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Assessment of knowledge about positive childbirth (PCB) experience and need of in-service education for the staff nurses working in labour unit of selected hospitals

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Abstract
Introduction: The majority of and approximately 140 million births that occur globally every year are among women without risk factors for complications for themselves or their babies at the beginning and throughout labour. Over the last two decades, women have been encouraged to give birth in health care facilities. And WHO encourage health care providers to adopt and adapt recommendations, which provide a sound foundation for the provision of person-centered, evidence-based and comprehensive care for women and their newborn babies. The guideline recognizes a "positive childbirth experience" as a significant end point for all women undergoing labour.
Methods: The present study was undertaken to assess the knowledge of staff nurses working in maternity unit regarding Positive Childbirth experience and also to assess their felt need of in-service education on the same topic. Quantitative research design with non experimental descriptive approach was used to conduct the study. A non-probability purposive sampling technique was used to collect 50 samples of staff nurses of maternity unit satisfying the inclusion criteria. A tool consisted of structured questionnaire and self report technique was used for data collection.
Results: The collected data showed that the overall knowledge mean score of staff nurses about positive child birth experience recommendations was 65% and all 100% sample were of opinion that the in service education on the said topic is important and needed to them.
Conclusion: The study concluded that majority of staff nurses working in labour unit have average knowledge and have felt need of in-service education on positive childbirth experience.

Keywords: Positive childbirth experience, in-service education

Introduction

According to the World Health Organization (WHO, 2018), having a natural birth without medicalized interventions has been linked to a relatively pleasant birth experience for women during labor [1].

The global landscape for maternity services has changed considerably since World Health Organization (WHO) issued technical guidance dedicated to the care of healthy pregnant women and their babies - Care in normal birth: a practical guide was issued. More women are now giving birth in health care facilities in many parts of the world, and yet suboptimal quality of care continues to impede attainment of the desired health outcomes. While in some settings too few interventions are being provided too late to women, in other settings women are receiving too many interventions that they do not need too soon [2].

WHO has released several recommendations to address specific aspects of labour management which have been catalyzed by the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), and the Every Woman Every Child movement. The WHO technical consultations led to 56 recommendations on intrapartum care: 26 of these are newly developed recommendations and 30 are recommendations integrated from existing WHO guidelines to promotes the delivery of a package of labour and childbirth interventions that is critical to ensuring that giving birth is not only safe but also a positive experience for women and their families. It is relevant to all healthy pregnant women and their babies, and takes into account that childbirth is a physiological process that can be accomplished without complications for the majority of women and babies.

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It is based on the premise that most women want a physiological labour and birth, and to have a sense of personal achievement and control through involvement in decision-making, even when medical interventions are needed or wanted [2].

Staff nurses being primarily involved in conducting normal vaginal delivery are expected to be aware of these guidelines and also follow it throughout labour to establish norms of good practice for the conduct of uncomplicated labour and childbirth. Midwives have to promote the natural birthing process with respect and help the woman to achieve a positive birthing experience. The ability to provide emotional and physical support to parturient during one of the most significant moments of her life is a privilege afforded to intrapartum.

Methods

Based on aim and objectives of the study, quantitative non experimental descriptive approach [3] was used to conduct the study. The researcher conducted the study in the labour rooms of the selected Government, Corporation hospitals and urban and rural health centers. The study subjects were total 50 staff nurses working in the labour unit of the selected hospitals/ health centers who fulfilled the inclusion criteria like staff nurses who were posted in labour unit and were available at the time of the data collection and were willing to participate. The sampling technique used was non-probability purposive sampling. The tool used for data collection was structured questionnaire consisting of Section A on demographic data and Section B consisting of total 38 questions which were categorized in six sections based on recommendations given by WHO and Section C on opinion about need of in-service education on PCB experience. After obtaining the official permission from hospital authority the researcher contacted the nursing staff working in the labour room. The available staffs were explained about the study and were requested to participate in it. The written informed consent was obtained from the staff nurses who were willing to participate in the study. The questionnaire was given to each sample separately and each sample was asked to fill it in presence of researcher/observer without talking to any other colleague and health care team members. Adequate time (30 min) was given for filling the questionnaire and it was ensured that each question is answered by the sample at the time of collection of filled tool. The pilot study was conducted on total 5 samples of government hospital to check the feasibility of the study.

Statistical Analysis

The obtained data was recorded and analyzed with help of descriptive statistics [4].

Results

Table 1: Distribution of Study Subjects Based on Selected Demographic Characteristics, (N=50)

S. N.	Variables	Specification	Freq	Percentage (%)
1	Age in years	21 to 30 years	07	14
		31 to 40 years	13	26
		41 to 50 years	27	54
		More than 51 years	03	06
2	Sex	Male	00	00
		Female	50	100
3	Professional qualification	ANM	07	14
		GNM	35	70
		BSc/PB Nursing	08	16
		MSc Nursing	00	00
		Additional certification	00	00
4	Total years of experience in maternity unit	Less than 2 years	04	08
		3 to 10 years	17	34
		More than 10 years	29	58
5	Type of hospital of work	Sub center	02	04
		Primary health center	09	18
		Urban health center	15	30
		Cottage / Sub district hospital	00	00
		Municipal corporation hospital	22	44
		District hospital	02	04
6	Number of normal vaginal deliveries per week	Less than 7 per week	03	06
		8 to 25 per week	31	62
		More than 25 per week	16	32

The data in relation to selected demographic and obstetrical parameters, presented in the table no. 1 showed that out of total 50 samples, maximum 27(54%) were from age group of 41 to 50 years, all 50(100%) samples were female and maximum 35(70%) had professional qualification of GNM. Out of total 50 sample more than half that is 29(58%) were having work experience of more than 10 years in maternity unit and majority 22(44%) were working in municipal corporation sector. And majority 31(62%) were involved in conducting more than 8 to 25 normal vaginal deliveries per week.

Table 2: Distribution of study subjects based on correct responses related to knowledge regarding various recommendations for PCB experience, (N=50)

No.	Specification	Total questions	Overall mean percent of knowledge
1	Knowledge regarding recommendations on intrapartum care	3	87.33
2	Knowledge regarding recommendations on first stage of labour	17	48.47
3	Knowledge regarding recommendations on second stage of labour	5	54.40
4	Knowledge regarding recommendations of third stage of labour	5	52.80
5	Knowledge regarding recommendations about care of newborn	5	83.20
6	Knowledge regarding recommendations about care of mother	3	64.00

The data analysis as presented in above table showed that the overall mean percent of knowledge score regarding recommendations of intrapartum care mentioned in PCB experience was 87.33%. The mean score of correct knowledge regarding recommendations on first stage of labour was 48.47%. The mean score of correct knowledge regarding recommendations on second stage of labour was 54.40% and 52.80% for third stage of labour. Mean knowledge scores regarding recommendations about care of newborn was 83.20%. And regarding recommendations about care of mother was 64%. Thus the highest mean percent score i.e. (87.33%) was about recommendations of intrapartum care and the lowest i.e. (48.47) was about recommendations on first stage of labour.

Table 3: Distribution of study subjects based on overall knowledge score regarding various recommendations for PCB experience, (N=50)

Specification	Freq	Percentage
Below average knowledge (less than 50%)	19	38
Good knowledge (51 to 75%)	20	40
Excellent knowledge (above 76%)	11	22

From the analysis of overall knowledge scores regarding various recommendations for PCB experience it was evident that at the time of data collection 19(38%) sample had below average knowledge and 20(40%) had good knowledge. The excellent knowledge was possessed by 11(22%) of samples about PCB experience.

Table 4: Distribution of Study Subjects based on opinion about importance & need of in-service education (N=50)

Ratings	Freq	Percentage
Not important and not needed	00	00
Least important and least needed	00	00
Important and needed	10	20
More important and of more need	18	36
Extremely important and extremely needed	22	44

The data of above table clearly reflected that maximum that is 22(44%) of sample were of an opinion that in-service education on PCB experience is extremely important and is extremely needed to them. Also 18(36%) sample were of opinion that in service education is most important and of more need to them. None of the sample was of opinion that in service education is not important or not required for them.

Ethical consideration
The ethical clearance was obtained from the institutional ethics committee. Informed written consent was obtained from each sample. Confidentiality was maintained in relation to participants name and work area.

Discussion
The findings of the present study are supported by a study conducted by Dhanya Devassy and Sangeetha X. (2022) who used a non-experimental descriptive survey design to assess the knowledge on Respectful Maternity Care among staff nurses working in the labour room. Non-probability convenient technique was used to select 69 staff nurses from four Hospitals in Bengaluru from April 2022 to May 2022. Structured knowledge questionnaire was used to assess the knowledge on respectful maternity care. The data showed the overall knowledge score shows that 65.5% had moderately adequate knowledge on Respectful Maternity Care. And the study concluded that assessment and improvement in nurses' knowledge will improve the quality of care as a means of enhancing safety during childbirth and positive childbirth experience [5].

The need of in-service education for staff nurses as found in the study is also supported in doctoral project report of Ana L. Viera-Martinez (2023) on Expanding labor support education to nurses caring for women in labor which stated more labor support education needs to be made available to intrapartum nurses. Within the hospital context, this quality improvement (QI) project investigated the effects of educating intrapartum nurses about labor support and providing them with hands-on training. Surveys, including the Self-Efficacy Labor Support Scale, were as given pre- and post-education to evaluate and document knowledge acquisition. These surveys collected quantitative and qualitative data from participants. Project results encourage intrapartum nurses to be educated and trained in evidence-based labor support interventions for maintaining comfort during labor. In doing so, they can provide care that more effectively supports a mother's labor preference [1].

Limitations
The study was conducted in selected hospitals in Nashik involving only 50 samples selected by purposive sampling technique. The study findings were limited to answers given by the respondents.

Conclusion
It was concluded from the findings of the present study that the majority of staff nurses working in the labour unit and involved in conducting normal deliveries had average knowledge about positive child birth experience. Also it is concluded that the majority of them have felt need of in service education on PCB experience.

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Conflict of interest: Nil.

References
1. Viera-martinez Al. Expanding labor support education

to nurses caring for women in labor [Doctoral project]. California State University, Northern California Consortium Doctor of Nursing Practice; c2023.

2. WHO. WHO recommendations: Intrapartum care for a positive childbirth experience. WHO; c2018. ISBN 978-92-4-155021-5.

3. Polit D, Beck C, Hungler B. Essentials of Nursing Research: Methods, Application and Utilization. 5th ed. Lippincoot Williams and Wilkins; c2001.

4. Polit D, Beck C. Nursing Research: Generating and Assessing Evidence for Nursing Practice. 8th ed. WolterKluwer(India) Pvt Ltd; c2008.

5. Devassy D, Sangeetha X. Knowledge on respectful maternity care among staff nurses: a descriptive survey. Int J Reprod Contracept Obstet Gynecol. 2023 Jun;12(6):1824-1829.