Original Research Article

A Pilot Study Report on Effectiveness of Skill Training Programme on Selected Obstetrical Emergencies

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ABSTRACT

Maternal health refers to the health of women during pregnancy, childbirth and the post partum period. While motherhood is often a positive and fulfilling experience for too many women it is associated with suffering ill health and even death. These are a number of illnesses and disorders of pregnancy that can threaten a well-being of both mother and children. Obstetrical emergencies are life-threatening medical conditions that occur is pregnancy (or) during or after labor and delivery. In Worldwide, the situation is much worse, with around 600,000 maternal deaths occurs of obstetrical emergencies reported each year. The problem statement of the present study is effectiveness of on selected obstetrical emergencies among staff nurses. The objectives of this study was, 1.To assess the skill among staff nurses on selected obstetrical emergencies. 2.To assess the effectiveness of skill training programme. 3.To associate the skill on selected demographic variables. The quantitative research approach was used and the research design was pre experimental one group pre test post test method. The study was conducted at Sri Manakula Vinayagar Medical College and Hospital for 30 staff nurses by using convenient sampling technique. Observational check list was used to assess the skills among staff nurses. The study findings revealed that out of 30 staff nurses, the mean pre test score 42.60 and the post test mean score was 88.23. The study findings concluded that the skill training programme on management of selected obstetrical emergencies was effective in improving skills among staff nurses.

Key words: Maternal health, skill training programme, obstetrical emergencies.

INTRODUCTION

Maternal health refers to the health of women during pregnancy, childbirth and the post partum period. While motherhood is often a positive and fulfilling experience for too many women it is associated with suffering ill health and even death.

These are a number of illnesses and disorders of pregnancy that can threaten a well-being of both mother and children. Obstetrical emergencies are life-threatening medical conditions that occur is pregnancy (or) during or after labor and delivery. Obstetrical emergencies may also occur during active labor and after delivery. Obstetrical emergencies can be caused by a number of factors, including stress, trauma, genetics and other variables in some cases, past medical history, including precious pregnancies and deliveries may help an obstetrician and staff nurse should anticipate the possibility of complications. Signs and symptoms of an obstetrical emergency in child but are clinical to diminished fetal activity in the late third trimester.

NEED FOR THE STUDY:

In Worldwide, the situation is much worse, with around 600,000 maternal deaths occurs of obstetrical emergencies reported.
each year.

Maternal mortality refers to deaths due to complications from pregnancy, during and after childbirth. From 1990 to 2015, the global maternal mortality ratio declined by 44 per cent – from 385 deaths to 216 deaths per 100,000 live births, according to UN inter-agency estimates. This translates into an average annual rate of reduction of 2.3 per cent. While impressive, this is less than half the 5.5 per cent annual rate needed to achieve the three-quarters reduction in maternal mortality targeted for 2015 in Millennium Development Goal.

Every region has advanced, although levels of maternal mortality remain unacceptably high in sub-Saharan Africa. Almost all maternal deaths can be prevented, as evidenced by the huge disparities found between the richest and poorest countries. The lifetime risk of maternal death in high-income countries is 1 in 3,300, compared to 1 in 41 in low-income.11

**CAUSES OF MATERNAL DEATH**

Haemorrhage remains the leading cause of maternal mortality, accounting for over one quarter (27 per cent) of deaths. Similar proportion of maternal deaths were caused indirectly by pre-existing medical conditions aggravated by the pregnancy. Hypertensive disorders of pregnancy, especially eclampsia, as well as sepsis, embolism and complications of unsafe abortion also claim a substantial number of lives.

The complications leading to maternal death can occur without warning at any time during pregnancy and childbirth. Most maternal deaths can be prevented if births are attended by skilled health personnel – doctors, nurses or midwives – who are regularly supervised, have the proper equipment and supplies, and can refer women in a timely manner to emergency obstetric care when complications are diagnosed. Complications require prompt access to quality obstetric services equipped with life-saving drugs, including antibiotics, and the ability to provide blood transfusions needed to perform Caesarean sections or other surgical interventions.

In India the MMR of 460 in 1984, declined to 254 deaths per 100,000 live births in 2004-2010. Whereas in Tamil Nadu reporting the MMR of 95 and 111 respectively. (BY SAMPLE REGISTRATION SYSTEM ON MMR)

**AT PUDUCHERRY LEVEL** According to the Department of health and family welfare services Puducherry has been described a statistical report on number of maternal death 2005-2010 related to obstetrical emergencies

<table>
<thead>
<tr>
<th>NO</th>
<th>YEAR</th>
<th>PUDUCHERRY</th>
<th>KARAikal</th>
<th>MAHE</th>
<th>YANAM</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2005-06</td>
<td>12</td>
<td>5</td>
<td>NIL</td>
<td>27</td>
<td>44</td>
</tr>
<tr>
<td>2</td>
<td>2006-07</td>
<td>14</td>
<td>2</td>
<td>NIL</td>
<td>21</td>
<td>37</td>
</tr>
<tr>
<td>3</td>
<td>2007-08</td>
<td>12</td>
<td>3</td>
<td>NIL</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>4</td>
<td>2008-09</td>
<td>6</td>
<td>5</td>
<td>NIL</td>
<td>21</td>
<td>32</td>
</tr>
<tr>
<td>5</td>
<td>2009-10</td>
<td>8</td>
<td>NIL</td>
<td>NIL</td>
<td>9</td>
<td>17</td>
</tr>
</tbody>
</table>

• The nurses and other hospital staff are not trained in modern management skills, which contribute to poor quality services. The situation can be improved by training existing staff nurses to provide emergency obstetric services in rural areas and training hospital mangers in management skills.

• Providing skill to the professional nurse with obstetrical emergencies during antenatal, intranatal and postnatal is the best means for reducing the number of maternal mortality rate and neonatal mortality rate.

• Nurses should have adequate knowledge, skill or obstetrical emergency situation and acquire competency skill to identify the emergency situation and act
immediately to save the life of the mother and the child.

- At SMVMCH though the medical care professional are taking rapid actions towards the Obstetrical Emergencies situation still in the part of nursing professionals found incapacitated in approaching the situation with confident and courage. Due to anxiety and lack of competence in attending the Obstetrical Emergency Cases. As the nursing profession moves towards the independence nurse practitioner ship and it is expected from all the nurses to handle the critical situation with more competency.

- Hence the Researcher planned systematic training of the Staff Nurses which will enhance their skills in practice, with competence and courage to the situation that provide immediate care.

**STUDY DETAILS**

<table>
<thead>
<tr>
<th>RESEARCH APPROACH</th>
<th>Quantitative Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESEARCH DESIGN</td>
<td>Pre Experimental Design</td>
</tr>
<tr>
<td>SETTING</td>
<td>Sri Manakula Vinayagar Medical College &amp; Hospital</td>
</tr>
<tr>
<td>POPULATION</td>
<td>All staff nurses</td>
</tr>
<tr>
<td>SAMPLE</td>
<td>Staff nurses working at SMVMCH, Puducherry</td>
</tr>
<tr>
<td>SAMPLING TECHNIQUE</td>
<td>CONVENIENT SAMPLING</td>
</tr>
<tr>
<td>SAMPLE SIZE</td>
<td>30</td>
</tr>
<tr>
<td>VARIABLES</td>
<td>Independent variables: skill training program</td>
</tr>
<tr>
<td></td>
<td>Dependent Variable : skill regarding management of obstetrical emergencies.</td>
</tr>
</tbody>
</table>

**INCLUSION CRITERIA:**
- All staff nurses irrespective of their sex
- Staff nurses irrespective of their experience
- All registered staff Nurses working in different areas at SMVMCH
- Staff Nurses willing to participate in the present study.
- Staff Nurses available at the time of data collection.

**EXCLUSION CRITERIA:**
- Staff Nurses at administrative level.
- Staff Nurses who are on long leave.

**DELIMITATIONS:**
This study is limited to the staff nurses who are working in the selected hospitals at Puducherry.
This study is limited to selected obstetrical emergencies such as Antepartum hemorrhage, obstructed labour, cord prolapse, post partum hemorrhage, third degree perineal tear.

**RESULT FINDINGS ON PILOT STUDY**

Pilot study was conducted at Sri Manakula vinayagar Medical College and Hospital for 30 Staff Nurses which has 1050 bedded hospital. The observational check list was formulated to assess the skill for staff nurses. After validation the total score was determined as 98 and the score interpretation is as follows.

- 90 to 98 = highly competent
- 70 to 89 = moderately competent
- < 70 = low competent

In pretest 80 % of the staff nurses were low competent level but they demonstrated related steps but unclear about the immediate actions. The training was given after pretest on the same day for 5-10 staff nurses per day. After 7 days post test was conducted and skill was assessed by same tool where there is a better improvement in skill of attending the emergency management among the staff nurses.

This was statically proven that, in pre test the mean score was 42.60 and post test mean score was 88.23, this shows the training program is effective in imparting knowledge and skill among staff nurses in handling obstetrical emergencies.

The Pilot study results shows the tool was effective in assessing the skill among staff nurses and found to be feasible.
and practicable for conducting the main study.

RESULT FINDINGS

TABLE:1 Comparison Between Before and After the Training Programme on Overall Selected Obstetric Emergency Skills.

<table>
<thead>
<tr>
<th>LEVEL OF SKILL</th>
<th>BEFORE</th>
<th>AFTER</th>
<th>Paired t-test value</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>42.60</td>
<td>3.65</td>
<td>82.23</td>
<td>1.69</td>
</tr>
<tr>
<td></td>
<td>-159.6</td>
<td></td>
<td></td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

MAJOR FINDINGS:

A total number of 30 staff nurses were selected for this study. The skill was assessed on selected obstetrical emergencies. The data analysis showed that mean deviation in pre level of skill and post level of skill in pre test the mean score was 42.60 and post test mean score was 88.23.

In observing the skill over the staff nurses found to be feasible and practicable for conducting the main study.

CONCLUSION

Skills training is a very vital component of health care training. Retention of skills is also an aspect that is critical in patient management. With the ever-changing nature of medical care, frequent refresher courses in skills training are key to enhancing retention.

The study findings indicated that the participants were knowledgeable on the areas that were tested which included communication and triage, obstetric haemorrhage and management of shock and unconscious patient. This could be attributed to continuous professional education where the health care workers get updates on new knowledge. However, for the skill performance, gaps were noted on the skills that were tested in pre level. This could be attributed to emphasis on knowledge acquisition and skills in most training.

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