

Assessment of Knowledge of Active Management of Third Stage Labour among nurses

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Abstract- The goal of labor, often known as childbirth, is to force the placenta, membranes, and other viable fetal components out of the womb and through the vagina into the outside world. The study's main goal is to gauge nurses' expertise of active management of third stage of labor. There were 80 nurses in the sample. Both descriptive and inferential statistics were used to analyze the data. The findings indicate that 71.40% of nurses had sufficient understanding of active management during the third stage of labor. Overall study outcomes indicated that nurses have sufficient knowledge of AMTSL.

Keywords: Knowledge, Active management of third stage of labour, Nurses

INTRODUCTION

The physiological process of parturition, also referred to as labor, involves the removal of the placenta, umbilical cord, and other fetus parts from the uterus. To start labor, uterine contractions must be rhythmic, strong, and long enough to modify the biochemistry of the connective tissue and gradually efface and dilate the uterine cervix.(1)

Labor is the term used to describe the process by which the fetus departs the uterus. The development of the work is evaluated using a variety of variables. 1 Labor is divided into four distinct stages. Genuine labor pains signal the start of the first stage, which lasts until the cervix has fully dilated. The second stage lasts until the fetus is ejected from the delivery canal and starts when the cervix is fully dilated. The third stage begins after the foetus is ejected and ends with the expulsion of the placenta and membranes. After an hour has passed after the placenta and membranes were ejected, the fourth stage, also referred to as the stage of early recovery, begins.(2)

The third stage of labor is the period of time between the baby's birth and the delivery of the placenta and membranes. The third stage is the most perilous for the mother (PPH) due to the potential for postpartum hemorrhage. The third stage of labor typically lasts between 10 and 30 minutes; if the placenta does not separate within 30 minutes after birthing, it is considered to have been extended. When the third stage of labor lasts longer than 18 minutes, the risk of PPH increases noticeably; when it lasts more than 30 minutes, the risk increases by a ratio of six.(3)

A descriptive correlational study on Active Management of Third Stage of Labor (AMTSL) among Nursing Students at Selected Hospitals, Gangtok, Sikkim, was conducted in 2018. Out of 40 pupils, the findings revealed that 33 (82.5%) of them had average knowledge, 5 (15%) had weak knowledge, and 1 (2.5%) had good knowledge, making up the majority of the class. On the AMTSL, 19 (47.5%) and 21 (52.5%) participants, respectively, had superior experience. There was a substantial correlation between knowledge and practice of AMTSL among nursing students, suggesting that practice of AMTSL gets better as knowledge grows. A association between practice and the number of return demonstrations given to the supervisor was also found.(4)

Maternal mortality rates are very high. Nearly 830 women die every day from complications related to pregnancy or childbirth worldwide. In 2015, it is projected that 3,03,000 women died during, during, or shortly after giving birth. Most of these fatalities could have been prevented because they mostly occurred in places with little resources.(5)

The biggest problem related to this time is postpartum hemorrhage (PPH), which is generally defined as blood loss greater than or equal to 500 ml within 24 hours of birth. Blood loss that exceeds or equals 1000 ml within a 24-hour period is considered significant (Tan, 2008). A significant contributor to maternal mortality and morbidity is postpartum hemorrhage (PPH), which is responsible for the majority of pregnancy-related deaths in developing nations (ICM, IFGO, 2003).(6)

It is possible to see the third stage of labor as either a period of high potential risk or as a routine physiological process with some risks. The third stage of labor is related to postpartum hemorrhage (PPH), a significant global source of maternal morbidity and mortality.

A package of three procedures known as Active Management of Third Stage of Labor (AMTSL) is used as a preventative intervention. These procedures include the administration of a uterotonic, preferably oxytocin, right after the baby is born, controlled cord traction (CCT) to deliver the placenta, and massage of the uterine fundus after the placenta is delivered. According to WHO recommendations, active management of the third stage of labor (AMTSL) is a crucial intervention for PPH prevention. Governments all over the world are using AMTSL as a key part of their PPH reduction initiatives.

MATERIAL AND METHODS

Research Approach

A quantitative research approach was adopted for this study

Research Design

Descriptive design

Setting

The current research was done in District hospital, Madhya Pradesh

Population

In the present study, the population consists of nurses working in District hospital, Madhya Pradesh

Samples

The sample of present study consists of all the nurses who comply with the requirements.

Sampling Technique

In the present study, all the samples who fulfill the inclusion criteria are recruited using the non-probability total enumeration sampling technique.

Sample size

The calculated sample size was 80 nurses at 97% confidence interval considering 5% assumed error.

Description of Tool

A self-structured and standardized tool was used to gather information from the samples.

Tool 1: Baseline data of nurses included six items. These are age, clinical experience, marital status, gender, qualification and training programme attended.

Tool 2: Structured knowledge questionnaire of Active Management of Third Stage of Labour

Interpretation:

- Adequate knowledge: 19-27
- Moderate knowledge: 9-18
- Inadequate knowledge: 1-8

RESULT

The majority of the study participants 48 (64.33%) were in the age group of 31-40 years. 40(52.6%) were having 13-17 years of clinical experience. 40(50%) were married. 80(100%) were female. 46(61.3%) had completed B.Sc. Nursing. 77(95.6%) nurses attended training programs.

37% (48.60%) of nurses have moderate knowledge and 43(71.40%) of nurses have adequate knowledge. The mean score was 29.17±4.63.

DISCUSSION

The current study finding showed that nurse having moderate knowledge regarding active management of third stage of labour among nurses.

These findings were congruent to the study conducted by Daniel Lugwesa Muyanga, Angelina A. Joho, (2022) in order to prevent PPH, this study aimed to evaluate HCPs' knowledge of active management of the third stage of labor (AMTSL). The majority of 200 (58.8%) of the participants, with a mean age of 31.4 6.26 years, were between the ages of 25 and 34. 240 people, or 67.6%, were women. Of all HCPs, 153 (45.0%) had sufficient competence in AMTSL, compared to 171 (50.3%) who had sufficient knowledge. Males, HCPs with university degrees, and prior BEmONC training were discovered to be the best predictors of acceptable knowledge on AMTSL (AOR = 1.96, 95% CI 1.18-3.26), respectively. HCPs who participated in this study showed poor AMTSL skills compared to knowledge that requires urgent attention. We advise HCPs working in labor wards to get ongoing in-service training and supportive supervision to advance their knowledge and proficiency in AMTSL.(7)

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