

Assessment of the Knowledge Attitude and Practice (KAP) amongst Staff Nurses (SN)/ Female Health Workers (FHW) who have been trained for Active Management of Third Stage of Labour (AMTSL)

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ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR

(AMTSL)

- The third stage of labour is considered to be the most critical part of childbirth.
- Normal blood loss during the third stage of labour should not exceed 500 ml.
- Steps of AMTSL-
 - A. Check the uterus for the presence of a second baby.
 - B. In less than one minute, administer a **uterotonic drug** (Oxytocin).
 - C. Apply controlled cord traction.
 - D. After delivery of the placenta, immediately start massaging the uterus.
 - E. Examine the placenta to make sure it is complete and none of it has been retained in the uterus.
 - F. Examine for lacerations and active bleeding.

RATIONALE

- Active Management of Third Stage of Labour (AMTSL) can make a significant contribution to the reduction of Maternal Mortality.
- Majority of deaths are a consequence of events in the third stage of labour.
- Routine AMTSL helps to prevent PPH and is a feasible, low-cost intervention and easy to implement that can effectively prevent 60 percent of uterine atony.
- Skilled human resource can improve quality service delivery and ultimately help in reducing MMR.

RESEARCH QUESTION

- What is the level of knowledge, attitude and practice regarding AMTSL amongst SN/FHW who have been trained in AMTSL?

OBJECTIVES

General-

- To assess the level of knowledge, attitude and practice regarding AMTSL amongst SN/FHW who have been trained in AMTSL

Specific-

- To assess the retention of knowledge of SN/FHW about AMTSL practice.
- To study the practise of AMTSL.
- To study the problems faced by them during practising AMTSL.

METHODOLOGY

- **Study design:** Descriptive cross sectional study.
- **Study area and duration:** Six Districts of Gujarat- Kheda, Banaskantha, Amreli, Navsari, Porbandar, Dahod . The study was conducted from 01 February, 2014 to 30 April, 2014 in the selected healthcare facilities.
- **Selection of Districts/ Healthcare facilities:** One District was randomly selected (simple random sampling) from all six regions of Gujarat. Twelve healthcare delivery services centre (two from each district) were selected based on the criteria of SN/FHW trained in AMTSL.

METHODOLOGY Cont...

- **Sampling:** Two facilities were selected from each district based on AMTSL trained SN/FHW. A sample of 10 SN/FHW from each type of facility was randomly selected for the study which in all amounted to 120 AMTSL trained staff nurses.
- **Data Type:** Primary data was collected from the field through face to face interview schedule. It included questions regarding the AMTSL method, knowledge attitude and practice of service. It also focused on understanding the challenges or difficulties faced by them in providing services to the mother. Data analysis was done using Microsoft Excel 2007.

ANALYSIS

Fig 1. Age Distribution of SN/FHW (n=120)

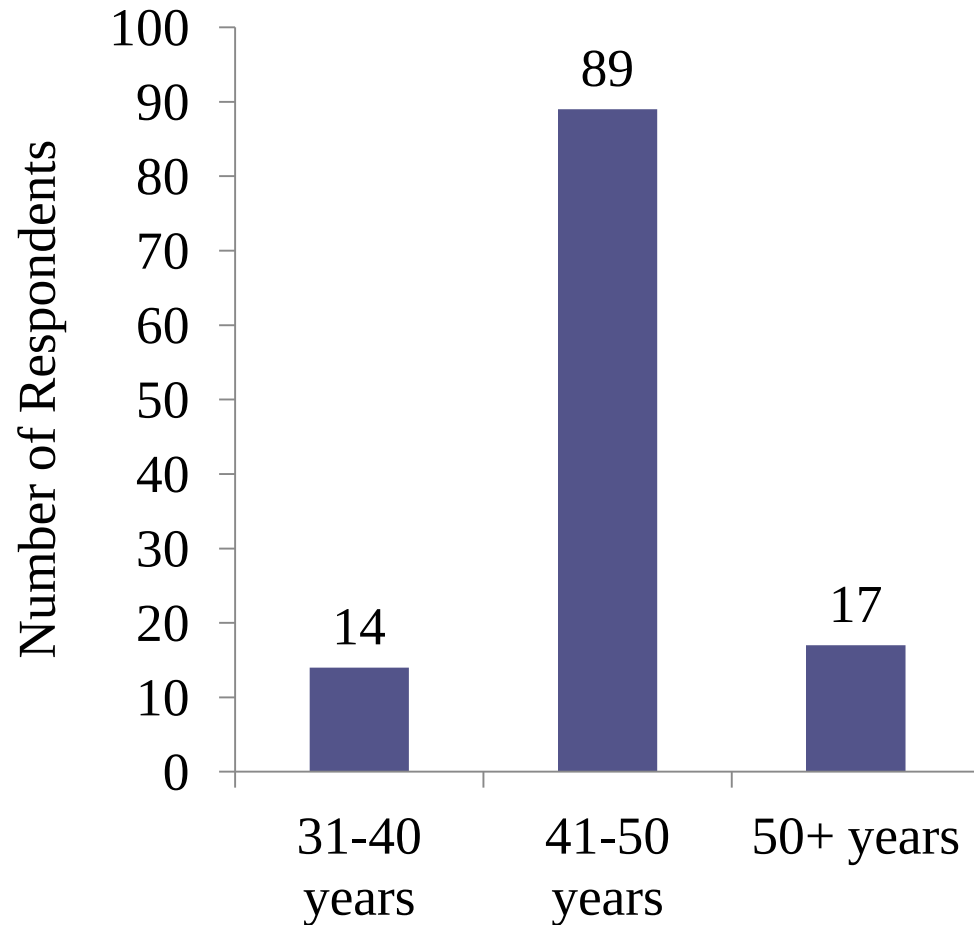


Fig 2. Distribution - Years of Experience (n=120)

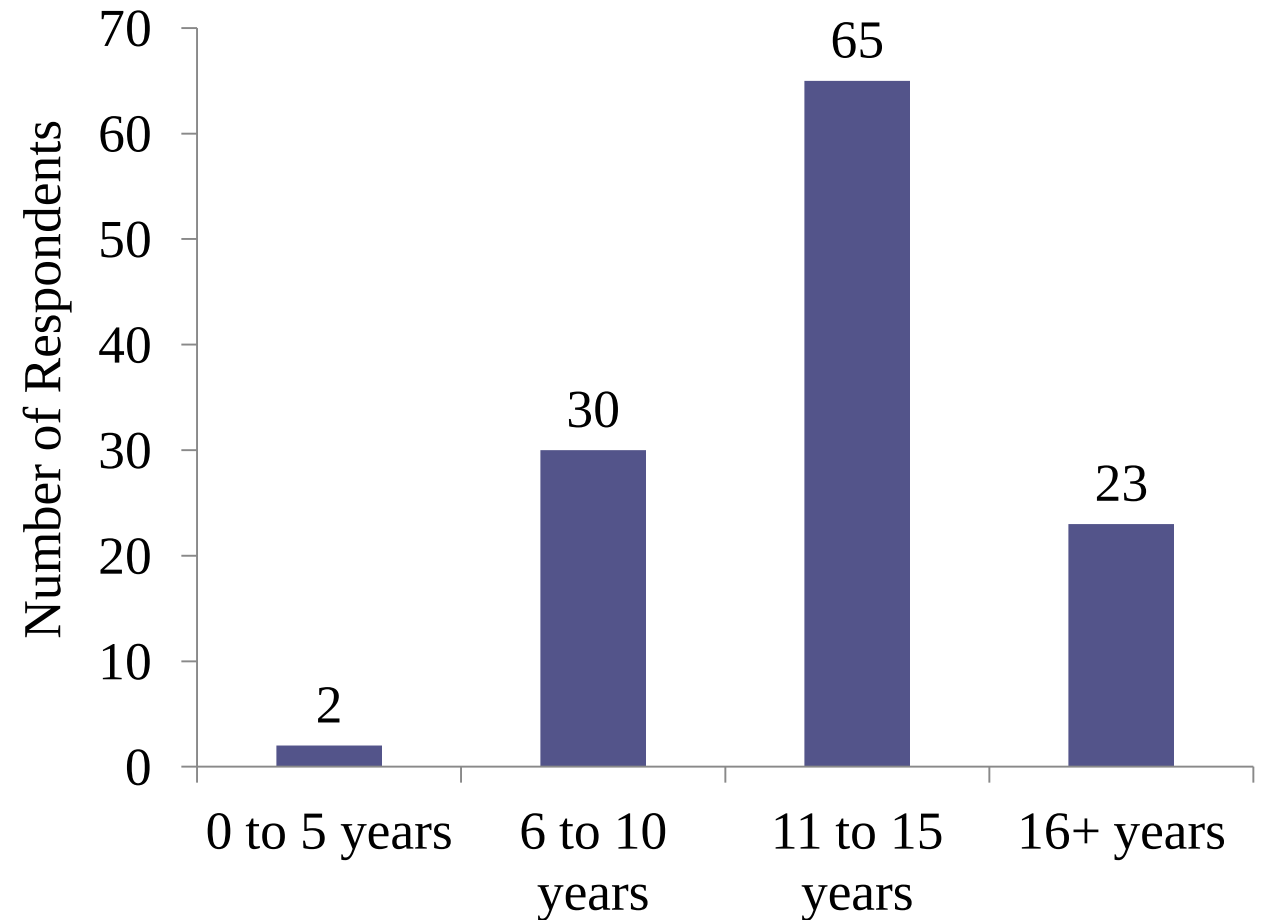


Fig 3. Distribution -Year of last refresher course

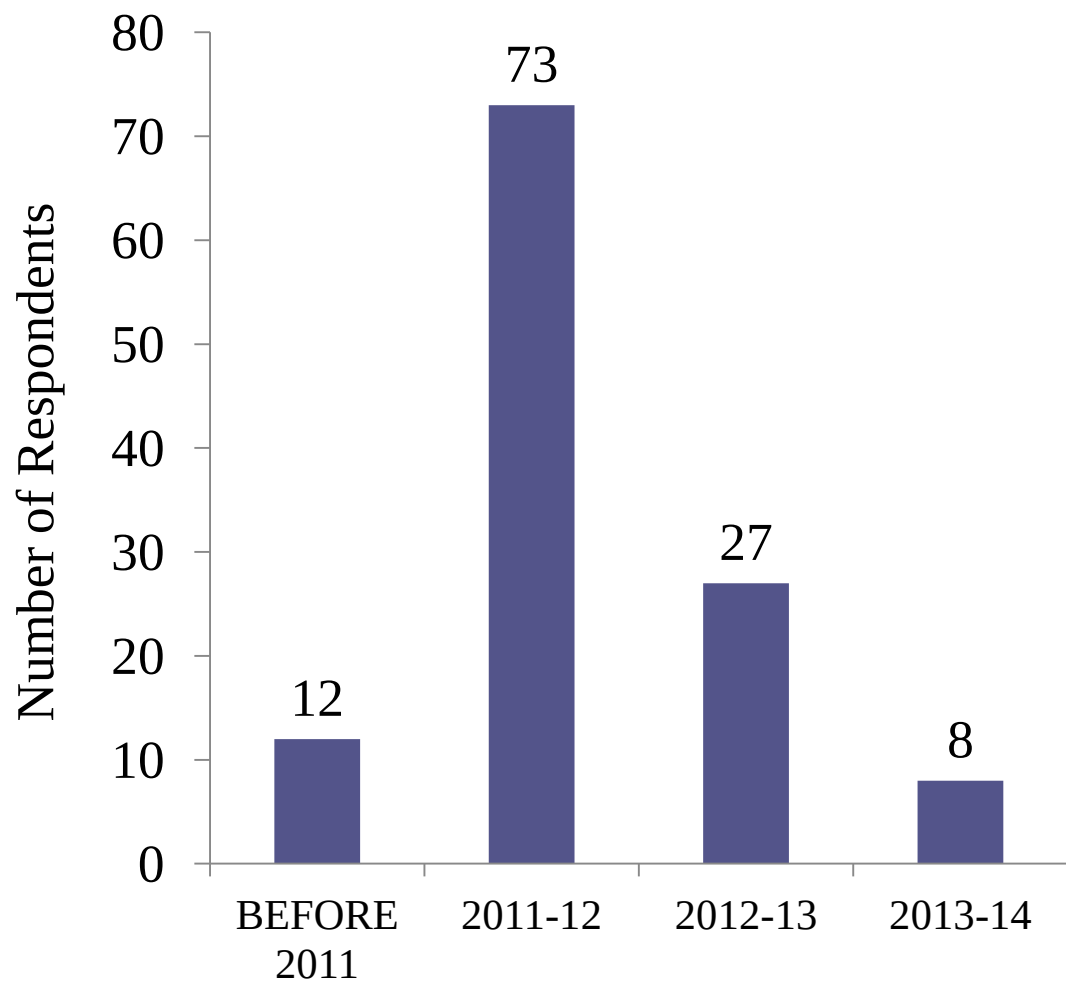
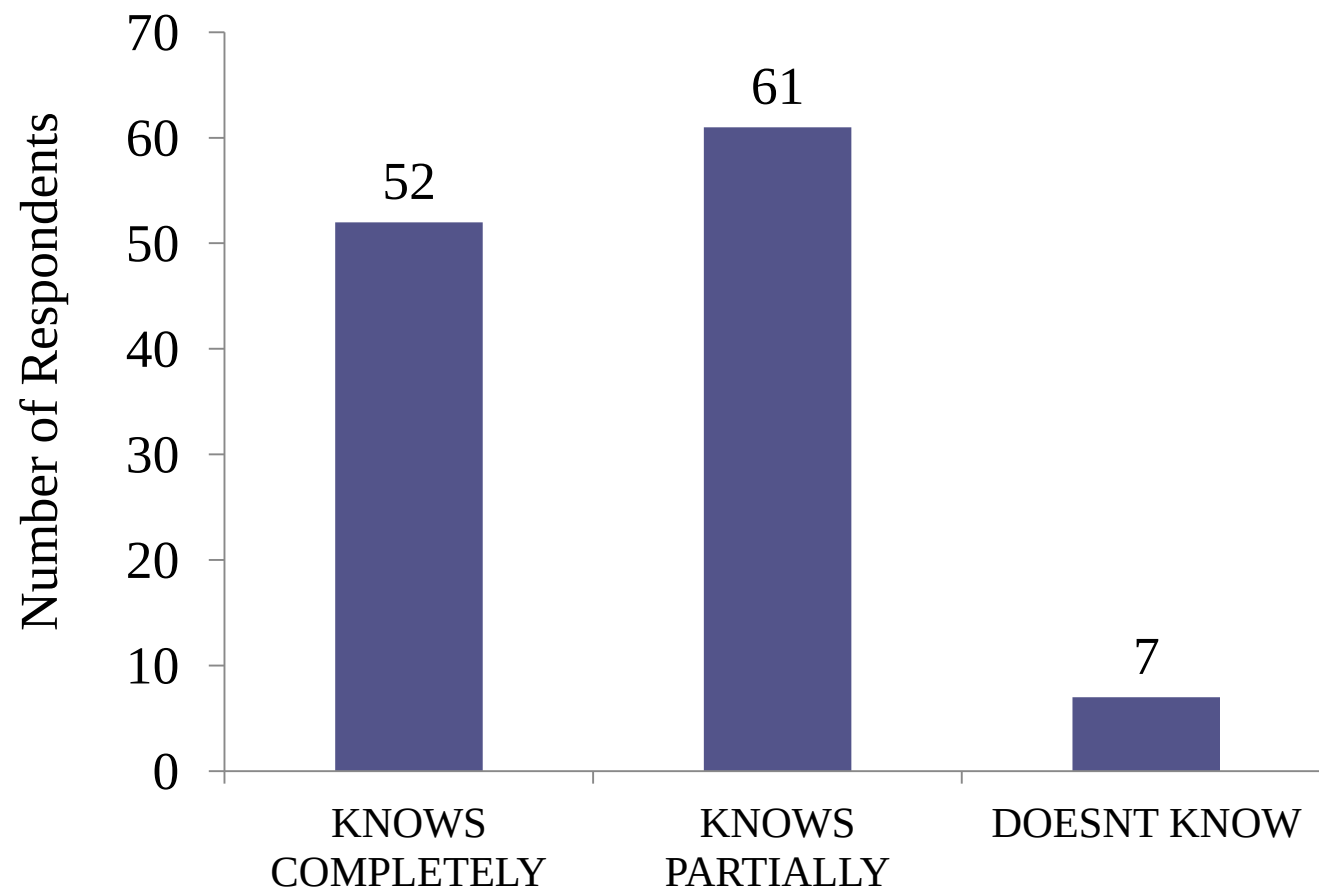
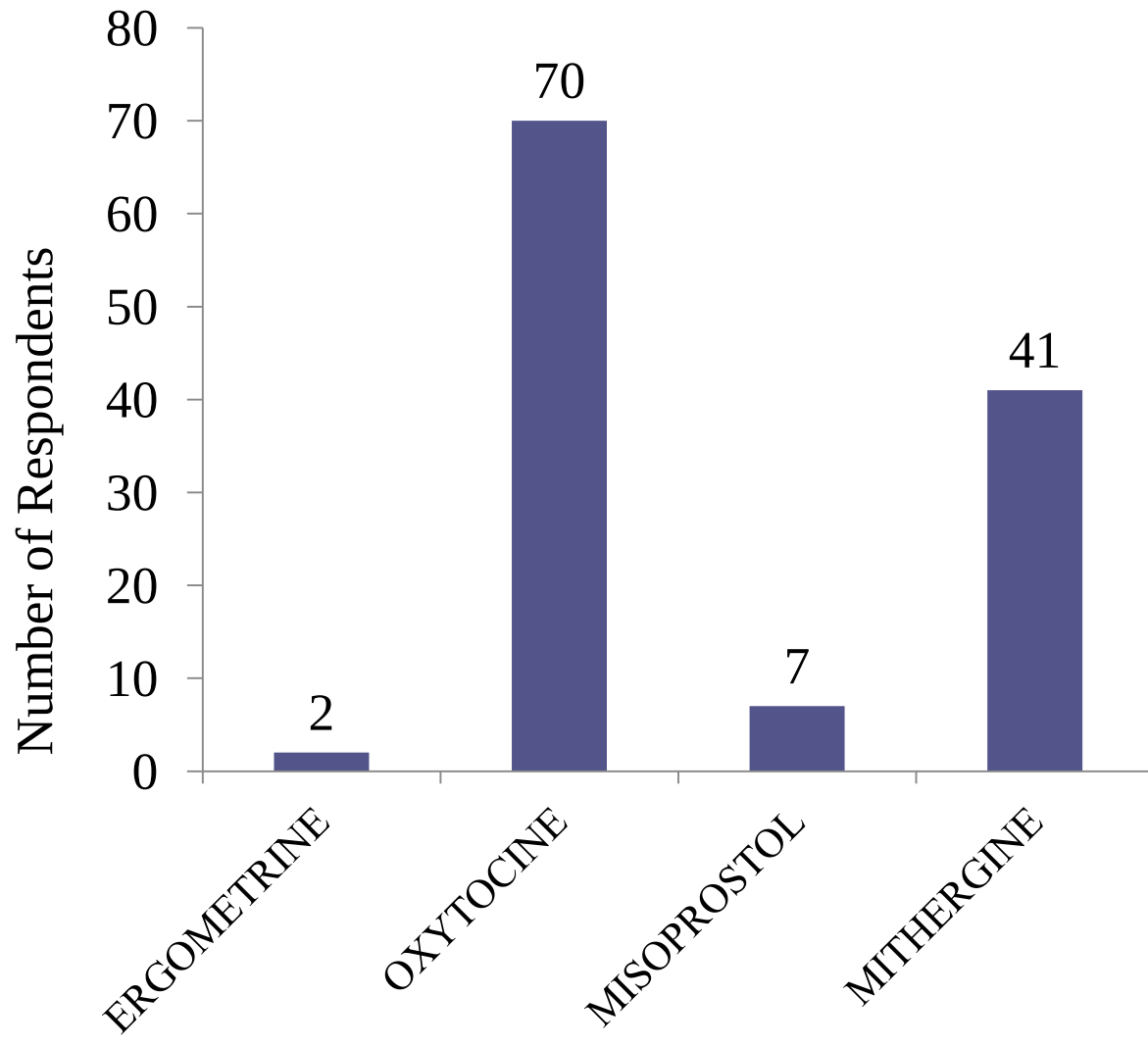


Fig 4. Distribution -Knowledge about Full Form of AMTSL



n=120

Fig 5. Distribution -Name of First Line Uterotonic Drug



n=120

Fig 6. Distribution -Dose of First Line Drug

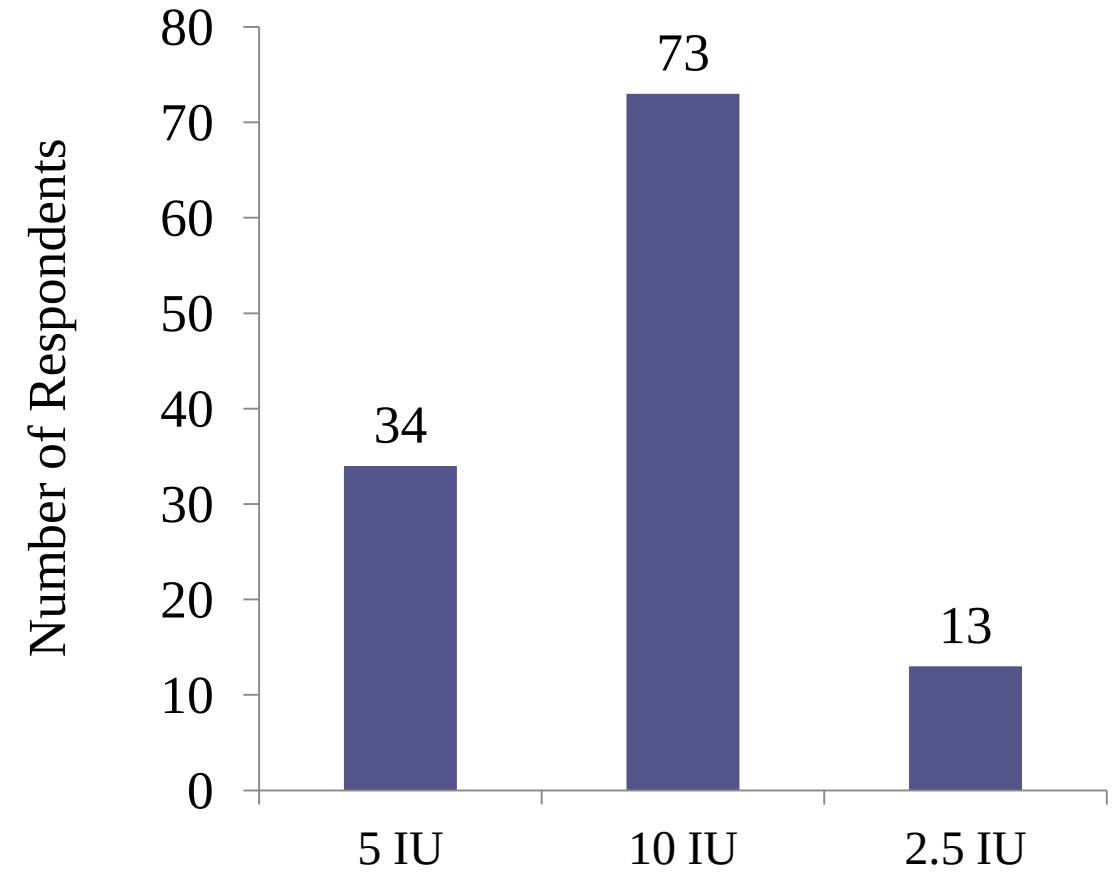


Fig 7. Distribution -Route of Oxytocin administration

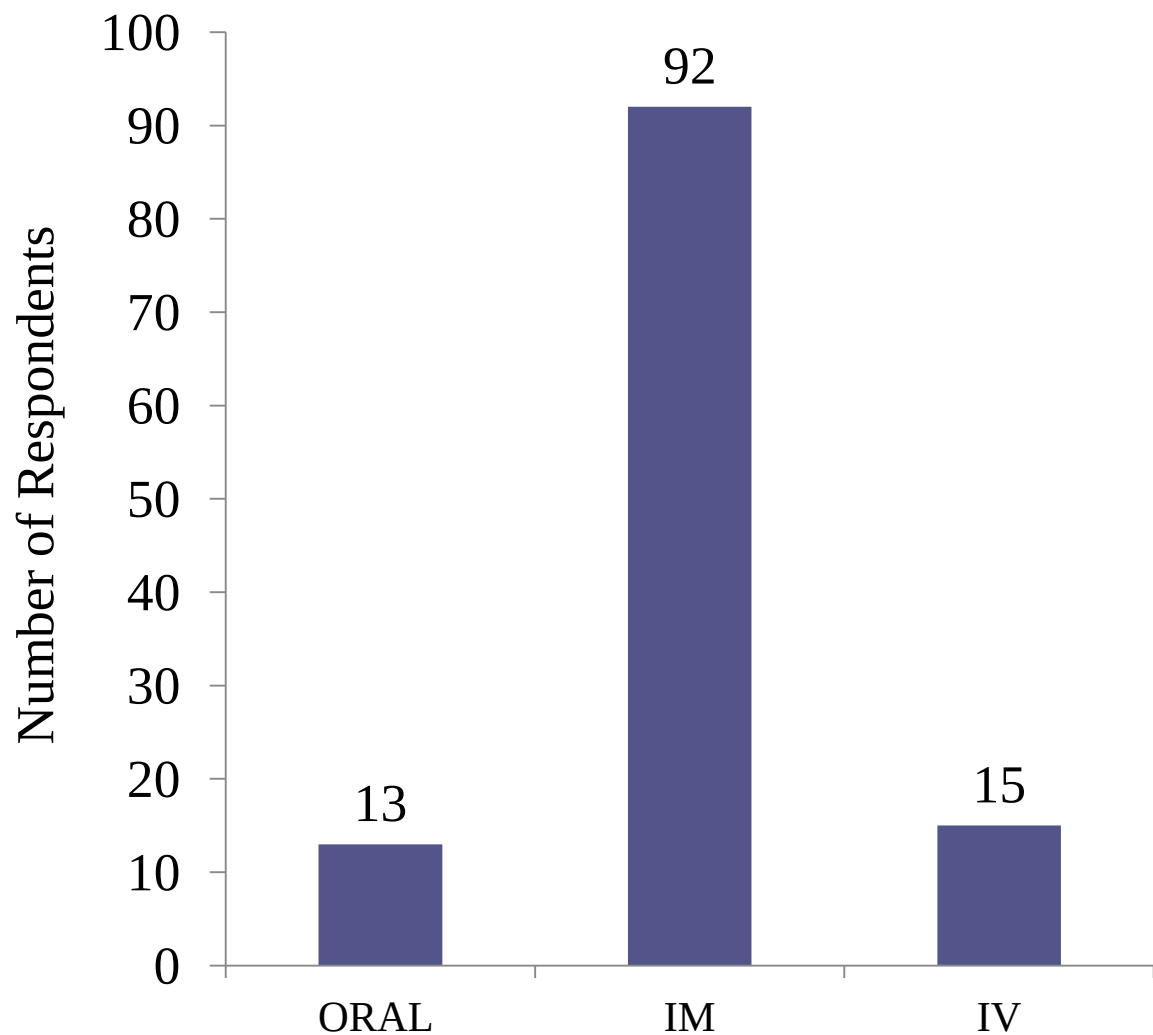
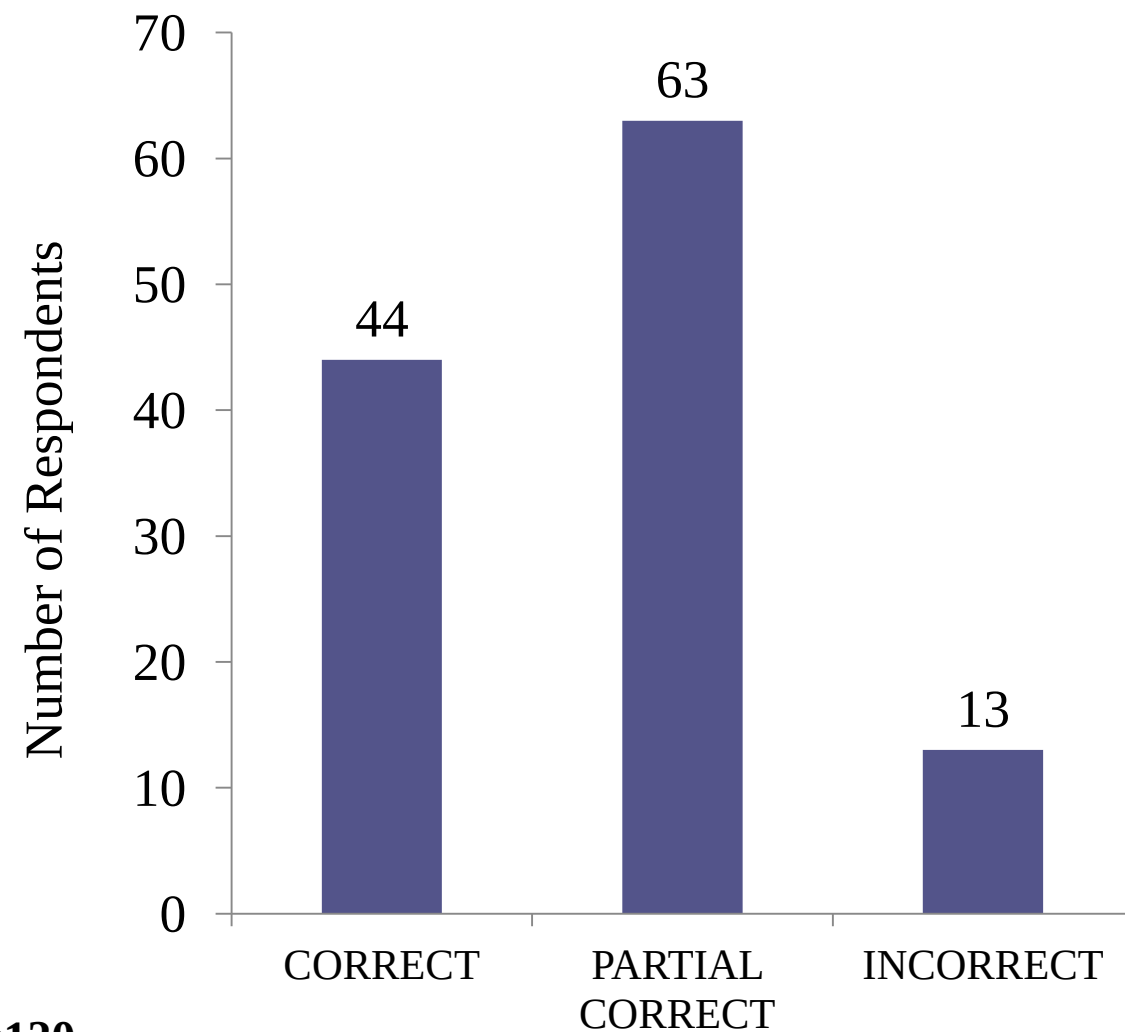


Fig 8. Distribution -Sequence of steps of AMTSL



n=120

Fig 9 Distribution- Contraindications of AMTSL

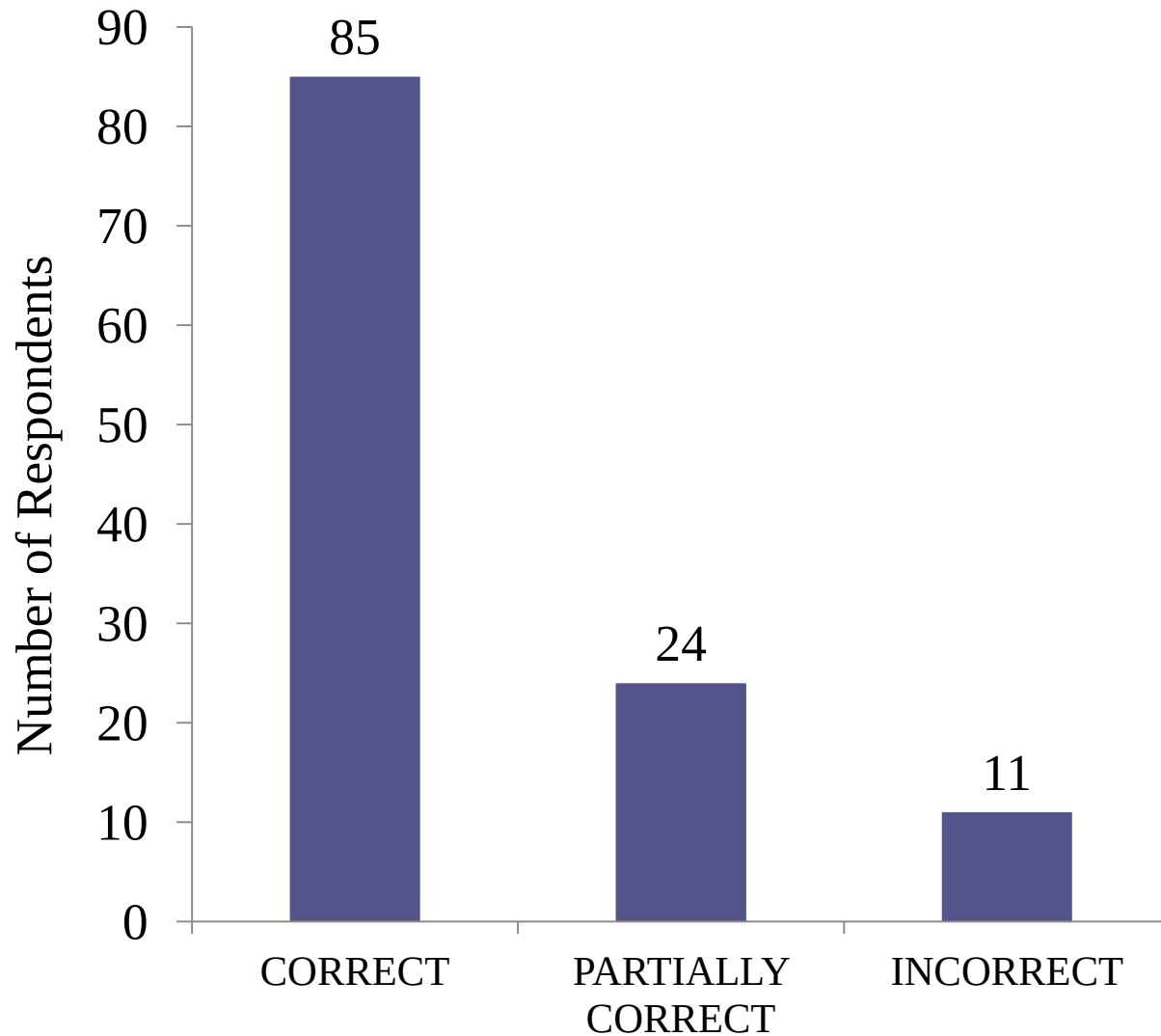


Fig 10. Distribution -Time Taken To Complete AMTSL Procedure

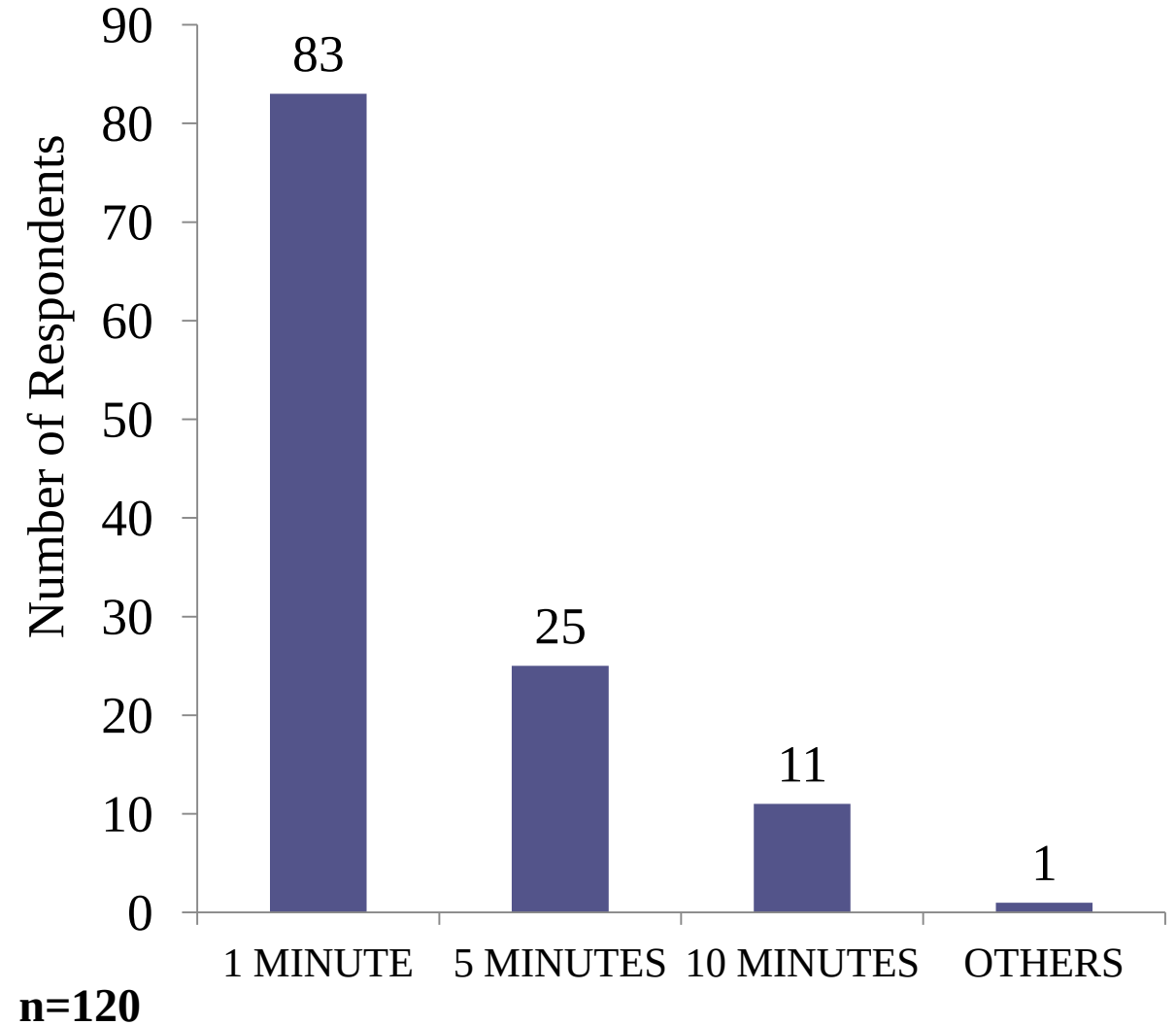


Fig 11. Knowledge about the Storage of Oxytocin

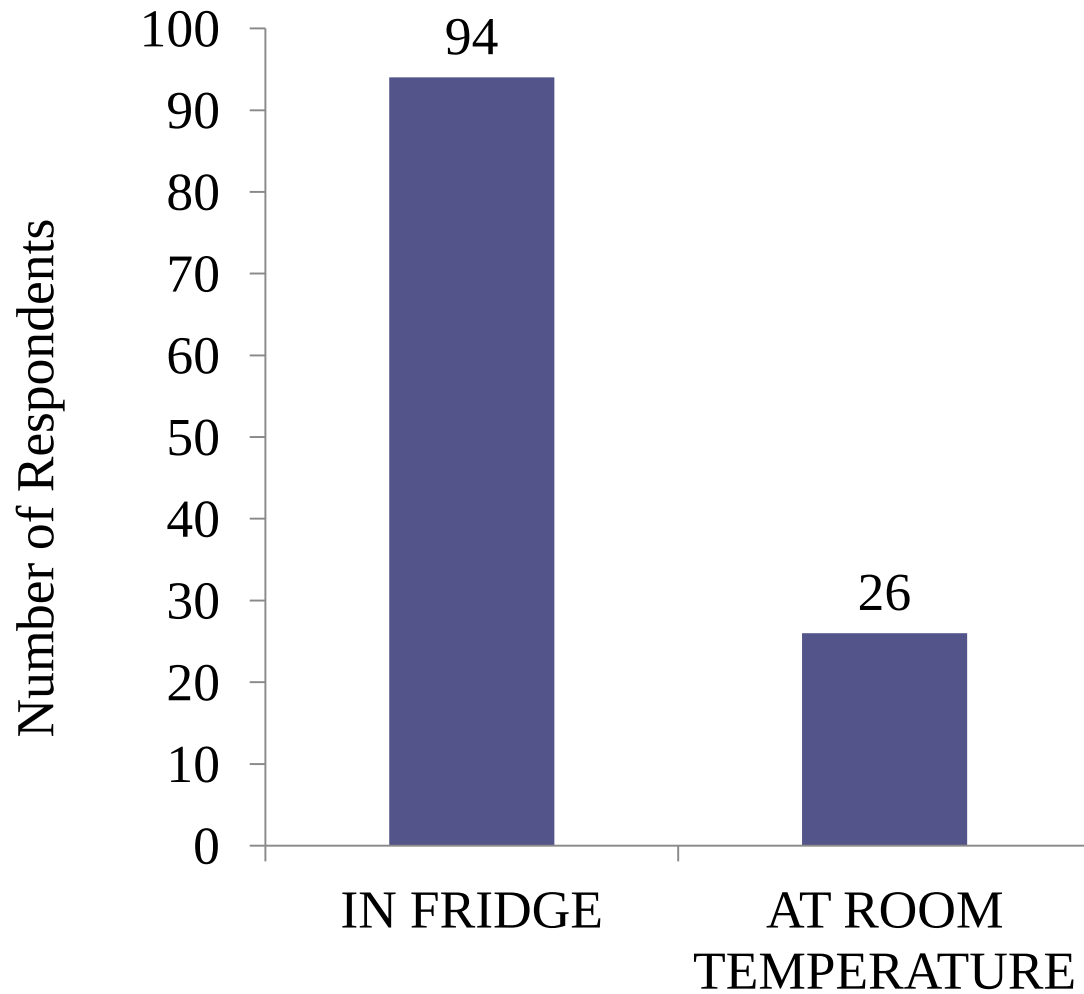


Fig 12. Knowledge about the Second Line Drug of AMTSL

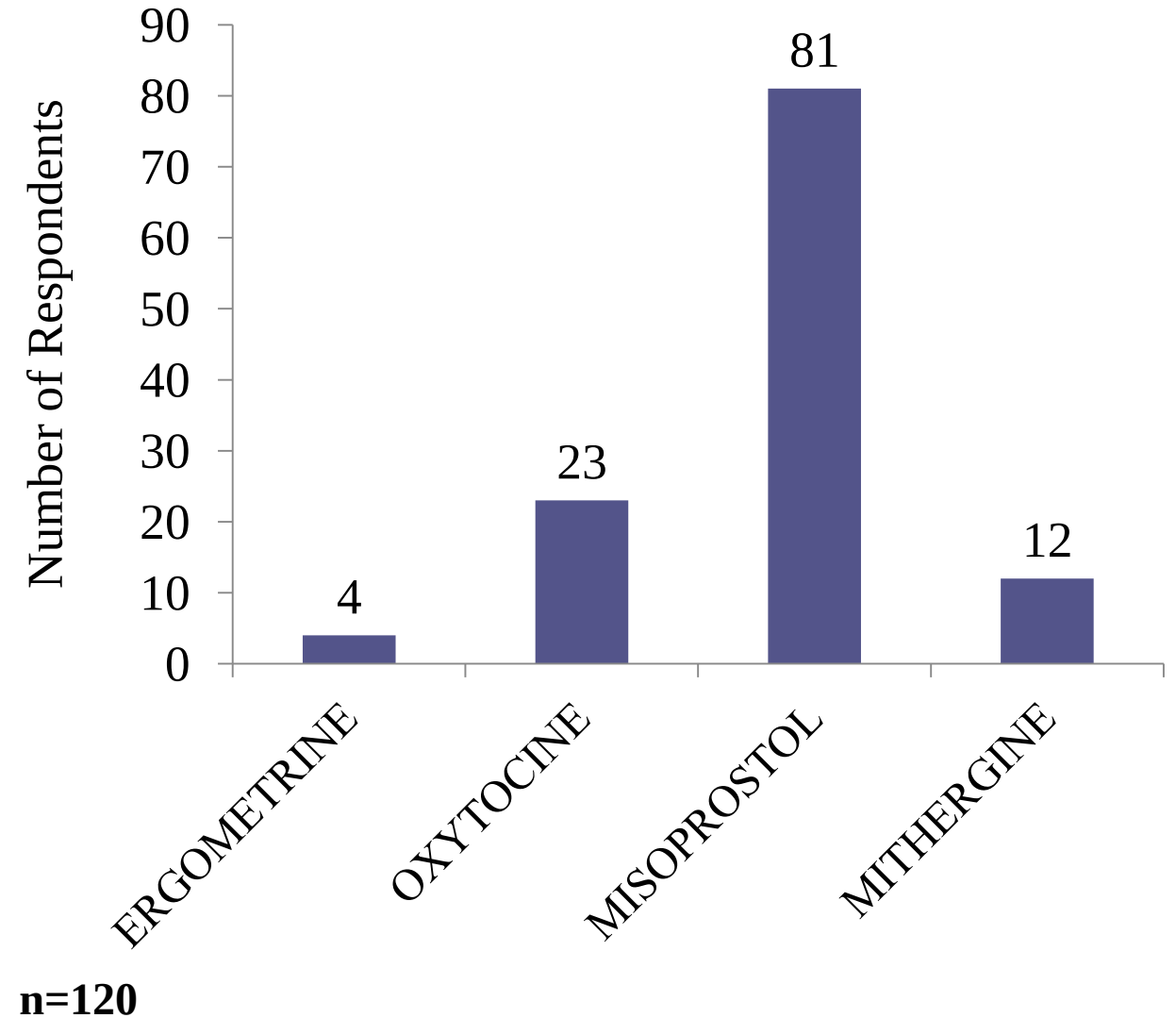
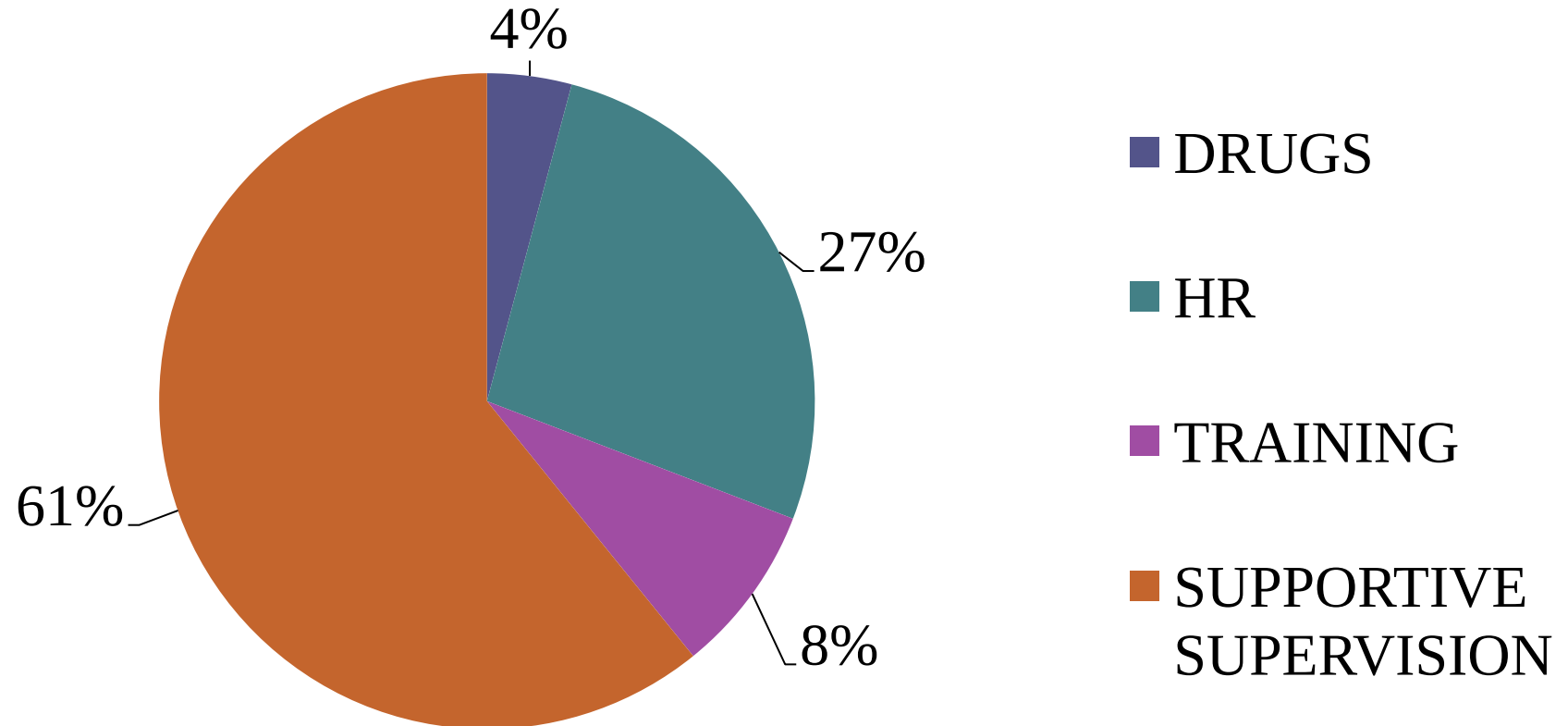


Fig 13- Percentage Distribution - Problems faced in Implementing AMTSL

(n=120)



CONCLUSION

- Refresh cascade training is not being conducted since long time ago and hence is required for improving service delivery. SNs/FHWs do not get refreshers course to brush up their knowledge and also such training sessions are not organised frequently.
- Guidelines were available at the health care facilities but were not being used as a tool for betterment of practices.
- Constant supervision is the need of the hour without which the knowledge level of SNs/FHWs cannot be kept updated.

CONCLUSION Cont...

- The distribution of years of obtaining expertise may be encouraging but it shows that the level and frequency of learning has reduced over the years.
- The importance of workshop was highlighted but at the same time nursing school teachings and its importance cannot be overlooked. Incorporation of AMTSL curriculum in nursing teaching has to be taken up on priority scale.

CONCLUSION Cont...

- Review the MDR with inclusion of SBA protocols.
- Due to age long practice Methergine is still used in many cases, a comprehensive change in course curriculum for nursing course must be undertaken for inclusion of oxytocin as the drug of choice for AMTSL.

LIMITATIONS

- Study had been conducted in the high delivery load facilities so KAP of low volume facilities' staff may differ. To evaluate, AMTSL implementation, the high facility volumes would be appropriately included in sampling frame.
- On knowledge question, RECALL Bias could be there as considering time lapsed after training.

ETHICAL CONSIDERATION

- The consent of selected hospital and Staff Nurses /Female Health Workers was taken before initiating the process of interview.
- The nature and purpose of the study was well explained and communicated to them.
- The person was given right to deny at any point of time during interview.
- The confidentiality and privacy of the information was maintained and the data was solely used for study and research purpose.



THANK YOU.