



“A Study To Assess The Knowledge Regarding Different Labour Positions Among Nurses Working In Maternity Units Of Selected Hospitals In Pune City With A View To Develop self-Instructional Module (Sim).”

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Article History	Abstract
Received: Revised: Accepted:	The World Health Organization (WHO) recommends that every woman should be given an opportunity to make a choice on the type of position to use during labour. The aim of the study is to assess the knowledge regarding different labour positions among nurses working in maternity units of selected hospitals in Pune city with a view to develop Self-Instructional Module (SIM).” Quantitative research approach with non-experimental descriptive research design was used. Using non probability purposive sampling technique 220 nurses were selected. A pilot study was conducted which was found feasible. A self – structured questionnaires were prepared to assess the knowledge among nurses regarding different labour positions. Analysis was done by descriptive and inferential statistics. Study findings shows that 18.2% participant had average knowledge. 78.6% participant had good knowledge and 3.2% participant had excellent knowledge. The selected demographic variables as p – value is > than level of significance (0.05%) for all variables. There was no association between the knowledge (regarding different labour position among nurse). With the demographical variable such as age, professional qualification, total year of experience, total year of experience in maternity unit. The result of the present study were corresponded with the researches done by previous authors. Nurses need to upgrade their knowledge about various positions, which are using in the delivery. Followed by the researcher has provided the self -Instructional module on different labour positions to participants.
CC License CC-BY-NC-SA 4.0	Keywords: Knowledge, different labour positions, maternity unit, self-instructional module.

INTRODUCTION

In the pregnancy, labour is a life changing and precious movement for a pregnant women. Nurses play important role in labour process because they are the first persona to comes in to contact with pregnant women, stay with them throughout the labour. Can facilities and encourage pregnant women to tray different labour position when women in labour beds. In India 37% of home births are attended by TBAs. Some of them have Available online at: <https://jazindia.com>

not been to school, they may be untrained. If we educated them properly on birthing positions and managing postpartum hemorrhage, maternal and infant health in India could improve greatly. In countries where midwives are the primary care givers for antenatal, childbirth and postnatal services, their role is well defined and complimentary to the recent guidelines. Midwifery led care is based on the principles of dignity, privacy and compassion for women and respectful maternal care. Maternal birthing positions refer to the various physical postures a pregnant mother may assume at the time of delivery. The World Health Organization recommends that woman should be given an opportunity to make a choice on the type of position to use during labour. Alternative birth positions are associated with lower incidence rates of performing episiotomy, less perennial tears and less use of instrumental deliveries

NEED OF THE STUDY

In the pregnancy, labour is a life changing and precious movement for a pregnant women. Nurses play important role in labour process because they are the first persona to comes into contact with pregnant women, stay with them throughout the labour. Can facilities and encourage pregnant women to tray different labour position when women in labour beds. In India 37% of home births are attended by TBAs. Some of them have not been to school, they may be untrained. If we educated them properly on birthing positions and managing postpartum hemorrhage, maternal and infant health in India could improve greatly. In countries where midwives are the primary care givers for antenatal, childbirth and post natal services, their role is well defined and complimentary to the recent guidelines. Midwifery led care is based on the principles of dignity, privacy and compassion for women and respectful maternal care. Maternal birthing positions refer to the various physical postures a pregnant mother may assume at the time of delivery. The World Health Organization recommends that woman should be given an opportunity to make a choice on the type of position to use during labour. Alternative birth positions are associated with lower incidence rates of performing episiotomy, less perennial tears and less use of instrumental deliveries

AIM OF THE STUDY

Study to assess the knowledge regarding different labour positions among nurses working in maternity units of selected hospitals in pune city with a view to develop self-instructional module (sim).”

RESEARCH METHODOLOGY

The objective of the study are to assess the knowledge regarding different labour positions among nurses, to determine the association between knowledge score with selected demographic variables and to develop and validate Self-Instructional Module(SIM) on different labour positions. The study used Quantitative research approach and a Non-experimental descriptive design methodology. 220 staff nurses were selected for sample of the study using the Non -probability purposive sampling technique. Demographic variable include Age, professional qualification, total year of experience, total year of experience in maternity unit. Self –structured questionnaire containing 22 set of questions was formulated to assess the knowledge regarding different labour positions. Contain validity of questionnaires was done. Reliability demonstrated a high relevance of 0.9. The pilot study was conducted on 1/10th of the study sample, found that the investigation was feasible.

RESULT

1. Analysis of the data as per demographic variables.

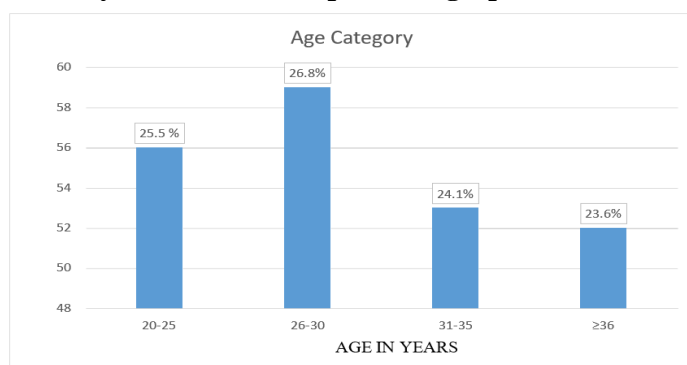


Figure No.1 Reveals that of i.e. 26.8% belongs to the age group 26 to 30 years, 25.5% study participant belongs to 20 to 25 years, 24.1% participant were 31- 35 age group, 23.6% study participant belongs to greater than 36 years. Which shows about equal distributions of all the participant in the age group.



Figure No. 2 Professional qualification status of the participant reveals that maximum study participant i.e. 58.6% were GNM diploma holders, 26.8% participant were completed ANM qualification. 14.5 % participant completed BSC Nursing.

Findings of analysis of other demographic variables

- Total year of experience status of the participant reveals that i.e. 43.6% were having 1-5 total year of experience, 23.6% participant were 5-10 total year of experience. 19.5 % participant were having > 10 year total years of experience. 13.2% participant were having <1 year total experience.
- Total year of experience in maternity unit status of the participant reveals that i.e. 47.7% were having 1-5 total year of experience in maternity unit, 33.2% participant were < 1 total year of experience in maternity unit. 10.5 % participant were having 5 to 10 year total years of experience in maternity unit. 8.6% participant were having > 10 year total experience.

2. Analysis of data on knowledge regarding different labour positions.

Table 02: Frequency Distribution of Knowledge Category				Mean	SD
		Frequency(n=220)	Percentage (%)		
Knowledgecategory	Average	40	18.2 %	14.66	2.71
	Excellent	7	3.2 %		
	Good	173	78.6 %		

Analysis of data on the level of knowledge regarding different labour positions among nurses, which reflects majority (i.e. 78.6 %) participant having good knowledge, 18.2% participant are having Average knowledge, and 3.2 % are participant having excellent knowledge regarding different labour positions. The mean value of knowledge score is 14.66 and the standard deviation is 2.71 indicating that the knowledge score may vary from + 2.71 to- 2.71 from the mean knowledge score among the participant of the study.

3. Association of findings with selected demographic variables.

Table03: Association between Demographic variable & Knowledge Category										Association
Demographicvariables		Knowledge Category			Total	Chi-Square Value	Table value	df	p-value	No Association
		Average(n=40)	Good(n=173)	Excellent (n=7)						
Age	20-25	16	38	2	56	5.99	12.59	6	0.42	
	26-30	8	49	2	59					
	31-35	8	43	2	53					
	≥36	8	43	1	52					
Professional qualification	ANM	8	50	1	59	2.88	9.48	4	0.58	
	BSc Nursing	7	23	2	32					
	GNM	25	100	4	129					
Total year ofexperience	<1	10	19	0	29	9.19	12.59	6	0.16	
	1-5	16	75	5	96					
	5-10	6	45	1	52					
	>10	8	34	1	43					
Total year of experience in maternity unit	<1	21	51	1	73	10.47	12.59	6	0.11	No Association
	1-5	14	86	5	105					
	5-10	2	20	1	23					
	>10	3	16	0	19					

In the table no .2 the data showing the association between the demographic variables calculated through chi square test. All calculated values and significantly more than table value at 0.05 level. Result indicate no association between demographic variables and knowledge.

Accept the null hypothesis, as there is no association between the knowledge (regarding different labour positions among nurses) and the selected demographic variables.

4. Analysis related to Development of self – instructional module.

SELF-INSTRUCTIONAL MODULE	
S- CVI	0.891

The data in table No.3 depict expert and sample analysis related to the development of self –instructional module. The score for the Statistical content validity index was 0.891.

Conclusion – The Self-instructional module valid to use.

DISCUSSION

The research finding of this study have been discussed with association to the research objectives. The knowledge score showed that participants had good knowledge, some had average knowledge about different labour positions. This suggest that there is a need for education and information about different labour positions during labour, its uses and in which stage it is helpful. Also there was no association between knowledge levels of nurses regarding different labour positions with selected demographic variables. There are a few supported studies in connection to above study.

Current results are supported by a study by Anita Yadav in 2020, to evaluate the knowledge regarding alternative birth positions among nursing officers who were posted in the labour room of government hospitals. 52 samples participated, a pretest questionnaires' was given. SPASS software was used for data analysis. The result were, majority 82.7% of participant felt that there is need of giving choice to the women regarding alternative birth positions. 76.9% of them were aware of position other than lithotomy. Around 48.1% would recommend squatting position to a woman in labour. The study concluded that overcrowding in labour room, ignorance about different positions and difficulty in converting to instrumental delivery are reasons of not recommended the different positions.

An anonymous qualitative study was conducted to expose the perceptions and experiences of Nigerian obstetrician regarding maternal birthing position and perianal trauma, using purposive sampling technique, eight

obstetrician from two referral hospital in the November 2014, data collected through interview method. Study result showed that the willingness to support mother in their choice of birthing position and also indicated that the obstetrician were considered women centered care in relation to birthing positions and perinatal trauma.

The similar study was conducted in August and September 2020 to investigate the knowledge and skills regarding maternal positions in labour among midwives and consider the need of training, a semi structured questionnaire was distributed, midwives working in eight hospitals of Brescia, northern Italy. 115 midwives and data was analyzed using descriptive approach. The findings showed that good knowledge and specific benefits determined by maternal positions and mobility in labour were recognized among the participating midwives.

CONCLUSION

The aim of the study was to assess the knowledge regarding different labour positions among nurses working in maternity unit of selected hospitals of Pune city.

A Non- experimental descriptive design was used for the study. The tool was found reliable after the content validity and reliability was done. Pilot study was conducted among 25 participants, analysis of the pilot study revealed that it was feasible to conduct the main study. 220 participants were selected for final data collection. Analysis was done using descriptive and inferential statistics. The data analysis was done after computing the mean, standard deviation, frequency, percentage, t test, chi - square test.

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