

Assessment of the Effectiveness of Planned Teaching on Knowledge regarding Normal Vaginal Delivery and its Practice among Staff Nurses in Selected Hospital

Bhushan B Pande

Associate Professor, Vasantprabha College of Nursing, Buldhana, Maharashtra, India

Corresponding Author Email: [bhushan.nursing\[at\]rediffmail.com](mailto:bhushan.nursing[at]rediffmail.com)

Mobile No. 9860011004

Abstract: *Childbirth is a biological process and an integral part of the social environment, bringing joy, emotional exhalation and relief to the mother and family. Every moment of the labour process demands vigilant observation, physical and psychological support to the mother as well as baby. This happens only through the hands of those who are taking care. One of the main goals of obstetric care is the safe delivery of a healthy newborn. Methods: A quasi - experimental study was conducted to assess the knowledge regarding normal vaginal delivery and its practice among staff nurses working in the selected hospital, Maharashtra. Thirty (n =30) staff nurses were selected by convenient sampling technique. A study was conducted at selected hospital of Maharashtra. Data gathered were analyzed and interpreted using descriptive & inferential statistics. Result: It was observed that 96.67 % staff nurses had inadequate knowledge, 3.33% had moderate level of knowledge and no one had adequate knowledge regarding normal vaginal delivery & in view of practice 70 % staff nurses had unsatisfactory knowledge, 30 % staff nurses had satisfactory knowledge and no one had good knowledge regarding practice of normal vaginal delivery. The planned teaching was administered to the staff nurses and findings showed that planned teaching was effective in the basis of increased in knowledge score (with respect to the knowledge regarding normal vaginal delivery post test mean score 57.16 with SD of ± 7.84 higher than pretest mean score 35.66 with SD ± 11.19 & in respect to knowledge regarding practice of normal vaginal delivery post test mean score 33.33 with SD of ± 2.18 higher than pretest mean score 18.80 with SD ± 3.38) i. e 86.67% of staff nurses had moderate level of knowledge, 6.67 % of staff nurses had inadequate & adequate level of knowledge regarding normal vaginal delivery. In respect of knowledge of staff nurses regarding practices of normal vaginal delivery 83.33 % of staff nurses had good knowledge, 16.67% of staff nurses had Satisfactory knowledge & no one had unsatisfactory knowledge. Conclusion: The mean knowledge score on knowledge regarding normal vaginal delivery after planned teaching 86.67% of staff nurses had moderate level of knowledge, 6.67 % of staff nurses had inadequate & adequate level of knowledge regarding normal vaginal delivery. In respect of knowledge of staff nurses regarding practices of normal vaginal delivery 83.33 % of staff nurses had good knowledge, 16.67% of staff nurses had Satisfactory knowledge & no one had unsatisfactory knowledge. It was interpreted that there was increased in the knowledge level of staff nurses regarding normal vaginal delivery & its practices after planned teaching & hence the planned teaching was effective.*

Keyword: Knowledge, Staff nurses, Normal vaginal delivery.

1. Introduction

The duration of the second stage is difficult to predict with any degree of certainty. In multigravida, it may last as little as 5 - 15 minutes; but in primigravida it may extend 1 - 2 hours. More important than the time factor is the evidence of progressive descent and the condition of the mother and the foetus. Once the onset of second stage has been confirmed, midwife should be alert with all enough articles and equipments. When a midwife finds that the normal labour will not proceed spontaneously, the immediate choice is assisted vaginal delivery. Assisted vaginal delivery includes use of forceps and a vacuum extractor or ventouse. The management of second stage of labour is a highly responsible and risk involved process, unless it is handled gently. Rather than play up the 'versus' between forceps and vacuum extractor, it is better to recognize that both are useful clinical tools.¹

Thus evaluation of maternal and foetal wellbeing is essential to find the development of maternal and foetal complications. Many studies revealed that various complications accompany with these procedures. Maternal complications

of perineal lacerations, bladder injury and cephalohematoma, birth injuries, facial nerve palsy, prominent forceps marks and so on with the foetal complications. Most of the complications are prevented by the appropriate use of techniques and adequate knowledge of the caregiver. In recent years, significant lack of experience and litigation fears have combined to reduce the incidence of assisted vaginal delivery. This should be cleared out through continuing education programs to the labour room staffs.²

According to WHO report (2008), in India it is reported that 50 - 60 % of all neonatal death occur within the first month of life due to poor aseptic technique practicing in the labour room of these more than half die during the first week of life.³

The overall incidence of assisted vaginal delivery is found to be 10% - 20%. The methods applied could be either vacuum or forceps. In a worldwide opinion survey done in 1990 about instrument preference for assisted vaginal delivery, forceps were found to be popular in Eastern Europe and USA, while vacuum was preferred in Northern Europe, Asia, Africa, and middle East.⁴

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Eight out of ten women who have an assisted birth have a normal birth around next time. A successful assisted vaginal delivery avoids caesarean section and its implication for future pregnancy. Most spontaneous or assisted vaginal deliveries are uncomplicated. Mother and infant are usually able to leave the hospital within 48 hours.⁵

Many developing nations lack of adequate health care and family planning, and pregnant women have minimal access to skilled labor and emergency care. Basic emergency obstetric interventions such as manual removal of placenta and instrumental vaginal delivery are vital to improve the chance of survival. Every minute a women dies during labor or delivery. According to World health Organization (WHO), maternal death is defined as death of a women while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and its site of the pregnancy, from any cause related to aggravated by their pregnancy or its management but not from accidental or incidental cause. The U. S joint commissions on Accreditation of health care Organizations call maternal mortality a 'sentinel event' and use it to assess the quality of health care system. Also it has been reported that about 10% maternal deaths may occur late, that is after 42 days after termination or delivery. According to WHO 95% of maternal deaths occur in Asia and Africa. The most common cause of maternal mortality and morbidity are widely known and include a range of medical, social and health system related factors. According to WHO the world wide total maternal deaths were 529, 000 in 2006. In Africa, the total was 251, 000, in Asia the total was 253, 000, maternal deaths in Africa and Asia, combined total 504, 000 or 95.2% of the world total. Data from the most recent National family health survey suggests that the maternal mortality ratio has fallen from approximately 400 deaths per 10, 0000 live births in 1997 to 301 death per 10, 0000 live births in 2006.⁶

Nursing intervention to make labour safe, comfortable and effective are vital. It is crucial for nurses to recognize and understand the normal birth process to detect and to prevent complications from normal labour and birth. It will be possible only when the nurse and other members of obstetric team use their knowledge and skills in a concerted effort to provide care. It is essential to manage the second stage of labour with a controlled delivery that minimizes trauma. Currently the practice in many setting is to prevent genital trauma manually support the perineum during birth. Alternative measures for perineal management such as warm compression, massage with lubricant may lessen the degree of birth canal laceration or trauma. Likewise, use of kegel exercise in prenatal and postnatal period improves and restores the tone and strength of the perineal muscles. Good health practices including good nutrition and appropriate hygienic measures help to maintain the integrity.⁷

Objectives:

- 1) To assess the existing knowledge regarding normal vaginal delivery and its practice among staff nurses before planned teaching.
- 2) To assess the effectiveness of planned teaching regarding normal vaginal delivery and its practice among staff nurses after planned teaching.

2. Material & Methods

To accomplish the objectives of the study, a quasi experimental one group pretest & post test design was adopted. The population of the study included staff nurse in selected hospital of Maharashtra region, thus 30 staff nurses were selected using convenient sampling. The study was conducted at selected hospital of Maharashtra region.

Self - Administered Questionnaire was used to collect the data which consist -

Part - I: information on demographic variables of staff nurses at in selected hospital. The variable includes age, professional qualification, year of experience in labour room, and attend any workshop on normal vaginal delivery.

Part - II: Dealt with knowledge questions on component of knowledge regarding normal vaginal delivery which consisted 20 Questions.

Part - III: Dealt with checklist on practices of normal vaginal delivery

The knowledge level were classified arbitrary as inadequate (50 % & below), moderate (50% - 70%), & adequate (71% & above) & Practice level unsatisfactory (50 % & below), satisfactory (50% - 70%), & good (71% & above).

The prepared tool was validated by experts from different faculty. The reliability of tool was $r=0.8$. The pilot study showed that the study was feasible.

3. Result

It was found that 26.67 % staff nurses were in age group of 21 - 30, 40 % nurses were in age group of 31 - 40, 26.67 % were in the age group of 41 - 50, and 6.67 % were in the age group of 51 - 60. According to professional qualification, 30 (100%) staff nurses are general nurse midwife. 63.33 % nurses had 0 - 10 years of experience, 23.33 % had 11 - 20 years of experience in labor room and 13.33 % had 21 - 30 year of experience whereas 100% staff nurses response in favor of that, they had not attend any kind of workshop related to normal vaginal delivery and its practice.

It was found that knowledge level of staff nurses regarding normal vaginal delivery among before & after planned teaching was 96.67% had inadequate knowledge before planned teaching but after planned teaching it reduce and become 6.67% in case of moderate level of knowledge 3.33%) had moderate knowledge before planned teaching but after planned teaching it was increased up to 86.67% and in case of adequate level of knowledge no one had adequate knowledge before planned teaching but after planned teaching it increased and become 6.67% this showed that planned teaching was effective.

(n=30)

Table: Knowledge regarding normal vaginal delivery before and after planned teaching

Level of knowledge score	Knowledge Score pre - test		Knowledge Score Post - test	
	Frequency	Percentage	Frequency	Percentage
Inadequate	29	96.67	2	6.67
Moderate	1	3.33	26	86.67
Adequate	0	0	2	6.67

- [5] Lucas MJ. The role of vacuum extraction in modern obstetrics. Clin Obstet Gynecol; 37: 1994. p 794–805.
- [6] Maternal mortality in Central Asia (2008), Central Asia health Review (CAHR).
- [7] Perry ES, Hocken MJ, Lowdermilk DL, Wilson D. Maternal Child Nursing Care.4th ed. John Wiley and Sons publication; 2010.486.

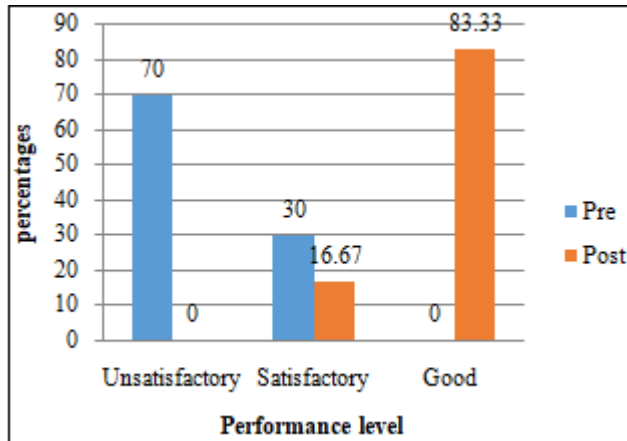


Figure: Practice before and after planned teaching

In respect to the practice performance of staff nurses before & after planned teaching regarding normal vaginal delivery in which 70% staff nurses showed unsatisfactory performance where as 30% showed satisfactory performance before planned teaching & after planned teaching study result revealed that 16.67% staff nurses had satisfactory level of knowledge and 83.33% had good level of knowledge regarding practice of normal vaginal delivery, this revealed that after planned teaching there was increased in the practice performance of the staff nurses & hence it was concluded that planned teaching regarding normal vaginal delivery and its practice was effective.

4. Conclusion

After the detailed analysis this study leads to following conclusion that the staff nurses were not having 100% knowledge regarding normal vaginal delivery and its practice. There was a significant increased in knowledge of sample after administration of planned teaching. Thus, it was concluded that planned teaching on knowledge regarding normal vaginal delivery and its practice was found effective as a teaching strategy.

References

- [1] OGrady JP, Gimosky ML. Instrumental delivery - A lost art. 1988. Churchill Livingstone New York; p155 - 85.
- [2] Krishna U, Tank DK. Pregnancy at Risk - current concepts 3rd edition - A FOGSI Publication, New Delhi.
- [3] Kathy D, Observing Standard Precaution in the OR, Infection Control Today October 2002 [cited February 2003]
- [4] Gerber S, Vial Y, Hohlfield P. et al. Maternal and neonatal prognosis after a prolonged second stage of labor, J Gynecol Obstet Biol Reprod 28: 1999. p 145–150.