Effectiveness of Laqshya Guideline regarding Emergency Prevention and Management of Postpartum Haemorrhage (PPH) in Terms of Knowledge and Skills among Nursing Officers Working in Selected PHC & CHC and District Hospital of Gurugram

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Abstract: _Introduction_: _Postpartum haemorrhage is one of the most frightening and deadly emergencies. It could also be a traumatic experience for the mother. Every woman giving birth undergoes care to mitigate the consequences of haemorrhage after the birth of their child. In India, every pregnancy carries a substantial risk of complications. To reduce the rate of maternal death, it should be promptly prevented._ _Material and methods_: _A non-equivalent pre and posttest design was conducted among 60 Nursing Officers (30 experimental & 30 control group). The sample were selected by using total enumerative sampling technique in CHC, PHCs and district hospital. A structured knowledge questionnaire and checklist were administered to measure the level of knowledge and skills to find out the effectiveness of Laqshya guideline regarding Emergency Prevention and Management of PPH._ _Results_: _The study shows that there was significant difference between the pre-test and post-test scores after implementation of Laqshya Guideline among study group. Experimental group the knowledge score increased from 10.96 ±2.53 to 18.16 ±2.97 and skills mean level from 8.9 ±2.05 to 13.7 ±2.32, while the control group showed no improvement. Paired 't' test was used to observe differences between pre and post-test mean scores and shows that significant difference between pre and post knowledge & skills score among experimental group at p<0.05 and no significant difference in control group at p>0.05. Chi square test was used to assess association between posttest of knowledge score and found association on experience and PPH cases managed at p value of 0.0009 & 0.001respectively at p value <0.05 while in skills score age, experience & PPH cases managed were statistically significant with p value 0.006, 0.01 & 0.015 respectively at p value < 0.05._ _Conclusion_: _Laqshya Guideline of Emergency Prevention and Management of Postpartum Haemorrhage was effective among Nursing Officer. After utilization of this guideline the nursing officers are able to identified and manages PPH. It also helps to reduced mortality rate among intrapartum women._

Keywords: Laqshya guideline, Nursing Officer, effectiveness, skills, Postpartum Haemorrhage

1. Introduction

Postpartum haemorrhage is one of the most frightening and deadly emergencies a midwife can encounter, especially if it occurs soon after a normal delivery. It could also be a traumatic experience for the mother. When a haemorrhage arises, the midwife is generally the first and may be the only professional available. Her quick and expert response will be crucial in minimizing blood loss and decreasing the danger of maternal morbidity or mortality[1].

The Ministry of Health & Family Welfare (MoHFW) has initiated a programme entitled "Laqshya-Quality Improvement Initiative" with the target of decreasing preventable maternal and new-born mortality, morbidity due to Ante partum haemorrhage (APH), PPH, retained placenta, preterm preeclampsia & eclampsia, obstructed labour, puerperal sepsis, newborn asphyxia, sepsis, etc. and stillbirth associated with the care around delivery in labour room & Maternity OT ensuring respectful maternity care. Laqshya guideline is committed to enhancing prenatal and postnatal care. The delivery of respectful, error-free care to all expectant mothers and newborn is anticipated to follow implementation of these principles and such improvement is rewarded. Experience indicates that better quality influences clients' desire to accept and effectively use services in a positive way.[2]

India's Millennium Development Goals (MDG) 2018 was to decrease its Maternal Mortality Ratio by three quarters, India did not reach this goal and heamorrhage and infections still persist to be the important causes. According to The Policy Times Bureau in 28, Feb, 2018 globally, about 800 women die every day of preventable causes related to pregnancy and childbirth and among of them 20 percent women are from India only and the leading cause of maternal mortality is due to Postpartum Haemorrhage.[3]

According to the last three report of Sample Registration System (SRS) India's Maternal Mortality Ratio (MMR) has decreased from 130 per 100, 000 live births in SRS 2014-16, 122 in SRS 2015-17 and 113 in SRS 2016-18. In Haryana, the rates of maternal death were 101 per 100, 000 live births

in the SRSs of 2014–16, 98 per 100, 000 in the SRSs of 2015–17, and 91 per 100, 000 in the SRSs of 2016–18.[4]

Every woman giving birth endures care to mitigate the significances of haemorrhage after the birth of their child. In India, every pregnancy carries a substantial risk of complications.

To reduce the rate of maternal death, it should be promptly prevented. However, by evaluate the risk element and according to the recommendations, the likelihood and difficulty of the situation can be significantly decreased.[5]

In antenatal period PPH can be prevented by improvement of the health status, high danger mother who are likely to grow PPH (such as twin deliver, grand multiparity, Antepartum Haemorrhage, history of previous Postpartum haemorrhage, anemia) are to be administered in a hospital that is well-equipped and MRI to detect placenta accreta or percreta. In intranatal period, PPH can be vetoed by AMTSL. cases of oxytocin-induced or-aggravated labour, examination of the uterovaginal canal for signs of trauma Before bringing the new mother to the hospital, it is important to check that her uterus is rigid and fully constricted. Routine inspections of the placenta and membranes should also be performed to identify any missing bits as soon as possible.[6]

2. Literature Survey

L. Daniel, A. Angelina (2022) conducted a research study on a cross sectional study Knowledge and skills on active management of third stage of labour for prevention of post-partum haemorrhage among health care providers in Lake Zone, Tanzania. Researcher were selected sample randomly. Data were collected using standardized questionnaire and observational checklist. p-value less than 0.05 was considered significant. Result of the study was HCPs included in this study demonstrated low skills on AMTSL as compared to knowledge which needs immediate attention. Researcher recommend continuous in-service training and supportive supervision among HCPs working in labour wards for improving their knowledge and skills on AMTSL. This will help to reduce maternal morbidity and mortality related to PPH.[7]

This study aims to assess the effectiveness of the Laqshya guidelines regarding Emergency Prevention and Management of Postpartum Haemorrhage (PPH) in terms of knowledge and Skills among Nursing Officers. There are many previous research studies has been conducted on related topic but none of them selected the Laqshya guideline. In this study, I have selected the Laqshya guidelines regarding Emergency Prevention and Management of Postpartum Haemorrhage (PPH).

This research study will help to know the effectiveness of the Laqshya guidelines regarding Emergency Prevention and Management of Postpartum Haemorrhage (PPH) among Nursing Officer and the importance of Laqshya guidelines in Emergency Prevention and Management of PPH.

3. Methods / Approach

Research approach:-Quantitative research approach

Research Design: Non-equivalent pre-and post-test design.

Variables

Independent Variable: It refers to Laqshya guidelines Information booklet on emergency prevention and management of PPH.

Dependent Variable: It refers to Knowledge regarding Laqshya guidelines on emergency prevention and management of PPH among Nursing Officer.

Demographic Variable: Demographic variable selected for this study is age, sex, qualification, year of experience, PPH cases management, previous knowledge about Laqshya guidelines, source of information of laqshya guidelines.

Setting of the Study
This study was conducted at CHC Farukhnagar and under it came PHC Gurugram Village, PHC Wazirabad, PHC Garhi harsaru, PHC Daultabad, Subdivision Hospital Pataudi and CHC Pataudi, PHC Haily Mandi, PHC Mandhpura, PHC Bhorakalan, and PHC Kasan and District Hospital of Gurugram, Haryana. PHC, CHC and District Hospital.

Sample
The sample for the pilot study is 10 Nursing Officer.
The sample for the main study is 60 Nursing Officer. (30 in Experimental & 30 in control group).

Sampling Technique
Total Enumerative sampling technique was used.

Data Collection Procedure:
The final study was conducted from March 31st, 2022 to April 13th, 2022 in CHC Farukhnagar, District Hospital and Sub Division Hospital Pataudi after obtaining the formal approval from the Senior Medical Officer. The experimental group was District Hospital, CHC Farukhnagar and under it came PHC Gurugram Village, PHC Wazirabad, PHC Garhi harsaru, PHC Daultabad and the control group was Subdivision Hospital Pataudi and CHC Pataudi, PHC Haily Mandi, PHC Mandhpura, PHC Bhorakalan, and PHC Kasan. In CHCs and PHCs, the investigator selected 60 Nursing Officer (30 in experimental group and 30 in control group) based on the enclosure and elimination standards.

After an introduction, Nursing Officer were given an overview of the study, and they were requested to sign a written informed consent form representing their readiness to contribute to the study. They were told that their responses and personal information would be kept private and used for research purposes only. The researcher used the self-structured questionnaire and Checklist to assess the Expressed skills of Emergency Prevention and Management of Postpartum Haemorrhage was used to conduct the knowledge level and skills level among Nursing Officer. The tool was used to conduct the pre-test on first day of data collection. After taking the pre-test, intervention was given

by a Laqshya Guidelines information booklet on "Emergency Prevention and Management of Postpartum Haemorrhage (PPH) to the experimental group. The post test was taken the fifth day after the administration of the Laqshya Guidelines information booklet. Similarly, pre-test and post-test were taken from the control group but no intervention was given to them. The final study data were entered into the master data sheet, where they were analysed and interpreted using descriptive and inferential statistics.

4. Results

Data Analyse and Interpretations:
- In the study, experimental and control groups, 26.7% and 30% of the samples were within the ages of 26-30, 33.3% and 43.3% of the samples were only between the ages of 31-35 and 40% and 26.7% of the samples were between the ages above 36 respectively.
- In the study experimental and control group, 100% of the participants were female.
- With respect of qualification status in experimental group 12.7%, participants were ANM, GNM were 70% and 3.3% participant were B. Sc. (H) Nursing and in control group 16.7% were ANM & 70% were GNM, 13.3% participant were B. Sc. (H) Nursing respectively.
- With respect to experience of participant 13.3 % and 33.3% had 0-5year experience, 23.3% and 36.7% had 6-10 year experience, 36.7% and 26.7% had 11-15 year experience, 26.7% and 3.3% had 16-20 year of experience in experimental group and control group respectively.
- As per the current area of working 63.3% and 50% were working in PHC, 20% were working in CHC, 30% were working in subdivision hospital and 16.6% were working in District Hospital in experimental group and control group respectively.
- As per PPH cases management 50% were case managed in the category of 1-10, 13.3% and 46.6% were in between 11-20, 33.3% and 16.6% were in between 21-30, 53.5% and 6.6% were cases managed more than 31 in experimental group and control group respectively.
- As per the Laqshya training attend maximum number of sample 53.3% and 40% had no training attended followed by 46.6% and 60% had Laqshya training attended in experimental group and control group respectively.

Table 1: Distribution of Pre-test Knowledge level in both experimental & control group, n-60

Level of knowledge	Experimental group (n-30)		Control group (n-30)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good	0	0	1	3.3
Moderate	24	80	21	70
Poor	6	20	8	26.7
Mean ± SD score	10.97 ±2.54		10.8 ±2.88	

Table no.1 Displays the pre-test knowledge among Nursing Officer regarding Emergency Prevention and Management of PPH. In overall, 6.7% (2) were in control group having good knowledge level, 80% (24) in experimental group and 73.3% (22) were from control group of the Nursing Officer

remained in moderate level of knowledge and 20% (6) experimental group and 26.7% (8) control group of Nursing Officer remained in poor level of knowledge and none of the Nursing Officer is having good level of knowledge. Overall pre-test mean & SD of knowledge is 10.97 ±2.54 in experimental group and 10.8 ±2.88 in control group.

Table 2: Distribution of Pre-test skills level in both experimental & control group, n-60

Level of skills	Experimental group (n-30)		Control group (n-30)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Expert	0	0	0	0
Intermediate	26	86.7	24	80
Beginner	4	13.3	6	20
Mean ± SD score	8.9±2.06		8.53±1.93	

Table no.2 displays the pre-test skills among Nursing Officers regarding Emergency Prevention and Management of PPH. In overall, 86.7% (26) experimental group and 80% (24) control group of Nursing Officer having intermediate skills level and 13.3% (4) experimental group and 20% (6) control group of Nursing Officer are beginner. Overall pre-test mean & SD of skills is 8.9±2.06 in experimental group and 8.53±1.93 in control group.

Table 3: Distribution of Post-test Knowledge level in both experimental & control group, n-60

Level of knowledge	Experimental group (n-30)		Control group (n-30)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good	19	63.3	0	0
Moderate	11	36.7	26	86.7
Poor	0	0	4	13.3
Mean ± SD score	18.17±2.97		11.13±2.46	

Table no.3 displays the post-test knowledge level among Nursing Officers about Emergency Prevention and Management of PPH after implementation of Laqshya Guideline information booklet. In overall, 63.3% (19) Nursing Officer present in experimental group had good knowledge level and no participants were from control group.36.6% (11) experimental group and 86.7% (26) control group of Nursing Officer having moderate level of knowledge and none of the Nursing Officer is having poor level of knowledge in experimental group and 13.3% (4) control group in poor level of knowledge. Overall pre-test mean & SD of knowledge is 18.17±2.97 in experimental group and 11.13±2.46 in control group.

Table 4: Distribution of Post-test skills level in both experimental & control group, n-60

Level of skills	Experimental group (n-30)		Control group (n-30)	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Expert	17	56.7	0	0
Intermediate	13	43.3	25	83.3
Beginner	0	0	5	16.7
Mean ± SD score	13.7±2.32		8.63±2.13	

Table no.4displays the post-test skills among Nursing Officers about Emergency Prevention and Management of PPH after implementation of Laqshya guideline information booklet. In overall, 56.7% (17) in experimental group were having expert skills and no participant were from control group and 43.3% (13) experimental group and 83.3% (25) control group of Nursing Officer were having intermediate skills level and no participant in experimental group and 16.7% (5) control group of Nursing Officer were having beginner skills level. Overall pre-test mean & SD of skills is 13.7±2.32 in experimental group and 8.63±2.13 in control group.

Table 5: Efficiency after the information booklet on level of knowledge and skills among Nursing Officer by using paired 't' test, n-60

Score	Group	No. of nursing Officer (n)	Pre-test Mean ± SD	Post-test mean ±SD	Mean difference	Paired Sample 't' value	Table value
Total Knowledge Score	Experimental Group	30	10.96 ±2.53	18.16 ±2.97	7.2	15.21*, df = 29	2.05
	Control Group	30	10.8 ±2.88	11.13 ±2.45	0.3	1.22, df = 29	2.05
Total Skills Score	Experimental Group	30	8.9 ±2.05	13.7 ±2.32	4.8	11.60*, df = 29	2.05
	Control Group	30	8.53 ±1.92	8.63 ±2.12	0.11	0.55, df = 29	2.05

*Significant at 0.05 level of significance

Table no.5 shows the evaluation of overall pre and post-test knowledge & skills score among Nursing officer regarding emergency prevention and management of PPH. Paired t-test was used and it shows calculated value (15.21 & 11.60) of knowledge and skills score of experimental group was more than tabulated value (2.05) at df-29 so rejecting the null hypothesis (H01) i. e. there will be no significant difference between pre and post knowledge score regarding Emergency Prevention and Management of PPH & (H02) i. e. there will be no significant difference between pre and post skills score regarding Emergency Prevention and Management of PPH) and accepting the alternate hypothesis at p<0.05 level of significance. So, there is a significant difference between pre and post knowledge & skills score among experimental group. It also shows that in control group, calculated value (1.22 & 0.55) of knowledge and skills score was less than tabulated value (2.05) at df-29 so accepting the null hypothesis (H01). There will be no significant difference between pre and post knowledge score regarding Emergency Prevention and Management of PPH & (H02). There will be no significant difference between pre and post skills score regarding Emergency Prevention and Management of PPH) at p>0.05 level of significance. So, there is no significant difference between pre and post knowledge & skills score among control group. Considering overall score the competencies in Nursing Officer is improved because there is vast transformation between pre and post evaluation score. So, the Laqshya guideline information booklet was effective and it is statistically significant.

Findings on the association between post assessment level of knowledge with the selected demographic variables
The association between post-assessment level of knowledge with their demographic characteristics of experimental group by chi square test. chi square value of age, qualification, experience, current working area, PPH cases managed, Laqshya training as calculated value ($\chi2=4.41$), ($\chi2=1.292$), ($\chi2=11.66$), ($\chi2=3.86$), ($\chi2=13.69$), ($\chi2=.043$) respectively.

This shows that only experience and PPH cases managed by the Nursing officer having p value 0.009, df-3 and 0.001, df-2 respectively significant at the p<0.05 level of significance. As a result, the null hypothesis (H03) is rejected and the research hypothesis is accepted (H3) which shows there is a significant association between posttest knowledge score regarding Emergency Prevention and Management of PPH among Nursing Officer group with selected demographic variables.

Demographic variables such as age, qualification, current working area, Laqshya training having p value 0.11, 0.52, 0.14 & 0.51 respectively are not significant at the p value>0.05 level of significance. As a result, the researcher accepted the null hypothesis and the research hypothesis was rejected.

Findings on the association between post assessment level of skillswith the selected demographic variables
The association between post-assessment level of skills with their demographic characteristics of experimental group by chi square test. Chi square value of age, qualification, experience, current working area, PPH cases managed, Laqshya training as calculated value ($\chi2=10.07$), ($\chi2=0.91$), ($\chi2=11.41$), ($\chi2=2.45$), ($\chi2=8.46$), ($\chi2=.02$) respectively.

This shows that age, experience and PPH cases managed by the Nursing officer having p value 0.006, 0.009 and 0.001 respectively significant at the p<0.05 level of significance. As a result, the null hypothesis (H04) is rejected and the research hypothesis is accepted (H4) which shows there is a significant association between posttest skills score regarding Emergency Prevention and Management of PPH among Nursing Officer group with selected demographic variables.

Demographic variables such as qualification, current working area, Laqshya training having p value 0.63, 0.29 & 0.96 respectively are not significant at the p value>0.05 level of significance. As a result, the researcher accepted the null hypothesis and the research hypothesis was rejected.

5. Discussion

Most of participants from both groups remained in average Knowledge group while a smaller number of Nursing Officer were remained in adequate knowledge & inadequate knowledge group. Total pre-test mean & SD in knowledge score were 10.83±2.85 in experimental group and 10.69±2.53 in control group. Most of participants from both groups remained in beginner's skills category while a smaller number of Nursing Officer are remained in expert and intermediate skills category. Total pre-test mean & SD

in skills score is 8.9±2.05 in experimental group and 8.53±1.92 in control group. None of the Nursing Officer having good level of knowledge.

The information presented above was compatible with the findings of an experimental study done by **L. Daniel, A. Angelina (2022)** conducted a research study on a cross sectional study Knowledge and skills on active management of third stage of labour for prevention of post-partum haemorrhage among health care providers in Lake Zone, Tanzania. p-value less than 0.05 was considered significant. Result of the study was HCPs included in this study demonstrated low skills on AMTSL as compared to knowledge which needs immediate attention. Researcher recommend continuous in-service training and supportive supervision among HCPs working in labour wards for improving their knowledge and skills on AMTSL.[7]

M. Flizabeth (2017) conducted a research study on competence of midwifes in preventing and management of PPH at Kimabu district. Result shows that 90.9%.59.1% were still working in a labour ward for 0-4 year and 68.2% had knowledge about the AMTSL was 100% for administration of uteronics, 95.5% for controlled cord traction and 86.4% for uterine massage 77.3% participants had knowledge about uteronics with in one minute of delivery but in observed deliveries only 13.6% was managed to administer with in time.[8]

The second objective was to evaluate the effectiveness of Laqshya guideline regarding Emergency Prevention and Management of Postpartum Haemorrhage (PPH) in terms of Knowledge and Skills among Nursing Officers in study group and control group.

On fifth day, a post evaluation was administered via the same questionnaire. It remained clear that Nursing Officer had a higher percentage of post-test knowledge score and skills score. Nursing Officer were enhanced their knowledge from μ =10.96 to μ =18.16 in and skills from μ =10.83 to μ =11.13 in experimental group afterward the implementation of Laqshya Guideline information booklet and there is no improvement in control group. Considering overall score the competencies in Nursing Officer is improved because there is vast transformation between pre and post evaluation score. So, there is a significant difference between pre and post knowledge & skills score among experimental group. Paired t-test was used and it shows calculated value was more than tabulated value at df-29 so rejecting the null hypothesis (H01). Variances between pre and post assessment score was analysed via Nursing Officer paired 't' test. And the 't' value in knowledge is 15.21 with the p value is 0.05 in knowledge. So, there is a significant difference between pre and post knowledge & skills score among experimental group. As a result, the researcher dismissed the null hypothesis (H01) in favour of the research hypothesis (H1). Data indicates the Laqshya guideline information booklet was effective and it is statistically significant at the level of significance 0.05 was accepted. It also shows that in control group, calculated value was less than tabulated value at df-29 so accepting the null hypothesis (H01). Variances between pre and post assessment score was analysed via Nursing Officer paired 't' test. And the 't' value in skills is

11.60 with the p value is 0.05 in knowledge. There will be no significant difference between pre and post knowledge score regarding Emergency Prevention and Management of PPH & (H02). There will be no significant difference between pre and post skills score regarding Emergency Prevention and Management of PPH) at p>0.05 level of significance.

The information presented above was compatible with the findings of an experimental study done by **M. Wondwosen, D. Asresash, et al. (2021)** to rule out their skills and knowledge about AMTSL managementamong obstetric care providers in North Wollo, Amhara Region, Ethiopia. It was shown that only 75 (32.3 percent) of the 232 clinicians had a strong practice. The provider's practice had a substantial impact on work experience, knowledge, the availability of help, and time of the uterotonic medication. In conclusion just one-third of those providing obstetric care had good skills. In order to manage the PPH during third stage of labour more easily, teamwork and proper planning should be done.[9]

S. Shalini, C. Nomita et al (2021) did an exploratory study on Barriers to optimal and appropriate use of uterotonics during active labour and for prevention of postpartum haemorrhage. Results shows that Unnecessary augmentation of labour was observed in 44.7% low-risk pregnancies and only 31% women were administered uterotonics in optimal doses for preventing postpartum haemorrhage. Only 46.4% providers in the observed facilities reported to have received maternal and child healthcare training according to the updated guidelines. Lack of supportive supervision for mandated practices among peers emerged as an important barrier for appropriate uterotonics usage in labour.[10]

Current study displays the association amongst post assessment level of Knowledge with demographic variables. This showed that only experience and PPH cases managed by the Nursing officer having p value 0.009, df-3 and 0.001, df-2 respectively significant at the p<0.05 level of significance. As a result, the null hypothesis (H03) is rejected and the research hypothesis is accepted (H3) which shows there is a significant association between posttest knowledge score regarding Emergency Prevention and Management of PPH among Nursing Officer group with selected demographic variables. As a result, the null hypothesis (H03) is rejected and the research hypothesis is accepted (H3). There will be a significant association between posttest knowledge score regarding Emergency Prevention and Management of PPH among Nursing Officer group with selected demographic variables, which was accepted. The association amongst post assessment level of skills with demographic variables. This shows that age, experience and PPH cases managed by the Nursing officer having p value 0.006, 0.009 and 0.001 respectively significant at the p<0.05 level of significance. As a result, the null hypothesis (H04) is rejected and the research hypothesis is accepted (H4) which shows there is a significant association between posttest skills score regarding Emergency Prevention and Management of PPH among Nursing Officer group with selected demographic variables.

My findings are analogous to those of a study undertaken by **A. K. Stephen, M Ipyana et al** (2019) conducted a study factor influencing nurses' knowledge and skills in the prevention and management of postpartum heamorrhage in the Dodoma Region, Central Tanzania. The finding of this study was more than 40year old registered nurse had more than 3year experience.5year experience nurses had more knowledge and skills in comparison of 3year experience.[11]

As a result, I conclude that Laqshya Guideline information booklet in terms of Emergency Prevention and Management of Postpartum haemorrhage (PPH) is effective in improving knowledge and skills among Nursing Officers. Level of knowledge and level of skills were linked to experience and PPH cases managed but no link was found Age, qualification, current working area, Laqshya training in this research study.

6. Conclusion

The efficiency of Laqshya Guideline information booklet in terms of Emergency Prevention and Management of Postpartum haemorrhage (PPH) among Nursing Officers working in selected PHC, CHC and District hospital was investigated in this study. According to the findings of the study, Laqshya Guideline information booklet was effective in improving knowledge and skills among Nursing Officers. It will help to prevent Postpartum Haemorrhage (PPH) and minimizes postnatal complications through imparting knowledge and skills among Nursing Officers.

7. Future Scope

- Similar studies can be done on a large sample to make a more valid generalization on Laqshya guideline regarding Emergency Prevention and Management of Postpartum haemorrhage (PPH).
- To compare the efficiency of the Laqshya Guideline information booklet with other instructional methods, a comparative study can be done in private hospital.
- A correlation study of Laqshya guideline regarding Emergency Prevention and Management of Postpartum haemorrhage (PPH) might be done.

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