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A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE REGARDING ACTIVE MANAGEMENT OF THIRD STAGE OF LABOR IN TERMS OF KNOWLEDGE AMONG B.SC NURSING 3RD YEAR STUDENTS IN SELECTED NURSING COLLEGES IN LUDHIANA PUNJAB

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ABSTRACT

Introduction:

Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus.The third stage of labor has traditionally been defined as the time between the birth ofthe baby and the delivery of the placenta and membranes. It is the third stage that is the most perilous for the woman because of the risk of postpartum hemorrhage (PPH).

Methods: A Quasi Experimental was carried out on 100 b.sc nursing 3rd year students to assess the effectiveness of self instructional module. Assessment of knowledge among students regardingactive management of third stage of labor was conducted through questionnaire before Intervention, then self instructional module was administered for 15days. Post test was conducted on 16th day.Result: study result revealed that self instructional module was effective to increase the knowledge of students.

Conclusion:As per findings of the present study, self-instructional module was valuable in increasing knowledge regarding active management of 3rd stage of labor among B.Sc. 3rd year nursing students.

Key words: knowledge, self instructional module, active management of third stage of labour.

INTRODUCTION:

Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus.[1] It is the period from fertilization to birth, it starts when a male's sperm fertilizes a female's egg(ovum) in the woman's fallopian tube making a zygote with 46 chromosomes. The zygote starts to divide and after five to seven days of dividing and growing. It attaches itself to the wall of the uterus, the moment it is implanted in the wall of the uterus it becomes an embryo and placenta starts to develop**.** The entire process from fertilization to birth takes an average of 266–270 days, or about9 months. It's also known as gestation.[2]

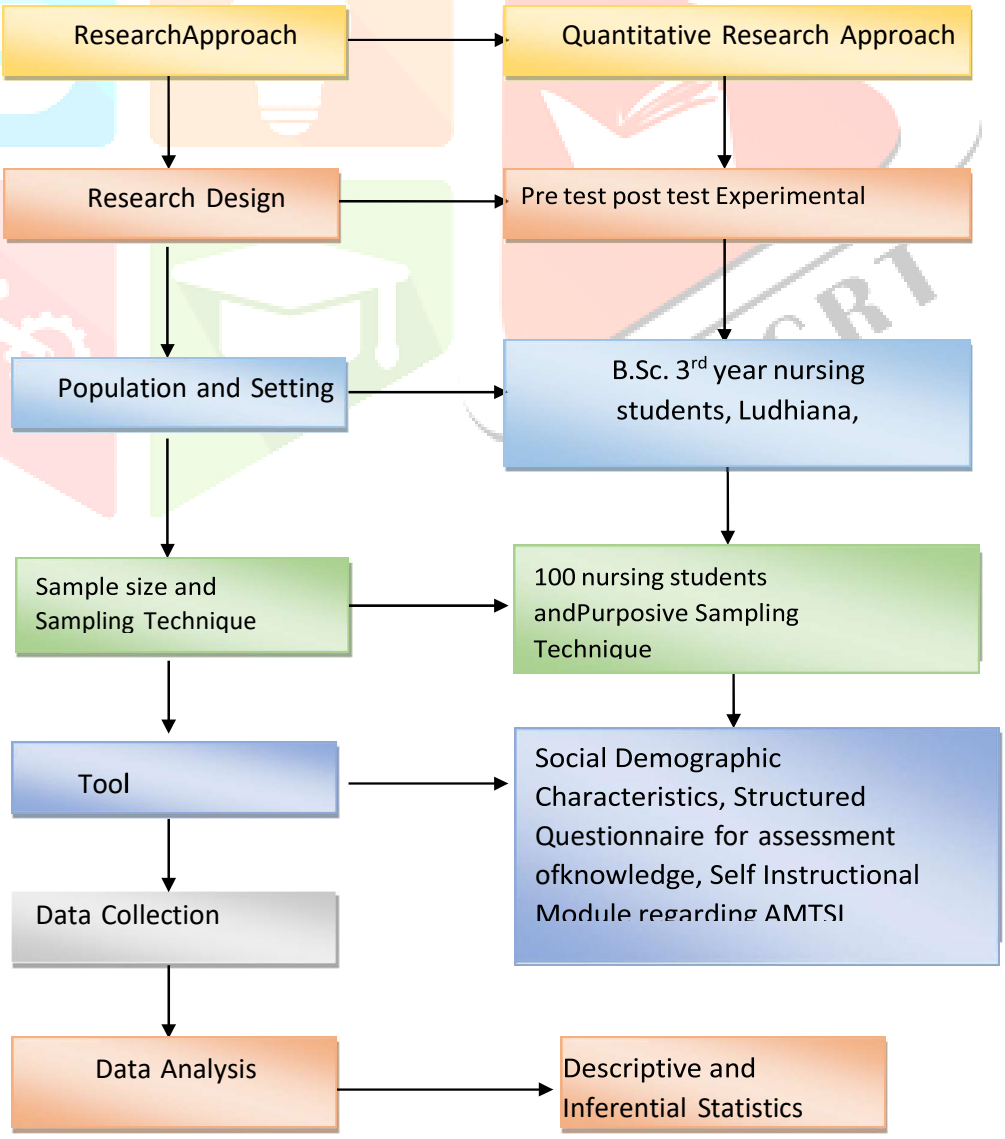
Labor is defined as the process by which the fetus is expelled from the uterus. The progress of labor is measured with multiple variables.[3] Labor is divided into four stages. The first stage starts from the onset of true labor pains and ends with full dilatation of the cervix. The second stage starts from the full dilatation of cervix and ends with expulsion of the fetus from the birth canal. The third stage begins after the expulsion of 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.[4]

The third stage of labor has traditionally been defined as the time between the birth of the baby and the delivery of the placenta and membranes. It is the third stage that is the most perilous for the woman because of the risk of postpartum hemorrhage (PPH). The third stage of labor typically lasts between 10 and 30 minutes; if the placenta fails to separate within 30 minutes after childbirth, then third stage is 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.[5]

World Health Organization strongly recommends that every obstetrical provider at birth needs to have knowledge and skills on active management of the third stage of laborand use it routinely for all women. However, implementation of this lifesaver intervention by skilled birth attendants is questionable because 3% to 16.5% of women still experience postpartum hemorrhage.[7]

Material and methods: "A Quasi Experimental" i.e. "One group Pretest, Post test**"** design was used to assess the effectiveness of self- instructional module regarding active management of third stage of labor in terms of knowledge among B.Sc. Nursing 3rd year students in selected college in Ludhiana Punjab. Sample of 100 b.sc nursing students are selected by convenient sampling techniques for data collection at Kular college of nursing and Mohan Dai Oswal College of Nursing Ludhiana Punjab. The study includes the students who were Available at the time of data collection and willing to participate in this study.those not willing to participate were excluded. Total 30 structured knowledge questionnaire was used to assess the knowledge regarding AMTSL.

PRE-TEST ON DAY 1		Intervention was given on same day	POST TEST ON DAY 16th
Group			Assessment of knowledge among students regarding active management of third stage of labor was conducted again through questionnaire after the intervention.
One group pretest ,posttest(n=100)	Assessment of knowledge among students regarding active management of third stage of labor was conducted through questionnaire before intervention	Self-instructional module regarding active management of third stage of labor was given to b.sc nursing 3rd year students for 15 days	



Results: The collected data was entered in the master sheet for statistical analysis. The analysis was performed using statistical software SPSS 20 V and Microsoft Excel. Data is presented with the help of tables, pie diagram and bar graph.

Table 1: Frequency and Percentage distribution of Pretest and Posttest ofknowledge score

N=100

S.No.	Criteria measure of knowledge score				
		Pre-test		Post-test	
	Category	Frequency(f)	Percentage(%)	Frequency(f)	Percentage(%)
1.	Poor (0-10)	42	42%	0	0%
2.	Average (11-20)	58	58%	56	56%
3.	Good (21-30)	0	0%	44	44%

Table 1: depicts that B.Sc. Nursing 3rd year students had average knowledge score in pre-test i.e. 58%, no student had good knowledge in pre-test knowledge and 42% students had poor knowledge score regarding active management of third stage of labor. In post-test knowledge score, there were 44% students who had good knowledge score i.e. 44%. It means after administration self-instructional module students had increase their knowledge regarding active management of third stage of labor.

Table 2: Comparison of frequency & percentage distribution of pre-test and post-test level of knowledge

N=100

S.No.	Criteria measure of knowledge score								
	Category	Pre-test				Post-test			
		Frequency(f)	Percentage(%)	Mean	sd	Frequency(f)	Percentage(%)	Mean	Sd
1.	Poor(0-10)	42	42%	11.37	3.093	0	0%	20.22	2.65
2.	Average (11-20)	58	58%			56	56%		
3.	Good (21-30)	0	0%			44	44%		

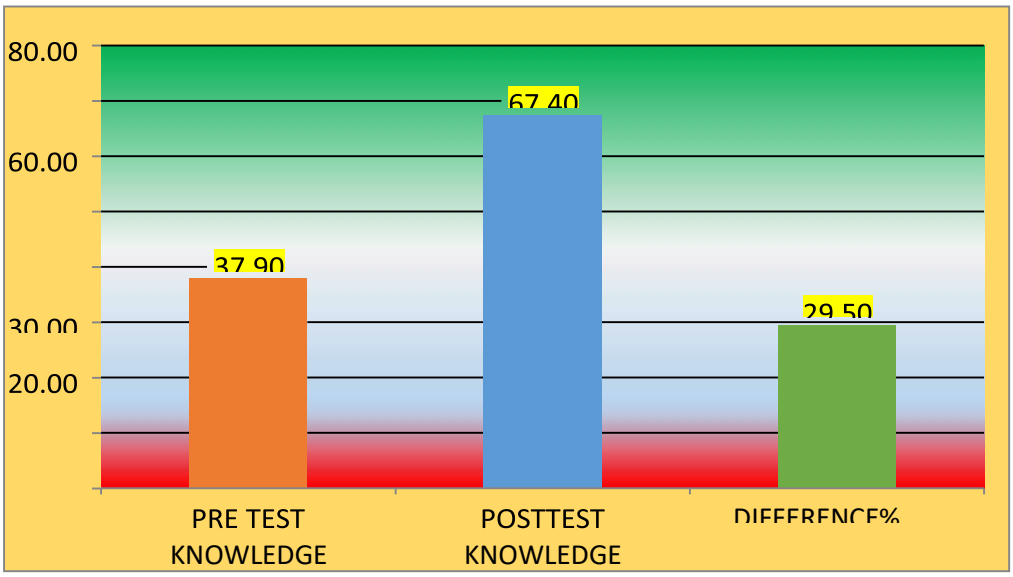
Maximum Score-30 **Minimum Score: 0**

Table 3: Comparison of descriptive statistics of pre-test and post-test scores ofknowledge

Paired T Test	Mean±S.D.	Mean%	Range	Mean Diff.	Paired T Test	P value	Table Value at 0.05
Pre test knowledge	11.37±3.093	37.90	4-17	8.850	51.465 *Sig	<0.001	1.98
Post test knowledge	20.22±2.665	67.40	14-27				

Maximum=30 **Minimum=0**

Table 2 and 3: depicts the comparison of pre- test and post- test mean score. The mean pre- test and post test scores was 11.37±3.093 and 20.22±2.665. The difference between pre- test and post- test knowledge scores in was found significant at p<0.05 level. Hence the H1 hypothesis was accepted. The mean difference was 8.850. The difference of scores between pre-test and post test was found significant at p<0.05 level. Hence H2 hypothesis was accepted. Hence, it was concluded that self - instructional module was effective in increasing knowledge score.



Bar diagram showed effectiveness of self-instructional module.

DISCUSSION

The present study has been undertaken with view to assess the knowledge regarding active management of third staged of labor. This chapter relates the findings of the present study with the reviews related to the study.

A problem statement of the study is, "the effectiveness of self-instructional module regarding active management of third stage of labor in terms of knowledge among B.Sc. Nursing 3rd year students in selected college in district Ludhiana, Punjab."

In order to achieve objectives of the study pre-experimental design was adopted and 100 subjects who fulfills inclusion criteria were selected by using non- probability convenient sampling technique. Socio- demographic variables was selected and they were assessed by using semi-structured questionnaire.

Objective 1*:* To assess the knowledge regarding active management of third stage of labor in terms of knowledge among B.Sc. Nursing 3rd year students.

In present study the pre-intervention findings revealed that 0% of B.Sc. 3rd yearnursing students had good knowledge, 58% had average knowledge and 42% had poorknowledge regarding active management of third stage of labor. Post-test was conducted on the 8th day of study subjects.

The findings of the present study were similar to the study conducted by, Ms. Sheetal Kadam Sheetal, Ms. Satwe Vandana, et.al. (2016) highlighted that knowledge ofstudents in pretest regarding active management of third stage of labor maximum 18(45%) of students had average knowledge, while minimum students 14(35%) had good knowledge[9].

Objective 2: To find out the effectiveness of self-instructional module on improving the knowledge of B.Sc. Nursing 3rd year students.

The current study revealed that in pre- test, mean 11.37 and sd 3.093 and in post- test mean 20.22 and sd 2.655. It means after administration self-instructional module students had increase their knowledge regarding active management of third stage of labor.

The findings of the present study were similar to the study conducted on staff nurses by, **Dr. Malta Sonia, (2014)** highlighted that Staff nurses had maximum knowledge (74%) in the area of physiology of third stage of labor, while minimum knowledge (42.1%) in the area of components of active management of third stage of labor. It indicates that increase in knowledge score was not by chance but because of the intervention. Hence, it was interpreted that STP was significantly effective in increasing the knowledge of the staff nurses. It can be concluded that the administration of PPH management and prevention teaching program was effective[10].

Objective 3: To find out the association of pre-test and post-test knowledge scorewith selected socio-demographic variables.

Present study revealed that, there was no significant association of knowledge withage, area of residence, religion, marital status, previous knowledge at p-value<0.05.

Similar study conducted by, **Daniel Lugwesa Muyanga and Angelina A. Joho, (2022)** showed that there no association of pre-test findings with socio-demographic variables such as age, marital status and type of health facility were not associated with level of knowledge on AMTSL ($p > 0.05$).[11]

CONCLUSION:

As per findings of the present study, self-instructional module was valuable in increasingknowledge regarding active management of 3rd stage of labor among B.Sc. 3rd year nursing students. Based on obtained results, it was inferred that the self-instructional module was effective and while the knowledge gain score is commendable, there is still room for improvement.

Recommendations for future research:

1. Based on results of the study following recommendations are made:
2. An exploratory study on factors associated with active management of 3rd stage oflabor can be undertaken on a larger sample.
3. The similar study can be repeated in another setting with large sample size togeneralize the findings.
4. A comparative study can be conducted to assess the knowledge regarding active management of 3rd stage of labor among staff nurses and B.Sc. nursing students.
5. An experimental study can be conducted to assess the effectiveness of planned teaching program on knowledge and practice regarding active management of 3rd stage of labor among staff nurses.

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