

Concepts of Midwifery Nurse's Quality care of Practice in Normal Delivery at Rajshahi Medical College Hospital

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Abstract: Background: The study aimed to identify and explain the variety of ways midwives managed normal labour and to see if it was possible to identify midwife concepts associated with different stage management practices. At first, the focus was on labor-specific types of midwifery care. The mechanism by which midwives develop expertise in all stage management. **Materials and Methods:** A qualitative approach was a comparative method utilized to collect and analyze Study was performed. Fifty (N=50) Midwives in Rajshahi Medical College Hospital, Rajshahi, Bangladesh, were interviewed from December 2020 to June 2021. with the practice midwives observed. **Results:** In this Study, normal labour management is needed together with an evaluation of the role of practice guidelines that attempt to standardize practice. Amount of time midwifery nurses spent with 80% yes and 20% no. they always being a midwifery nurse around if you needed one, 80% yes and 20% no. Midwives' conduct delivered 88% yes and 12% no; how nurses listened to your worries and Concerns, 88% yes and 12% no. The midwives told the mother about immunization, 84% yes and 16% no. The number of information midwifery nurses gave to you About your condition and treatment, 80% yes and 20% no. Midwifery Nurses' manner will deliver 92% yes, and 8% no. The way midwives explained to you about bear-down effort during the 2nd stage, 88% yes and 12% no. After delivery, the midwives give you uterine massage, 86% yes and 14% no. Decision-making in labor is a complicated process that is influenced by the learning opportunities available to midwives. **Conclusion:** In this Study, practice variation in all three-stage care was a reflection of the individuality of midwives and the way midwives chose to individualize the care of women. Priority was given to models of midwifery care during childbirth at the outset of this research; in normal labour management is needed, and an evaluation of the role of practice guidelines that attempt to standardize practice.

Key Words: Awareness; Delivery; Management; Midwives; Nurse.

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I. INTRODUCTION

Every year, more than 200 million women become pregnant. In the last 25 years, there has been a steady increase in the rate of cesarean births, from 5.5% in 1970 to approximately 25% in 1995. ¹ This increase has occurred due to changes in managing several factors, including malpresentation, fetal distress, prior cesarean section, and dystocia. Given this increase in the cesarean section rate, all medical personnel participating in the care of a laboring patient must have complete knowledge of the management of normal labor and delivery. ² This knowledge will help prevent the necessity for cesarean sections by optimizing the care of laboring patients. However, childbirth is not a joyous event but a time of pain, fear, suffering and even death. Because of difficulties associated with human birth, women often require assistance during delivery. Childbirth may be surrounded by traditions, many of which are beneficial, but others may be harmful. ³

During labor and delivery, the Nurse-Midwives should administer sensitive and appropriate care based on the client's and her family's particular needs. They require a two-fold effort to assess labor progress and use personal skills to assess the client and family's needs during this physically and emotionally stressful time. Care in normal birth aims to achieve a healthy mother and fetus with the least possible level of interventions compatible with safety. Human labor is surprisingly hazardous. Evolution should favor mothers who deliver without problems; yet, for those without access to good medical care, the lifetime risk of dying from labor maybe 10% or more. ⁴ Nurses can help the nation achieve these goals by closely monitoring women during labor and birth and by teaching women as much as possible about labor, so that they can use as little analgesia and anesthesia as possible.

The investigator tries to highlight the Nurse-Midwife's role in the delivery room toward using proper and healthy practices compatible with good knowledge throughout the stages of labor.

General Objective:

- The Study will be carried out to assess the knowledge and practice of staff nurses about Normal Labour.

Specific Objective:

- To assess the knowledge of nurses about Normal Labour.
- To assess the nurse's practice. Normal Labour
- To examine the nurse's knowledge about the management of Normal Labour.

II. MATERIAL AND METHODS

The Study was conducted at RMCH, a 1000-bed tertiary-level teaching hospital in Rajshahi, Bangladesh. The Study was carried out from December 2020 to June 2021. The total number of nurses working in this hospital was 450. The Study was conducted in thirty-four wards under four selected units, including 1) the Gynae ward, 2) the Labour ward, 3) the medicine ward, and 4) the Surgery ward. A total of N=50 nurses who met the following inclusion criteria were recruited into this Study to overcome non-response subjects.

III. RESULT

Now we can find out in this Study that. At the level of knowledge regarding the questionnaire are, Complete midwifery training, yes 94%, No 6%, Know WHO recommended visit for an antenatal checkup, a.1st at-14wks 10%, b.2nd at-28wks 82%, c.3rd at-35wks 6%, d.4th at-39wks 2%, know what is Gravida, a. Total no of conception 92%, b.Total no of delivery 4%, c.A number of children 0%, d.Duration of delivery 4%, Know the labour is called normal. At the demographic table, there selected ages 25-34 years 28%, 35-44year 56%, 45+ 8%.Gender male, 0%, female 100%. Marital status, single 12%, married 84%, widow 4%.religion Muslim, 64%,Hindu 28%, Christian 8%,buddhist 0%.Academic qualification, S.S.C 34%, H.S.C 40%, B.A/B.Sc 26%, Master 0%.Professional qualification, Diploma in Nursing, Diploma in Midwifery 60%, B. Sc. in public Health2%, Mp. H / M. Sc. 14%. B. Sc. in Nursing From, College of Nursing 24%, Length of service 1 –10, 40%. 11 – 20, 50%. 21 – 30, 8%.31_40,2%.

Table no 1 LDL-C, 158.3 ±22.6 mg/dl, 156.1 ±27.8&157.2 ±26.7 mg/dl, HDL-C, 37.5 ±2.70 mg/dl, 35.5 ±2.21&36.4 ±1.90 mg/dl, Triglyceride165.8 ±30.8 mg/dl, 162.6 ±28.2&166.8 ±35.7mg/dl, Non-HDL-C 180.6 ±31.2 mg/dl, 182.4 ±29.2 & 185.2 ±32.4 mg/dl, , FBG, 142.5 ±25.7 mg/dl, 148.2 ±26.9 & 145.8 ±27. mg/dl4, HbA1c, %, 5.82 ±0.2, 5.62±0.4 & 5.65 ±0.3 respectively of patients of the three groups. The difference in the values of all parameters in respect of three groups was not statistically significant (p>0.05)

Table 1: Demographic information of the participated Nurse

Variable	Parameters	Number	Percentage
Age	25-34 Years	14	28%
	35-44 Years	28	56%
	45-54 Years	8	16%
Sex	Male	0	0%
	Female	50	100%
Marital Status	Single	6	12%
	Married	42	84%
	Widow	2	4%
Religion	Muslim	32	64%
	Hindu	14	28%
	Christian	4	8%
	Buddhist	0	0%
Academic qualification	S.S.C	17	34%
	H.S.C	20	40%
	B.Sc/B.A	13	26%
Professional qualification	Diploma in nursing & Midwifery	30	60%
	B.Sc in Nursing	12	24%
	B.Sc in Public Health	1	2%
	Nursing	7	14%
	MPH/M.Sc		
Length of service	1-10 Years	20	40%
	11-20 Years	25	50%
	21-30 Years	4	8%
	31-40 Years	1	2%
Variable	Parameters	Number	Percentage
Age	25-34 Years	14	28%
	35-44 Years	28	56%
	45-54 Years	8	16%

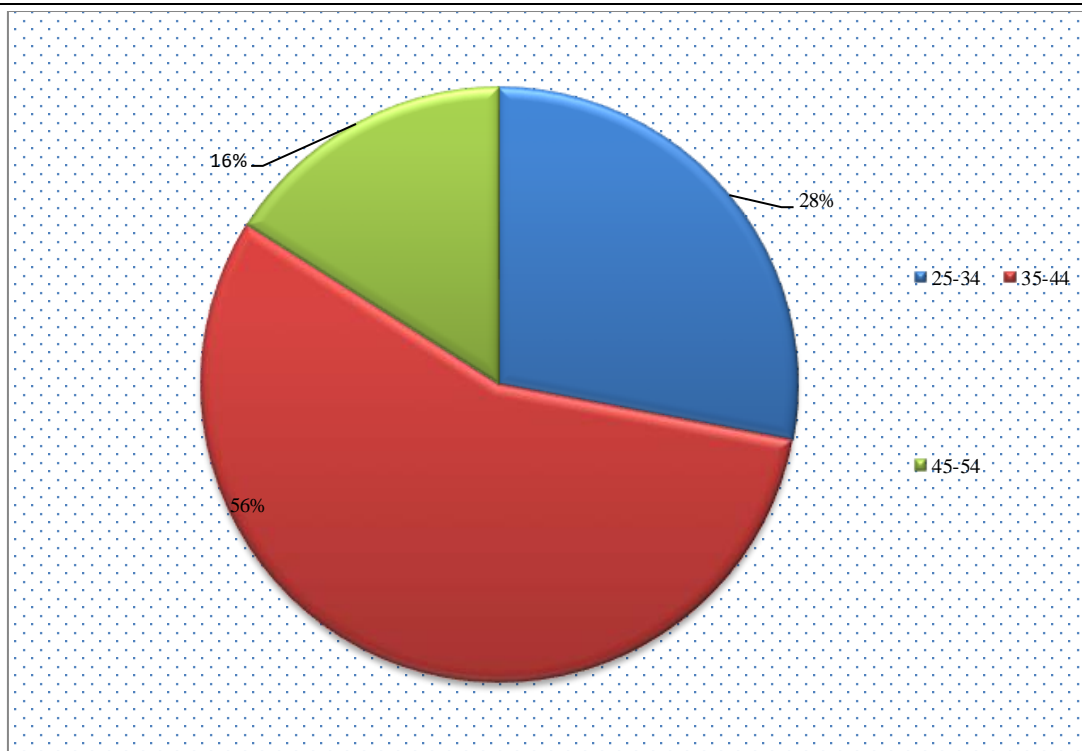


Fig 1: Age of the respondents.

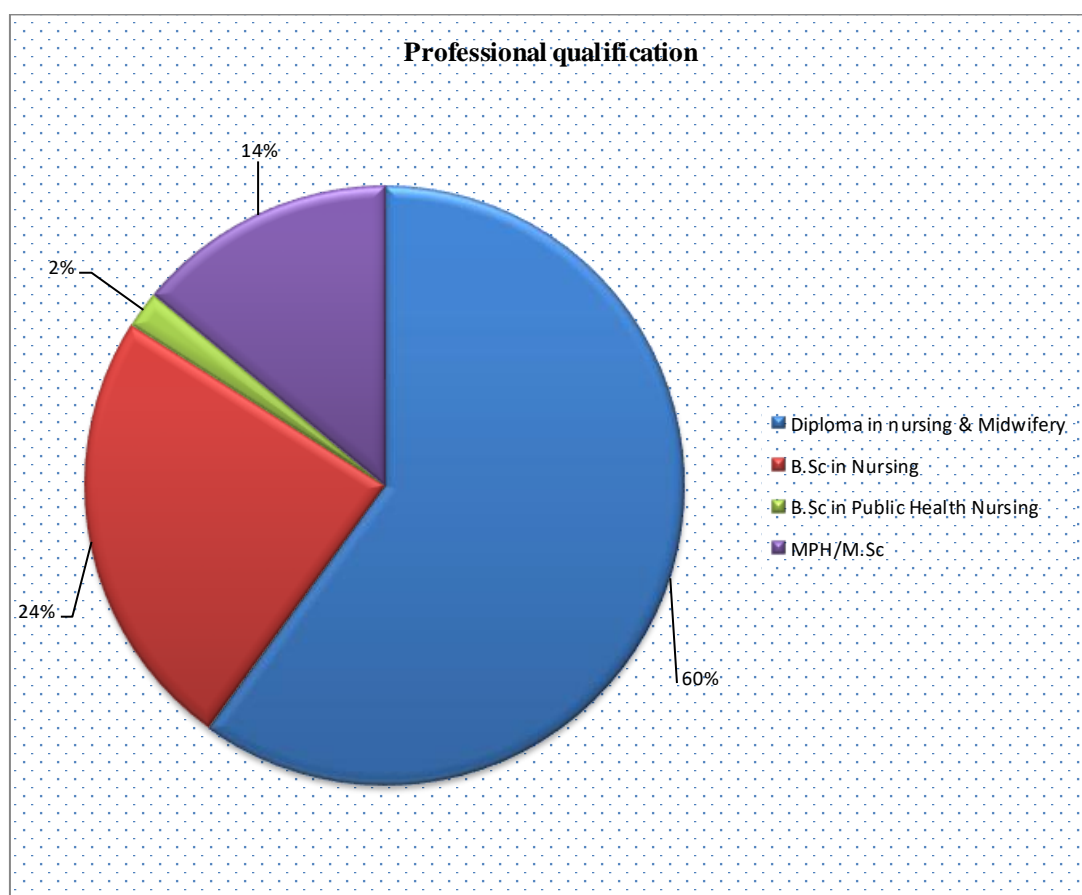


Fig 2: Professional qualification of the respondents.

Table 2: Knowledge for Nurse about Normal Labour

Q. No	Question	Parameter		Answer				Scor	
1	Did you complete your midwifery training?	Yes	No	Yes	No	Yes	No	Yes	No
				47	03	94%	6%		
2	Do you know which on is WHO recommended visit for antenatal checkup?			Correct	Wrong	No	%		
				No	%	No	%	187	74.8
		a. 1 st at-14wks				5	10		
		b. 2 nd at-28wks		41	82				
		c. 3 rd at-35wks				3	6		
		d. 4 th at-39wks				1	2		
3	Do you know what is Gravida?			Correct	Wrong	No	%		
				No	%	No	%	192	76.80
		a. Total no of conception		46	92				
		b. Total no of delivery				2	4		
		c. Number of children				0	0		
		d. Duration of delivery				2	4		
4	When labour is called normal?			Correct	Wrong	No	%		
				No	%	No	%	194	77.60
		a. Spontaneous in on set and at term		50	100				
		b. With shoulder presentation				0	0		
		c. Knee presentation				0	0		
		d. Without having any complication		43	86				
Q No	Question	Parameter		Answer				Score	
5	Do you have any knowledge about 1 st stage of labour?	Yes	No	Yes	No	Yes	No	Yes	No
				50	0	100%	0%		
6	How you management the 1 st stage of labour?			Correct	Wrong	No	%		
				No	%	No	%	182	72.80
		a. Mental support		48	96				
		b. Rest in left lateral position		46	92				
		c. P/v examination		46	92				
		d. Induction of labour				2	4		
7	Do you know the active management of 3 rd stage of labour?			Correct	Wrong	No	%		
				No	%	No	%	157	62.80
		a. Inj: Oxytocin 10 IU/M		50	100				
		b. Inj: Ergumatin				8	16		
		c. Inj: Ceftriaxone 1 gm				0	0		
		d. Pelvic massage		23	46				
Q No	Question	Parameter		Answer				Score	
8	Do you know the management of complication of labour?	Yes	No	Yes	No	Yes	No	Yes	No
				50	0	100%	0%		
9	Do you give proper nursing care to the patient according to	Yes	No	Yes	No	Yes	No	Yes	No

	their condition?			47	03	94%	6%
10	Which one is the 3 rd stage active management ?	a. Delivery of the placenta by control cord traction and give oxytocin b. Episiotomy c. Caesarian section d. Uterine massage		Correct	Wrong	No	%
				No	%	192	76.80
				50	100		
				5	10		
				0	0		
				48	96		
11	Do you know how much time needed in 3 rd stage of labour?	a. 15 min b. 30min c. 5min(WHO) d. 15min(WHO)		Correct	Wrong	No	%
				No	%	158	63.20
				44	88		
				3	6		
				7	14		
				8	16		
12	Do you know the placenta delivery management?	Yes	No	Yes	No	Yes	No
				50	0	100%	0%
13	Do you know the sign of placenta separation?	a. Soft uterus and relax b. Hard and lobular uterus, gush of blood expel out c. Painful uterus d. Retained placenta		Correct	Wrong	No	%
				No	%	172	68.80
				42	84		
				10	20		
				0	0		
				0	0		
Q No	Question	Parameter		Answer		Score	
14	Do you give post natal advice?	Yes	No	Yes	No	Yes	No
				50	0	100%	0%
15	Do you told the mother about immunization ?	Yes	No	Yes	No	Yes	No
				49	01	98%	2%
16	Do you keep record the delivery process?	Yes	No	Yes	No	Yes	No
				49	01	98%	2%
17	Are you agree need more nurses training according to normal labour ?	Yes	No	Yes	No	Yes	No
				50	0	100%	0%
18	Do you give health education ?	Yes	No	Yes	No	Yes	No
				49	01	98%	2%

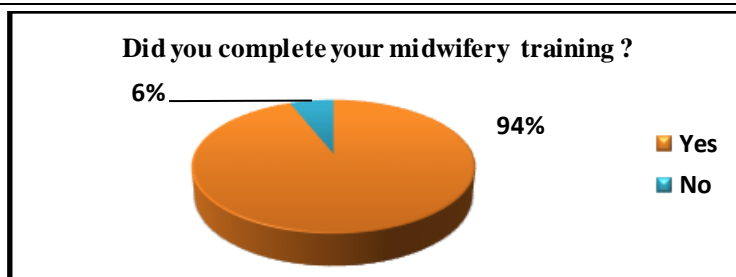


Fig 4: Did you complete your midwifery training?

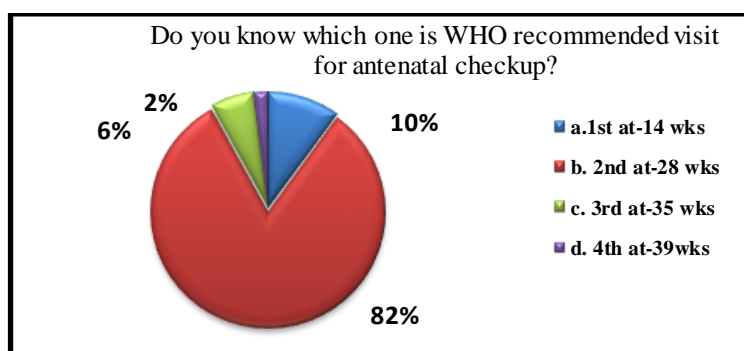


Fig 5: Do you know which one is WHO recommended visit for an antenatal checkup?

Table 3: Demographic information of the participated patient

Variable	Parameters	Number	Percent age
Age	20-27 Years	41	82%
	28-35 Years	09	18%
Gender	Male	0	0%
	Female	50	100%
Marital Status	Single	2	4%
	Married	48	96%
	Widow	0	0%
Religion	Muslim	32	64%
	Hindu	14	28%
	Christian	3	6%
	Buddhist	1	2%
Educational background	Primary School	4	08%
	Secondary	11	22%
	Higher Secondary	26	52%
	University/Above	09	18%
Occupational status	Jobless	01	02%
	Retirement	08	16%
	Business	03	06%
	Housewife	38	76%
Monthly family income	1500/	01	02%
	1501-3000/	03	06%
	3001-5000/	04	08%
	5001-10000/	24	48%
	10000-15000/	18	36%
Medical payment	Wholly reimbursed	37	74%
	Medical insurance	02	04%
	Govt. support	08	16%
	NGO support	03	06%
Home location	In Rajshahi Divisi	46	92%
	Others Division	04	08%

Do the amount of time nurses spent with you ?

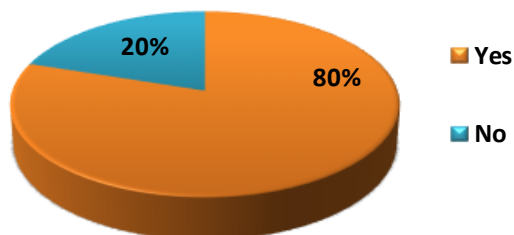


Fig 6: Do the amount of time nurses spent with you?

Do the nurse conduct delivered?

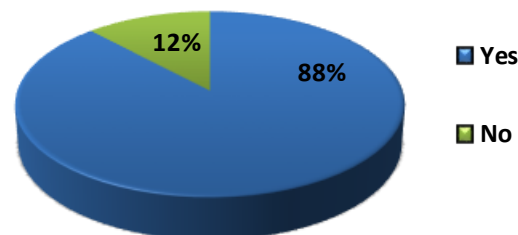


Fig 7: Do the nurse conduct delivered?

IV. DISCUSSION

This Study investigated the knowledge of nurses and practice regarding Normal Labour. Nurses are the main healthcare providers in the hospital. They provide basic health care services and preventive care and educate communities. The Study found that nurses have influential positions in affecting patients' health decisions and health knowledge. However, there is controversial knowledge among nurses regarding the management of Normal Labour that impacts their service provision. 5

Regarding training courses in midwifery, the highest percentage (69.4%) of them have the opportunity to be enrolled or participated in training courses ranging between (1-5) courses, with a duration ranging from one week to more than one month. At the same time, one-third do not have training courses.

It was found that in-service training is essential to ascertain that midwives' skills and understanding of the quality of care have been updated to maintain high quality in their nursing and midwifery practices and give them the opportunity for high-quality performance. 6 The results presented a high mean of scores in nurse-midwives' knowledge regarding the second stage of labor in all items, such as definition, signs and symptoms, episiotomy and its benefits, conduction of delivery, and cord clamping and cutting. It was stated that nurses' knowledge is vital at all levels of nursing practice. 7 Knowledge and their impact on interactions with women's health care in the delivery room are essential to prevent labor complications. Labor support is important to this experience since it influences women's classification of the birth experience as positive or negative. By understanding professional labor support, intrapartum nursing knowledge can be advanced and help professional labor support interventions, enhancing the delivery process for all women. 8

Related practice, amount of time nurses spent with, 80% yes and 20% no. they always being a nurse around if you needed one, 80% yes and 20% no. Nurse conduct delivered, 88% yes and 12% negative how nurses listened to your worries and Concerns, 88% yes and 12% no. The nurse told the mother about immunization, 84% yes and 16% no. the amount of information nurses gave you About your condition and treatment, 80% yes and 20% no. 92% yes and 8% no will be nurses' manner. The way nurses explained to you about beardown effort during 2nd stage, 88% yes and 12% no. After delivery, the nurse gives you uterine massage, 86% yes and 14% no.

V. CONCLUSION

In this study, decision-making for care was based on an evolving knowledge base, values and beliefs, and several contextual features. The theory explains why practice variation in stages of care exists among midwives and why changes to care to occur over time. It also explains why an individual midwife's practice changes in certain situations, according to the needs of the individual being cared for, changing midwife values and beliefs or environmental factors while still providing an explanatory framework for those who maintain established practices. Midwifery nurses play an important role in ensuring quality care during normal deliveries. They assist women in labor, monitor labor progress, and provide support and education to women and their families. In Bangladesh, midwifery care is becoming increasingly recognized as a crucial component of maternal and newborn health. The role of midwifery nurses in improving maternal and newborn outcomes, particularly in rural and underserved areas, is likely a key area of focus in studies on the quality of midwifery care in Bangladesh.

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