

The Impact of Entire Process Model of Quality Nursing Care Combined with the "2+1" Psychological Nursing Model on the Adverse Mood and Coping Style of Primiparous Women

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01. Introduction & Research Methodology

Background: Primiparous women face severe psychological stress (anxiety/depression) during childbirth, which impacts outcomes, yet traditional care lacks adequate psychological support.

Design: A randomized controlled trial (RCT) with 60 participants. **Control Group (n=30)**: Standard whole-process quality nursing. **Observation Group (n=30)**: Standard care + "2+1" model (2 specialists + 1 family member support). Outcomes measured via SAS, SDS, CCB scales and delivery data.

02. Key Conclusions & Clinical Implications

The integrated "2+1" psychological nursing model demonstrates significant efficacy: (1) It **dramatically reduces anxiety and depression levels** (SAS/SDS scores $P < 0.001$). (2) It enhances the coping ability of primiparas (CCB scores $P < 0.05$). (3) It improves obstetric outcomes significantly, with natural birth rate increased to 86.67% and adverse events (hemorrhage, asphyxia) reduced sharply. This model is a valuable strategy for comprehensive obstetric care.

TABLE 1: Mood & Coping Ability

SAS (Anxiety) Score:
↓ 42.73 ± 3.78 (vs Ctrl: 53.37)
Coping Ability (CCB):
↑ 55.78 ± 5.61
Significant improvement ($P < 0.05$) compared to control group (48.21).

TABLE 2: Obstetric Outcomes

Natural Birth Rate:
86.67% (vs Ctrl: 63.33%)
Adverse Events Reduction:
Postpartum hemorrhage (6.67%) and neonatal asphyxia (3.33%) were significantly lower than the control group (20% each), $P < 0.05$.