

A Descriptive Study to Assess the Knowledge and Practice of Nurses Regarding Active Management of Third Stage of Labour at the Selected Hospitals of Punjab

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ABSTRACT

INTRODUCTION: Active management of third stage of labour (AMTSL) as a prophylactic intervention is composed of a package of three components: 1) administration of uterotonic, preferably oxytocin, immediately after birth of the baby; 2) controlled cord traction (CCT) to deliver the placenta; and 3) massage of the uterine fundus after the placenta is delivered. WHO recommendations have supported active management of the third stage of labour as a critical intervention for PPH prevention. AMTSL has become a central component of the PPH reduction strategies of governments around the world.

AIM: The aim of the study was to detect the knowledge and practice of nurses regarding active management of third stage of labour.

MATERIALS AND METHODS: A descriptive study was used to conduct study on 80 nurses fulfilling the inclusion criteria by using convenient sampling technique. The data was collected by using Sociodemographic profile, Knowledge Questionnaire and self-report checklist.

RESULT: The result showed that the majority of the subject had an average knowledge (57.5%) whereas (35%) had good knowledge and (7.5%) had poor knowledge on other hand the majority of nurses had satisfactory practice i.e. (73.75%) and (26.25%) had unsatisfactory practice regarding active management of third stage of labour.

CONCLUSION: The study revealed that the majority of the subjects had an average knowledge regarding active management of third stage of labour and a satisfactory practice regarding active management of third stage of labour.

KEYWORDS: Active Management of third stage of labour, Knowledge, Practice, Nurses

INTRODUCTION & BACKGROUND OF THE STUDY

Active management of third stage of labour (AMTSL) as a prophylactic intervention is composed of a package of three components: 1) administration of uterotonic, preferably oxytocin, immediately after birth of the baby; 2) controlled cord traction (CCT) to deliver the placenta; and 3) massage of the uterine fundus after the placenta is delivered. WHO recommendations have supported active management of the third stage of labour (AMTSL) as a critical

intervention for PPH prevention. AMTSL has become a central component of the PPH reduction strategies of governments around the world.

Uterotonic drug: Administering an uterotonic drug within 1 minute after the baby's birth promotes strong uterine contractions and leads to faster retraction and placental delivery. This decreases the amount of maternal blood loss. More effective uterine activity also leads to a reduction in the incidence of retained

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placenta. Based on results of efficacy studies, WHO recommends oxytocin (10 IU by IM injection) as the uterotonic drug of choice for prevention of PPH during the third stage of labor because it is effective 2–3 minutes after injection, has minimal side-effects and can be used in all women. However, if oxytocin is not available, Misoprostol (400–600 µg by mouth) should be used. Access to injectable uterotonic drugs is limited to points of care where a skilled birth attendant is trained and authorized to administer injections. Misoprostol is administered orally and does not require refrigeration; therefore, it has the potential to increase access at the community level and in births not attended by a skilled birth attendant. Several studies have demonstrated the safety and efficacy of introducing use of Misoprostol by health workers, traditional birth attendants, or pregnant women themselves trained in its use.

Controlled Cord Traction: Controlled Cord Traction assists with rapid delivery of the placenta. It is important that the placenta be removed quickly once it has separated from the uterine wall because the uterus cannot contract efficiently if the placenta remains inside. Controlled Cord Traction includes supporting the uterus by applying pressure on the lower segment of the uterus in an upward direction towards the woman's head, while at the same time pulling with a firm, steady tension on the cord in a downward direction during contractions. Supporting or guarding the uterine helps prevent uterine inversion. Controlled Cord Traction should only be performed during a contraction and if countertraction is being applied. Advocates of Controlled Cord Traction argue that when expectant management is used, the placenta may be detached but remain at the level of the internal os. If this occurs, blood trapped behind the placenta in this position can distend the uterus, preventing further retraction and increasing the likelihood of PPH. Controlled Cord Traction, however, requires the presence of a birth attendant trained in its use, thus severely limiting access to the life-saving effects of active management of third stage of labor.

Uterine massage: Once the placenta is delivered, the uterus may have a tendency to relax slightly which

could result in heavy bleeding. Although the prophylactic use of a uterotonic drug helps ensure that the uterus continues to contract and retract, the provider must continue to palpate the abdomen to assess and monitor uterine tone and size, and massage the uterus as needed. Massaging the uterus stimulates uterine contractions and may help expel blood and clots that might prevent contraction. As uterine massage can be uncomfortable; it is important to explain the rationale to the patient. Teaching the woman how to assess and massage her own uterus will prevent bleeding. Check the vitals of the women every 15 minutes for 2 hours.

OBJECTIVES OF THE STUDY:

1. To assess the knowledge of nurses regarding active management of third stage of labour.
2. To assess the practice of nurses regarding active management of third stage of labour.

MATERIALS AND METHODS:

Research approach and design: A quantitative research approach and descriptive research design.

Sample and sampling technique:

Convenient sampling technique was employed to select the sample of the study. Sample size was 80.

Selection and development of research tool:

Part-I: Sociodemographic data: This part considers 6 items related to sociodemographic background of the study.

Part-II: Self structured Questionnaire: this item has 30 questions with 4 options. To assess the level of knowledge of nurses. It was 3 points (poor= 0-10, average =11-20, good=21-30).

Part III: Self report checklist: This item had 30 points. To assess the practice it has 2 points (satisfactory=16-30 and unsatisfactory=0-15).

ETHICAL CONSIDERATIONS:

Ethical approval was obtained from institute ethic committee of SPHE College of Nursing Gharuan, Mohali. Informed written consent was taken from the subjects. Confidentiality of the data was maintained.

RESULTS:

Table no: 1 Frequency and percentage distribution of sample characteristics

N=80

S. no.	Demographic variables	Categorization	frequency	percentage
1	Age in years	20-25	24	30
		26-30	43	53.75
		31-35	13	16.25
2	Gender	male	0	-
		female	80	100

3	Education	GNM	44	55
		B.Sc. Nursing	19	23.75
		Post Basic B.Sc. (N)	17	21.25
4	Marital status	Unmarried	21	26.25
		Married	59	73.75
		others	0	-
5	Total duration of job in years	0-2	29	36.25
		3-5	41	51.25
		6-8	10	12.5
6	Area of job	Antenatal ward	16	20
		Labour room	9	11.25
		Postnatal ward	18	22.5
		others	37	46.25

Table 1 depicts the frequency and percentage distribution of the demographic and knowledge and practice of staff nurses with Active management of third stage of labour.

OBJECTIVE 1- To assess the knowledge of nurses regarding Active Management of third stage of labour.

Tables 2 Frequency and percentage distribution n according to knowledge score regarding Active management of third stage of labour among nurses.

N=80

Level of knowledge	score	frequency	Percentage (%)
Good	21-30	28	35%
Average	11-20	46	57.5%
Poor	0-10	6	7.5%

Maximum score = 30 Minimum score = 0

Table 2 depicts the percentage knowledge distribution of the knowledge score according to the criterion measure and it reveals that majority of subject i.e. 46 (57.5%) have average knowledge whereas 28 (35%) have good knowledge and 6 (7.5%) have poor knowledge regarding active management of third stage of labour.

OBJECTIVE 2 - To assess the practice of nurses regarding active management of third stage of labour.

Table 3 Frequency and percentage distribution of nurses regarding active management of third stage of labour.

N=80

Level of practice	Score	frequency	Percentage (%)
Satisfactory	16-30	59	73.75%
Unsatisfactory	0-15	21	26.25%

Maximum score=30 Minimum score=0

Table 3 depict that the practice of 73.75% i.e. 59 subjects have satisfactory whereas 26.25% i.e. 21 subjects have unsatisfactory practice regarding active management of third stage of labour.

DISCUSSION

The findings of the study have been discussed with reference to the result obtained by the investigator. Present study was regarding knowledge and practice of active management of third stage of labour among nurses at the selected hospital of Punjab. The findings inferred that depicts that subject from age groups 20-25 had an average knowledge score i.e. 15.66, whereas the age group 26-30 had good knowledge i.e. 17.8 and the age group of 31-35 had poor knowledge score i.e. 19.2 and practice of the age groups 20-25 had good practice score i.e. 18.62, whereas the age

group 26-30 had average practice i.e. 18.50 and the 34 age group of 31-35 had poor knowledge score i.e. 21.66. The present study was consistent with another study by Sangay Bhutia (2018) assessing that they had good knowledge and poor practice regarding active management of third stage of labour.

Fatina B Ramadhani et. al. (2020) conducted a descriptive cross sectional survey to 160 nurse-midwives at three referral hospitals in Dar es Salaam, Tanzania. The result shows that about 99.4% nurses knew the first recommended uterotonic and (98.8%) protocols as modified. Knowledge was

significantly contributed by multiple factors. Regardless of high nurse- midwives' AMTSL knowledge; it is imperative that responsible authorities plan appropriate strategies to solve reported barriers affecting correct AMTSL use.

Zelalem Tenaw et. al. (2015) a cross sectional study was conducted to health institution in Hawassa city, Ethiopia. The data was collected by using pretested structured questionnaires for knowledge assessment and observation checklists for practice. Simple random sampling technique was used to select 76 obstetric care providers. The result shows that out of 76, 24 (33.3%) of obstetric care providers had knowledgeable about activemanagement third stage of labour and 16.7 % obstetric care providers was applied correctly active management of third stage of labour. Obstetric care providers who took pre/in-service training were 7.4 times was done correctly active management of third stage of labour than didn't take training. In this study knowledge and practice of obstetric care providers towards active management of third stage of labour is still low.

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