"A descriptive study to assess the cognizance regarding Stages of Labor among Post B.Sc. Nursing Students"

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Abstract-

The current study has been undertaken to assess the knowledge score regarding stages of labor among Post B.Sc. Nursing Students in Index Nursing College, Indore. The research design used for study was descriptive in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self-structured knowledge questionnaire to assess the knowledge score regarding stages of labor among Post B.Sc. Nursing Students. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 73.3% subjects have poor knowledge, 26.7% have average knowledge score while 0.0% Post B.Sc. Nursing Students were having good knowledge score.

Keyword- Stages of labor and Post B.Sc. Nursing Students.

I. Introduction

Normal labor occurs at term and is spontaneous in onset with the foetus presenting by vertex. The process is completed within 18 hours and no complications arise. The physiological, psychological and emotional experience of labour affects every woman differently. The second stage of labour begins when the cervix is fully dilated and ends with the baby's birth. The duration of the second stage of labour is difficult to predict with any degree of certainty. In multi gravida it may last as little as 5 min, but in primi gravida the process may take more than an hour. More important than the time factor is the evidence of progressive descent of foetus and condition of both mother and foetus. The two phases in progress are the latent phase, during which descent and rotation occurs, and following by the active phase with descent and the urge to push. In the active phase the fetal head is visible and the women experience a expulsive urge to push. As the foetus descends, soft tissue and bony structure of the pelvis exert pressure that forces the fetus to negotiate the birth canal by a series of passive movement. knowledge and recognition of the normal mechanism enables the midwife to anticipate the next step in the process of descent that in turn will dictate her conduct of delivery. Her understanding and constant monitoring of these movements ensure that normal progress is recognized, the delivery safely completed and early assistance sought if needed. Knowledge of the physiological process and of the actual mechanism of delivery forms the basis for determining midwifery care. Accurate observation of progress is vital, for the unexpected can always happen. (Dutta D.C 2004).

II. Objective of the study

- 1. To assess the knowledge scores regarding stages of labor among Post B.Sc. Nursing Students.
- 2. To find out association between knowledge score regarding stages of labor among Post B.Sc. Nursing Students with their selected demographic variables.

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III. Hypotheses:

RH₀: There will be no significant association between pre-test score on stages of labor among Post B.Sc. Nursing Students with their selected demographic variables.

RH₁: There will be significant association between pre-test score on stages of labor among Post B.Sc. Nursing Students with their selected demographic variables.

IV. Methodology

A descriptive research design was used to assess the knowledge score regarding stages of labor among Post B.Sc. Nursing Students residing in Index Nursing College, Indore. The study was carried out on 30 Post B.Sc. Nursing Students selected by convenience sampling technique. Demographical variable and self-structured 30 knowledge questionnaire were used to assess the knowledge score regarding stages of labor by survey method.

V. Analysis and interpretation

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 30

S. No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	Less than 22	11	36.7
b.	Greater than 22	19	63.3
2	Living area		
a.	Rural	19	63.3
b	Urban	11	36.7
3	Year of the study		
a.	1 st year	16	53.3
b.	Final year	14	46.7
4.	Previous knowledge regarding stages of		
a.	labor		
b.	Yes	7	23.3
	No	23	76.7
5.	Types of family		
a.	Nuclear	12	40.0
b	Joint	18	60.0
c	extended	0	0.0

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of knowledge score of studied subjects:

Category and test	Frequency	Frequency
Score	(N=30)	Percentage (%)
POOR (1-10)	22	73.3
AVERAGE (11-20)	8	26.7
GOOD (21-30)	0	0.0
TOTAL	30	100.0

The present table 2.1.1 concerned with the existing knowledge regarding stages of labor among Post B.Sc. Nursing Students were shown by pre-test score and it is observed that most of the Post B.Sc. Nursing Students 22 (76.3%) were poor (01-10) knowledge, 8 (26.7%) were have average (11-20) knowledge score and rest of the Post B.Sc. Nursing Students have 0 (0.0%) were from good (21-30) category.

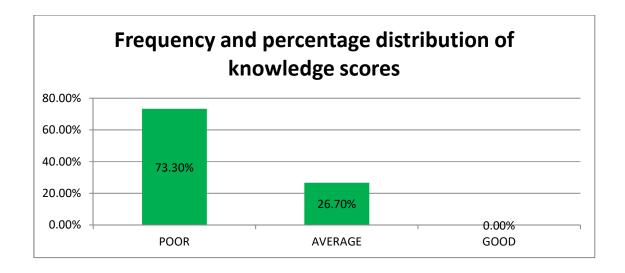


FIG.-2.1.1- Frequency and percentage distribution of Knowledge score of studied subjects

Table-2.1.2. - Mean (\overline{X}) and standard Deviation (s) of knowledge scores:

Knowledge	Mean	Std Dev
Pre –test	(\overline{X})	(S)
Pre-test score	9.33	2.85

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 9.33 ± 2.85 while in knowledge regarding stages of labor among Post B.Sc. Nursing Students in Index Nursing College.

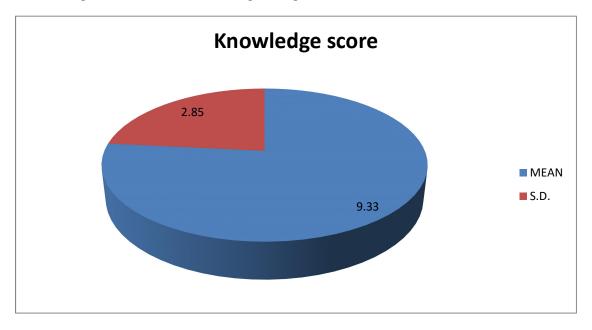


Figure no.-1 Mean and SD of knowledge score of Post B.Sc. Nursing Students.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age of Post B.Sc. Nursing Students with knowledge score:

Test scores			Total
POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
8	3	0	11
14	5	0	19
22	8	0	30
_	(1-10) 8 14	POOR (1-10) (11-20) 8 3 14 5 22 8	POOR (1-10) AVERAGE (11-20) GOOD (21-30) 8 3 0 14 5 0 22 8 0

The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.003 for 1 DF which indicated insignificant value (p>0.05). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of living area with knowledge score:

Living area	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Rural	14	5	0	19
Urban	8	3	0	11
Total	22	8	0	30
	X= 0.003 p>0.05 (insignificant)			

The association of living area & test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.003 for 1 df which indicated living area & test scores. Moreover, it is reflected that living area is not influenced with current problem.

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Table- 3.3 Association of year of the study with knowledge score:

Year of the study	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
1 st year	12	4	0	16
1 st year Final year	10	4	0	14
Total	22	8	0	30
	X = 0.04	p>0.05 (Insignificant)		

The association of year of the study & test score is shown in present table 3.3. The probability value for Chi-Square test is 0.04 for 1 degrees of freedom which indicated year of the study and test scores. Moreover, it is reflected that year of the study isn't influenced with present problem.

Table- 3.4 Association of previous knowledge with knowledge score:

Previous knowledge	Test scores			Total
8	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Yes	4	3	0	7
No	18	5	0	23
Total	22	8	0	30
	X= 1.22	p>0.05 (Insignit		

The association of previous knowledge & test scores is shown in present table 3.4. The probability value for Chi-Square test is 1.22 for 1 degrees of freedom which indicated previous knowledge & test scores. Moreover, it is reflected that previous knowledge isn't influenced with current problem.

Table- 3.5 Association of types of family with knowledge score:

Types of family	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Nuclear	10	2	0	12
Joint	12	6	0	18
Extended	0	0	0	0
Total	22	8	0	30
	X= 1.02	p>0.05 (Insignificant)		1

The association of types of family & test scores is shown in present table 3.5. The probability value for Chi-Square test is 1.02 for 1 degrees of freedom which indicated types of family & test scores. Moreover, it is reflected that types of family aren't influenced with current problem.

VI. Results

The findings of the study revealed that 73.3% subjects have poor knowledge, 26.7% have average knowledge score while 0.0% Post B.Sc. Nursing Students were having good knowledge score towards stages of labor. The mean knowledge score of subjects was 9.33 ± 2.85 .

VII. Conclusion

It was concluded that majority of Post B.Sc. Nursing students had poor knowledge score regarding stages of labor. Post B.Sc. Nursing students should also educate regarding stages of labor.

VIII. Limitations

- This was limited to Index Nursing College, Indore.
- This was limited to 30 Post B.Sc. Nursing Students.

IX. Reference

- 1. Altman, M. R., & Lydon-Rochelle, M. T. (2006). Prolonged second stage of labor and risk of adverse maternal and perinatal outcomes: a systematic review. *Birth*, *33*(4), 315-322.
- 2. Albers, L. L. (2007). The evidence for physiologic management of the active phase of the first stage of labor. *Journal of Midwifery & Women's Health*, 52(3), 207-215.

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- 3. Allen, V. M., Baskett, T. F., O'Connell, C. M., McKeen, D., & Allen, A. C. (2009). Maternal and perinatal outcomes with increasing duration of the second stage of labor. *Obstetrics & gynecology*, 113(6), 1248-1258.
- 4. Bloom, S. L., Casey, B. M., Schaffer, J. I., McIntire, D. D., & Leveno, K. J. (2006). A randomized trial of coached versus uncoached maternal pushing during the second stage of labor. *American journal of obstetrics and gynecology*, 194(1), 10-13.
- 5. Cheng, Y. W., Shaffer, B. L., Nicholson, J. M., & Caughey, A. B. (2014). Second stage of labor and epidural use: a larger effect than previously suggested. *Obstetrics & Gynecology*, 123(3), 527-535.
- 6. Cheng, Y. W., Shaffer, B. L., Bryant, A. S., & Caughey, A. B. (2010). Length of the first stage of labor and associated perinatal outcomes in nulliparous women. *Obstetrics & Gynecology*, 116(5), 1127-1135.
- 7. Cheng, Y. W., Hopkins, L. M., Laros Jr, R. K., & Caughey, A. B. (2007). Duration of the second stage of labor in multiparous women: maternal and neonatal outcomes. *American journal of obstetrics and gynecology*, 196(6), 585-e1.