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"Knowledge and Practice of Active Management of Third Stage of Labour (AMTSL) among Nurses Working in Selected Hospitals of Kashmir"

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ABSTRACT:

Labor or childbirth is series of events that take place in the genital organs in an effort to expel the viable products of conception (fetus, placenta and the membranes) out of the womb through the vagina into the outer world. Active Management of Third Stage of Labour (AMTSL) as a prophylactic intervention is composed of a package of three components: 1) administration of an 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. The aim of the study was to assess Knowledge and Practice of Active Management of Third Stage of Labour (AMTSL) among nurses working in selected hospitals of Kashmir. A non-experimental approach with Descriptive Correlational design was used for this study. The sample comprised of 30 nurses working in selected hospitals of Kashmir. Purposive sampling technique was used to select sample. Data was collected by using self-structured knowledge questionnaire and checklist. The findings of the study revealed that maximum number of subjects were in the age group of 20-30 years 29(96.7) with 12(40%) of subjects having qualification BSC (N), highest number of subjects 24(80%) were working as junior staff nurses and all 30 (100%) of subjects were Muslims.The study indicates that majority of subjects had adequate knowledge scores 15(50.0%) and practices score 18(60%). There was no correlation between knowledge and practice scores among subjects. Moreover, there was significant association between the score level and demographic variable viz; source of information (chi square=4.531, p value= 0.339). Hence the study concluded that knowledge is independent of practice.

Index Terms: AMTSL, Labour, Practice, Nurses

1.1 INTRODUCTION

"We must understand that childbirth is fundamentally a spiritual, as well as physical, achievement. The birth of a child is ultimate perfection of human love."

Dr. Grantley Dick Read

Labor or childbirth is series of events that take place in the genital organs in an effort to expel the viable products of conception (fetus, placenta and the membranes) out of the womb through the vagina into the outer world.[1] Labor is divided into four stages. The first stage starts from the onset of true labor pains and ends with full dilatation of the cervix. The second stage starts from the full dilatation of the cervix and ends with expulsion of the fetus from the birth canal. The third stage begins after the expulsion of the fetus and ends with expulsion of the placenta and membranes. The fourth stage is the stage of early recovery; it begins after the expulsion of placenta and membranes lasts for one hour.[2]

The third stage of labor begins after the baby is born and ends when the placenta separates from the wall of the uterus and is passed through the vagina. This stage is often called delivery of the "afterbirth" and is the shortest stage of labor. [3] The third stage of labor typically lasts between 10 and 30 minutes; if the placenta fails to separate within 30 minutes after childbirth, the third stage is considered to be prolonged. If the third stage of labor lasts longer that 18 minutes, it is associated with a significant risk of PPH; and there is a six-fold increase in PPH when the third stage of labor lasts longer than 30 minutes.[4] Postpartum hemorrhage is the most common cause of maternal death in many low and middle income countries.[5]

Active Management of Third Stage of Labour (AMTSL) as a prophylactic intervention is composed of a package of three components: 1) Administration of an 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. Every attendant at birth needs to have the knowledge, skills and critical judgment to carry out active management of the third stage of labour, as well as access to required supplies and equipment. International Federation of Gynecology and Obstetrics (FIGO) and International Confederation Midwives (ICM) agree that active management of the third stage of labour is proven to reduce the incidence of postpartum hemorrhage (PPH).[4]

A cross sectional study was conducted on Active management of third stage of labour; practice and associated factors among obstetric care providers' at health facilities in Kembata-Tembaro Zone, Southern Ethiopia in 2018 . The findings revealed that the magnitude of good practice of active management of third stage among respondents was 29.8% only. The magnitude of good practice of active management of the third stage of labour among respondents' was low. Thus, improving practice of active management of the third stage of labour among obstetric care providers needs great attention by all stakeholders. Proving In-service training to obstetric care providers may improve practice and knowledge towards active management of third stage labour.[6]

A descriptive correlational study was conducted on Active Management of Third Stage of Labour (AMTSL) among Nursing Students in Selected Hospitals, Gangtok, Sikkim in 2018.The findings revealed that majority of the students i.e. out of 40 students, 33 (82.5%) had average knowledge, 5 (15%) students had poor knowledge and 1 (2.5%) had good knowledge. Majority 21 (52.5%) had poor practice and 19 (47.5%) had good practice on AMTSL. There was a positive correlation between knowledge and practice of AMTSL among nursing students which means with the increase of knowledge, the practice of AMTSL improves. Also, there was an association of practice with the number of return demonstration shown to the supervisor.[7]

1.2 Problem Statement: A Descriptive Correlational study to assess Knowledge and Practice of Active Management of Third Stage of Labour (AMTSL) among nurses working in selected hospitals of Kashmir.

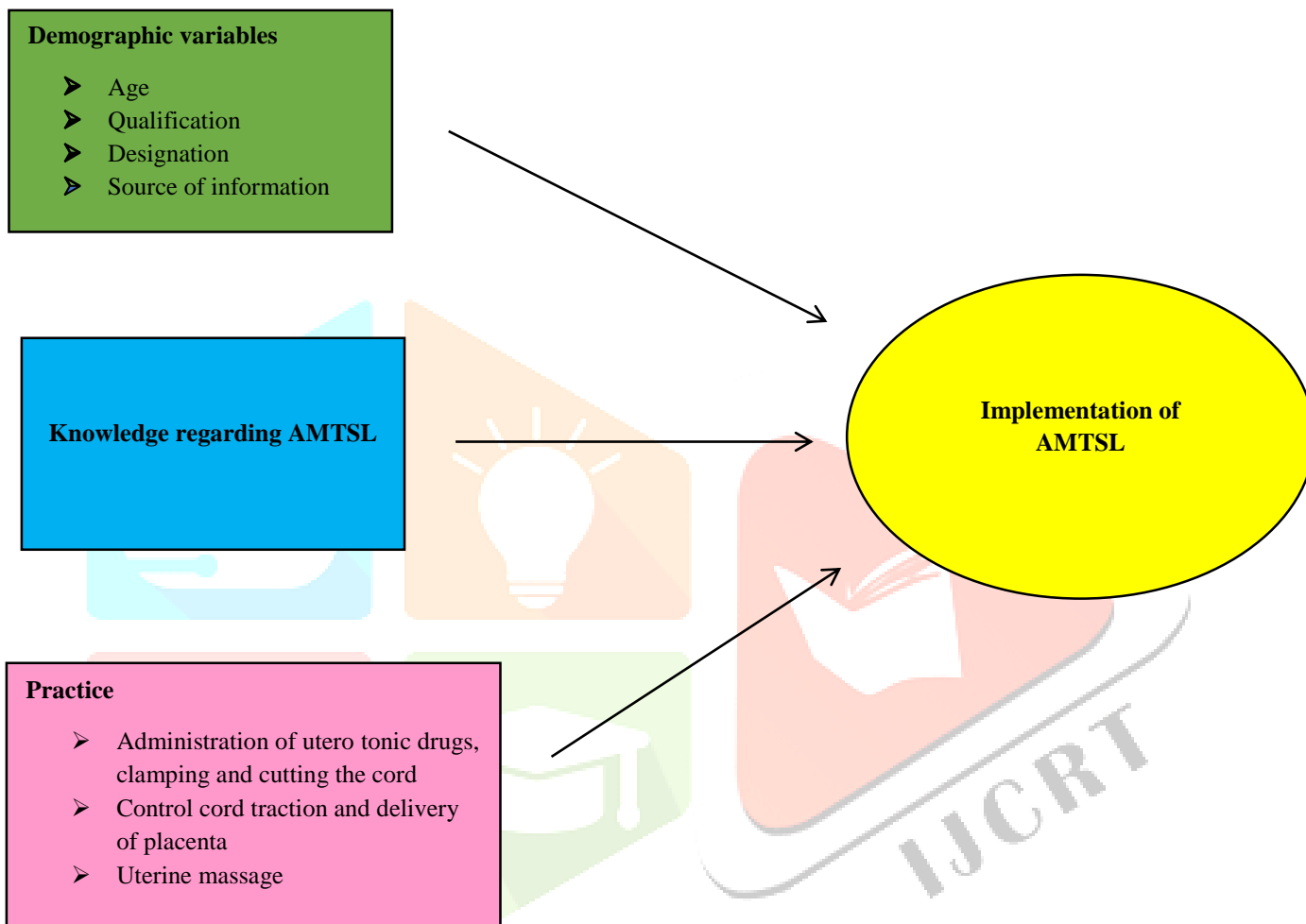**1.3 Objectives:** The objectives of the study were:

• To assess the knowledge and practice on Active Management of the Third Stage of Labour among nurses.

• To find the correlation between the knowledge and practice of Active Management of the Third stage of Labour among nurses.

• To find the association between knowledge and practice of Active Management of the Third stage of Labour among nurses with selected demographic variables.

1.4 Theoretical Framework

INDEPENDENT VARIABLE   DEPENDENT VARIABLE

Demographic variables
  ➢ Age
  ➢ Qualification
  ➢ Designation
  ➢ Source of information

Knowledge regarding AMTSL

Implementation of AMTSL

Practice
  ➢ Administration of utero tonic drugs, clamping and cutting the cord
  ➢ Control cord traction and delivery of placenta
  ➢ Uterine massage

II. RESEARCH METHODOLOGY

2.1 Research Approach and Design: A non-experimental approach with Descriptive Correlational design was used for this study.

2.2 Population and Sample: The population of the main study consisted of the nurses of selected hospitals of Kashmir. Purposive sampling technique was used to select a sample size of 30 staff nurses.

2.3 Research Tools: In this study tool consists of three parts; Section A: Socio Demographic Data, Section B: Self -Structured Knowledge Questionnaire regarding Active Management of Third Stage of Labor (AMTSL) and Section C: Checklist regarding Active Management of Third Stage of Labor (AMTSL),

2.4 Data Collection Method: The data was collected during the month of December 2020 from selected hospitals of Kashmir. A written permission was obtained from respective Heads of Departments of selected hospitals of Kashmir prior to the data collection. The investigators collected data by introducing a Self - Structured Knowledge Questionnaire for assessing knowledge regarding Active Management of the Third stage of Labor. Thereafter, a checklist was used to assess the practice of Active Management of the Third stage of Labour among the subjects.

2.5 Data Analysis: Results were analyzed through descriptive and inferential statistics.

III.RESULTS AND DISCUSSION:

The analyzed data was organized and presented in the form of tables which was organized under the following sections:

Section -A

Frequency and percentage distribution of subjects according to their selected socio-demographic variables.

Table No: 1 Frequency Distribution of Demographic variables

n=30

SECTION-1 SOCIO DEMOGRAPHIC DATA		Percentage (%)	Frequency(f)
AGE	20-30 YRS	96.7%	29
	30-40 YRS	3.3%	1
	40-50 YRS	0.0%	0
QUALIFICATION	ANM	0.0%	0
	GNM	30.0%	9
	BSC(N)	40.0%	12
	MSC(N)	30.0%	9
DESIGNATION	JR.STAFF NURSE	80.0%	24
	SR.STAFF NURSE	3.3%	1
	NSG INCHARGE	16.7%	5
INFORMATION	BOOKS	13.3%	4
	SOCIAL MEDIA	26.7%	8
	WORKSHOP	0.0%	0
	ALL	60.0%	18

SECTION B

Findings related to Knowledge score of subjects regarding Active Management of Third Stage of Labour.

Table No 2: Table Showing Knowledge Scores

n=30

CRITERIA MEASURE OF KNOWLEDGE SCORE		
Category Score	Percentage	Frequency
GOOD(14-19)	36.7%	11
AVERAGE(8-13)	50.0%	15
POOR(1-7)	13.3%	4

Maximum Score=19 Minimum Score=0

Table No 3: Table showing Mean, SD, Median, Maximum, Minimum, Range, Mean Percentage of Knowledge Scores

n=30

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
KNOWLEDGE SCORE	11.93	3.24	12.00	19	5	14	62.8

Maximum Score = 19 Minimum Score= 0

SECTION C

Findings related to practice score of subjects regarding Active Management of Third Stage of Labour.
Table No 4: Table showing practice scores.

n=30

CRITERIA MEASURE OF PRACTICE SCORE		
Category Score	**Percentage**	**Frequency**
GOOD(9-12)	36.7%	11
AVERAGE(5-8)	60.0%	18
POOR(0-4)	3.3%	1

Maximum Score=12 Minimum Score=0

Table No 5: Table showing Mean, SD, Median, Maximum, Minimum, Range, and Mean Percentage of Practice Score

n=30

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
PRACTICE SCORE	10.03	1.54	10.00	12	4	8	83.6

Maximum Score= 12 Minimum Score= 0

SECTION D

Findings related to the Correlation between the knowledge and practice scores of subjects regarding Active Management of the Third stage of Labour using Karl Pearson's coefficient of correlation.

Table No 7: Table Showing Correlation between Knowledge and Practice scores

n=30

Pearson's Correlation	Pair1	
	Knowledge score	Practice score
Mean	11.93	10.03
SD	3.237	1.542
N	30	
Correlation	0.118	
Table Value	0.361	
P Value	0.535	
Result	**Not Significant**	

SECTION E

Findings related to the association between knowledge and practice scores of subjects regarding Active Management of the Third Stage of labour with selected demographic variables.

Table no. 7: Table showing the association between the level of score and socio demographic variable.

n=30

Demographic Variables		Levels(n=30)			Association with Practice Score				
Variable	Opts	GOOD	AVERAGE	POOR	Chi Test	P Value	df	Table Value	Result
Age	20-30 YRS	11	17	1	0.690	0.708	2	5.991	Not Significant
	30-40 YRS	0	1	0					
	40-50 YRS	0	0	0					
Qualification	ANM	0	0	0	3.064	0.547	4	9.488	Not Significant
	GNM	4	4	1					
	BSC(N)	4	8	0					
	MSC(N)	3	6	0					
Designation	JR.STAFF NURSE	10	14	0	6.187	0.186	4	9.488	Not Significant
	SR.STAFF NURSE	0	1	0					
	NSG INCHARGE	1	3	1					
Information	BOOKS	2	2	0	4.531	0.339	4	9.488	Significant
	SOCIAL MEDIA	5	3	0					
	WORKSHOP	0	0	0					
	ALL	4	13	1					

The study indicates that maximum number of subjects were in the age group of 20-30 years 29(96.7) with 12(40%) of subjects having qualification BSC (N), highest number of subjects 24(80%) were working as junior staff nurses and all 30 (100%) of subjects were Muslims.The findings also revealed that majority of subjects had adequate knowledge scores 15(50.0%) and practices score 18(60%). There was no correlation between knowledge and practice scores among subjects. Moreover, there was significant association between the score level and demographic variable viz; source of information (chi square=4.531, p value= 0.339). Hence the study concludes that knowledge is independent of practice.

ACKNOWLEDGMENT:

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