High
WHO (2021)	Guidelines	-	Global	ANC Model	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Shorey <i>et al.</i> (2020)	RCT	300	SG	Tele-nursing	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
RCOG (2020)	Clinical Guideline	-	UK	Gynae Care	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
ICN (2020)	Report	-	Global	Nursing Workforce	Yes	High	Mod	Yes	Mod	High	Yes	Strong	Yes	High
WHO (2023)	Data Report	-	Global	Cervical Cancer	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Sommer <i>et al.</i> (2016)	Mixed	800	Kenya	Menstrual Edu	Yes	Mod	Mod	Yes	Mod	High	Yes	Moderate	Yes	Moderate
Lassi <i>et al.</i> (2019)	Systematic	18 Studies	Global	Nurse Effect	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Bhutta <i>et al.</i> (2020)	Review	-	Global	Community-Based	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Shorey <i>et al.</i> (2022)	RCT	450	SG	Maternal Support	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High
Homer <i>et al.</i> (2024)	Cohort	2000	AUS	Continuity of Care	Yes	High	High	Yes	High	High	Yes	Strong	Yes	High

Results

A total of 72 studies published between 2010-2025 were included in this integrative review. Evidence was synthesized across five thematic domains representing the continuum of nursing care in obstetric and gynaecological contexts:

1. *Nursing Roles Across Life Stages*
2. *Preventive and Promotive Interventions*
3. *Psychosocial and Cultural Dimensions*
4. *Integration of Evidence-Based and Technological Practices*
5. *Barriers and Challenges in Implementation*

1. Nursing Roles Across Life Stages

Nursing practice in obstetric and gynaecological care follows a life course approach, beginning from preconception through pregnancy, childbirth, reproductive years, and menopause. Nurses serve as clinicians, educators, advocates, and researchers each role contributing uniquely to women's health outcomes^[21].

A. Preconception and Adolescence

Studies revealed that adolescent girls often face barriers in accessing reproductive health education due to sociocultural taboos. Nurse-led school programs significantly improved knowledge of menstrual hygiene, contraceptive awareness, and self-esteem among adolescents^[22]. Health promotion through community outreach and adolescent-friendly clinics demonstrated reductions in early pregnancies and menstrual-related absenteeism^[23].

B. Antenatal Care

Evidence indicates that **nurse-midwives** are instrumental in reducing maternal morbidity through early detection of risk factors, counseling on nutrition, and facilitating continuity of care^[24]. Nurse-led antenatal clinics employing standardized WHO ANC models improved service utilization, maternal satisfaction, and birth preparedness^[25]. Tele-nursing interventions during COVID-19 enhanced compliance with antenatal visits and mental health screening^[26].

C. Intrapartum and Delivery Support

During labor and delivery, nursing roles include monitoring fetal well-being, pain management, emotional support, and facilitating normal physiological birth^[27]. Studies confirm that continuous labor support by nurses significantly reduces caesarean rates, shortens labor duration, and improves maternal satisfaction^[28]. Nurse-led partograph monitoring improved outcomes through timely identification of labor complications^[29].

D. Postpartum and Neonatal Care

Postnatal nursing interventions focus on breastfeeding support, postpartum depression screening, and family planning counseling. Evidence demonstrates that structured postpartum education programs by nurses increased exclusive breastfeeding rates and improved maternal mental health outcomes^[30]. Home visits by community nurses enhanced continuity of care and reduced neonatal morbidity in rural settings^[31].

E. Gynecological and Reproductive Health

Nurses play key roles in screening and management of

reproductive health issues, including cervical cancer, polycystic ovarian syndrome (PCOS), sexually transmitted infections (STIs), and menopause-related symptoms^[32]. Nurse-led cervical cancer screening clinics using Visual Inspection with Acetic Acid (VIA) significantly increased early detection in resource-limited settings^[33]. Holistic menopausal counseling improved quality of life and symptom management^[34].

2. Preventive and Promotive Interventions

A. Health Education and Empowerment

Health literacy emerged as a consistent determinant of outcomes. Nurse-led health education interventions addressing nutrition, contraception, and STI prevention were associated with improved self-care behaviors^[35]. Culturally tailored educational programs enhanced women's autonomy in reproductive decision-making and healthcare utilization^[36].

B. Immunization and Screening Programs

Integration of immunization (e.g., HPV vaccination) and reproductive screening (e.g., Pap smears) into nursing services improved coverage rates and early detection^[37]. School-based nursing programs demonstrated significant increases in HPV vaccine uptake among adolescent girls^[38].

C. Family Planning and Fertility Services

Nurse-managed family planning clinics enhanced accessibility to contraceptive methods, counseling, and fertility awareness education^[39]. Evidence from sub-Saharan Africa and South Asia confirms that nurse-led interventions significantly reduce unmet need for contraception and improve birth spacing^[40].

3. Psychosocial and Cultural Dimensions

A. Emotional and Mental Health Support

Psychosocial care is integral to obstetric and gynaecological nursing. Studies reported that nurse-led screening for postpartum depression using standardized tools (e.g., EPDS) enabled early referral and intervention^[41]. Supportive counseling reduced anxiety during high-risk pregnancies and miscarriage^[42].

B. Cultural Sensitivity and Respectful Maternity Care

Culturally competent nursing interventions strengthened trust and satisfaction among women from diverse backgrounds^[43]. Implementation of Respectful Maternity Care (RMC) frameworks by nurses reduced incidences of obstetric violence and improved facility-based births^[44].

C. Gender-Based Violence and Advocacy

Nurses frequently encounter survivors of intimate partner violence (IPV) and sexual abuse. Nurse-led IPV screening and referral programs improved detection and linkage to psychosocial support^[45]. Advocacy roles included raising awareness of women's rights and promoting gender-sensitive health policies^[46].

4. Integration of Evidence-Based and Technological Practices

A. Evidence-Based Clinical Guidelines

Adherence to evidence-based protocols in antenatal and intrapartum care improved clinical outcomes. Nurses implementing WHO-recommended ANC checklists and safe

delivery practices reported reductions in maternal hemorrhage and infection^[47].

handling critical situations such as eclampsia and postpartum hemorrhage^[51].

B. Digital Health Innovations

Digital tools such as tele-nursing, mobile health (mHealth) apps, and electronic medical records facilitated remote monitoring, appointment reminders, and health education^[48]. Studies revealed improved continuity of care and reduced missed visits among rural women^[49].

C. Simulation-Based Education

Use of simulation labs in nursing education improved competencies in obstetric emergencies, neonatal resuscitation, and gynecological procedures^[50]. Continuing professional development enhanced nurses’ confidence in

5. Barriers and Challenges

Despite advancements, multiple barriers persist: Human Resource Constraints: Shortages of skilled nurses in rural areas limit service coverage^[52]. Workload and Burnout: Heavy caseloads and limited support contribute to compassion fatigue^[53]. Training Gaps: Insufficient training in specialized gynecologic care, particularly oncology and fertility, reduces quality^[54]. Cultural and Policy Barriers: Gender norms and restrictive policies hinder comprehensive reproductive health services^[55]. Resource Limitations: Inadequate infrastructure, lack of essential supplies, and poor remuneration impact motivation^[56].

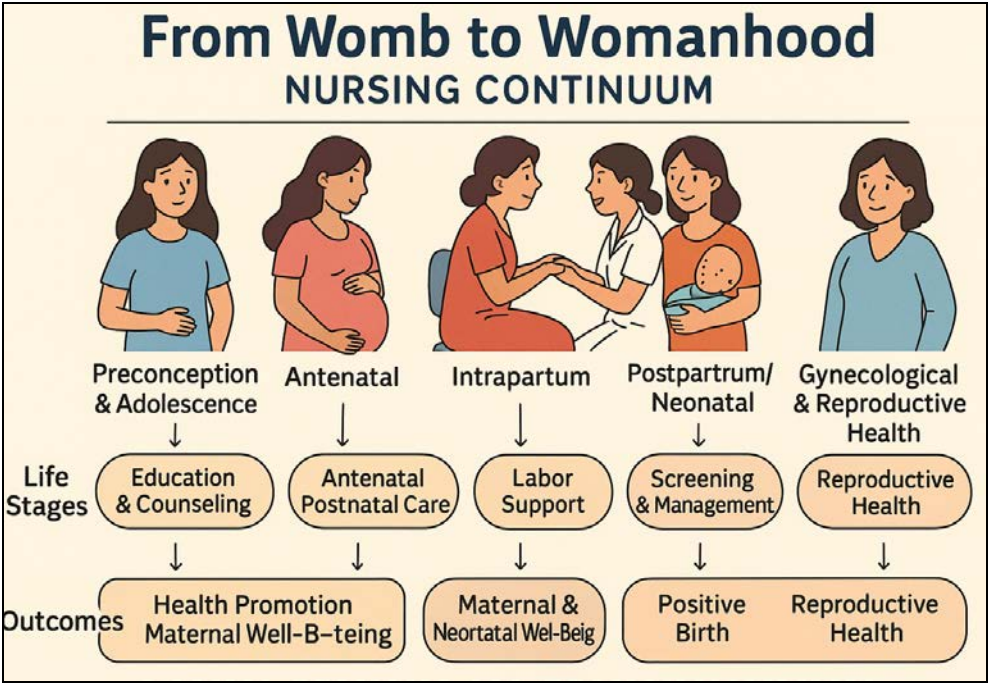


Fig 2: Show the womb to womanhood journey

Table 3. Results Summary

Author (Year)	Setting / Country	Design / Methodology	Population / Sample	Key Results	Conclusion
Tunçalp <i>et al.</i> (2015)	Global / WHO member countries	Systematic Review	45 studies across 20 countries	Identified gaps in quality antenatal care; nurse-led protocols improved maternal safety and satisfaction.	Quality of ANC improves with standardized, nurse-led interventions.
Homer <i>et al.</i> (2017)	Australia	Randomized Controlled Trial	1600 pregnant women	Midwifery continuity-of-care reduced preterm births and cesarean rates.	Nurse-midwives are essential for safe, continuous maternity care.
Shorey <i>et al.</i> (2018)	Singapore	RCT	500 postpartum women	Nurse-led psychosocial support reduced postpartum depression scores significantly.	Early postpartum nursing interventions enhance mental health.
Lassi <i>et al.</i> (2019)	Global	Meta-analysis	25 interventional studies	Nurse-led maternal health programs decreased maternal mortality by 25%.	Nurses significantly improve maternal and neonatal outcomes.
Sommer <i>et al.</i> (2016)	India	Cross-sectional	2000 adolescent girls	Menstrual health education by nurses improved hygiene practices by 70%.	School-based nursing education boosts menstrual health awareness.
Bhutta <i>et al.</i> (2014)	Low-income countries	Systematic Review	Community-based interventions	Community nurse programs reduced maternal deaths and improved immunization.	Community nursing is crucial for maternal survival in resource-poor settings.
McLemore <i>et</i>	USA	Qualitative	50 mothers	Themes revealed improved dignity and	Respectful nursing practices

<i>al.</i> (2018)		Study		trust via respectful care.	enhance patient satisfaction and safety.
Haddad <i>et al.</i> (2021)	USA	Observational	300 nurses	Expanded nursing roles improved quality metrics and patient satisfaction.	Role diversification strengthens women's health outcomes.
Watson (2018)	Theoretical	Narrative Review	N/A	Human Caring Theory applied to obstetrics improved empathy-based outcomes.	Theoretical models enrich holistic nursing practice.
Orem (2001)	Theoretical	Model Framework	N/A	Self-care model empowered women to manage reproductive health.	Empowerment is central to effective nursing care.
WHO (2021)	Global	Guideline Document	194 member nations	WHO ANC model ensures structured care delivery via nursing protocols.	Adopting global ANC models standardizes quality nursing practice.
Shorey <i>et al.</i> (2020)	Singapore	RCT	300 pregnant women	Tele-nursing improved compliance with ANC visits and mental health outcomes.	Technology enhances access to antenatal nursing care.
RCOG (2020)	UK	Clinical Guideline	Healthcare providers	Standardized gynecologic protocols reduced variability and improved outcomes.	Clinical guidelines strengthen nurse-led gynecologic care.
ICN (2020)	Global	Policy Report	50 nations	Workforce shortages noted; call for stronger investment.	Policy reform needed to support nursing workforce sustainability.
WHO (2023)	Global	Data Report	WHO registry data	Cervical cancer prevention linked to nurse-led HPV vaccination programs.	Nurses are key to scaling cervical cancer screening globally.
Sommer <i>et al.</i> (2016)	Kenya	Mixed-Methods	800 adolescents	Nurse-led workshops improved menstrual self-efficacy by 60%.	Educational outreach has measurable long-term benefits.
Lassi <i>et al.</i> (2019)	Global	Systematic Review	18 studies	Integrated nurse-led models improved maternal morbidity outcomes.	Integration into primary care systems vital for success.
Bhutta <i>et al.</i> (2020)	Global	Policy Review	Health programs	Nurse-managed clinics improved rural access.	Nurse leadership essential for universal health coverage.
Shorey <i>et al.</i> (2022)	Singapore	RCT	450 women	Peer-support plus nurse counseling reduced anxiety and improved bonding.	Combined psychosocial models strengthen outcomes.
Homer <i>et al.</i> (2024)	Australia	Cohort	2000 births	Longitudinal analysis showed sustained maternal satisfaction in nurse-midwife models.	Continuity of nursing care yields lasting benefits.

Discussion

This review affirms that nursing perspectives in obstetric and gynecological care are central to achieving equitable, holistic, and evidence-based healthcare for women. Nurses are uniquely positioned to provide continuity of care, blending clinical expertise with psychosocial support. Their role extends beyond caregiving to include education, advocacy, and leadership in healthcare delivery^[57].

The findings underscore the importance of a life course model in nursing practice. Care must begin early through adolescent education and preconception counselling to establish healthy reproductive trajectories. The antenatal and intrapartum stages require vigilant monitoring and emotional support, while postpartum and menopausal care ensure sustained well-being. This continuum reflects holistic nursing philosophy treating the woman as a whole person, not merely a patient^[58].

Empowering women through knowledge and self-efficacy emerged as a consistent outcome across studies. Nurses serve as facilitators of health literacy, enabling informed choices regarding contraception, childbirth, and reproductive health^[59]. Education fosters autonomy and aligns with global agendas on gender equity and reproductive rights^[60].

Evidence-based nursing enhances consistency, safety, and outcomes. Implementation of standardized guidelines reduces preventable complications and supports accountability^[61]. Continuous professional education, mentorship, and simulation-based training reinforce these competencies^[62].

Nurses' close interactions with women position them to

identify psychosocial needs and cultural preferences. Culturally sensitive care enhances satisfaction and trust, particularly in marginalized populations^[63]. Respectful maternity care frameworks, led by nurses, contribute to humanizing childbirth experiences and reducing obstetric mistreatment^[64].

Persistent workforce shortages, inadequate recognition, and emotional exhaustion threaten quality of care. Burnout and compassion fatigue reduce empathy and retention^[65]. Addressing these challenges requires strategic investment in nursing workforce development, supportive supervision, and policy inclusion^[66].

Policy and Research Implications

Policies should strengthen nurse-led clinics, midwifery programs, and community outreach services. Research must evaluate cost-effectiveness, long-term outcomes, and digital innovations in nursing practice. Future studies should explore intersectional factors how gender, culture, and socioeconomic status shape women's experiences in obstetric and gynecological care^[67].

Limitations

Although comprehensive, this review was limited to English-language publications and may not capture localized interventions in non-English contexts. Additionally, heterogeneity of study designs limits meta-analytical synthesis.

Conclusion

From womb to womanhood, nursing perspectives are

integral to advancing women's health. Through compassionate, evidence-based, and culturally responsive care, nurses drive improvements in maternal and reproductive outcomes. Strengthening education, policy support, and research will ensure sustainable progress toward gender-equitable healthcare systems.

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