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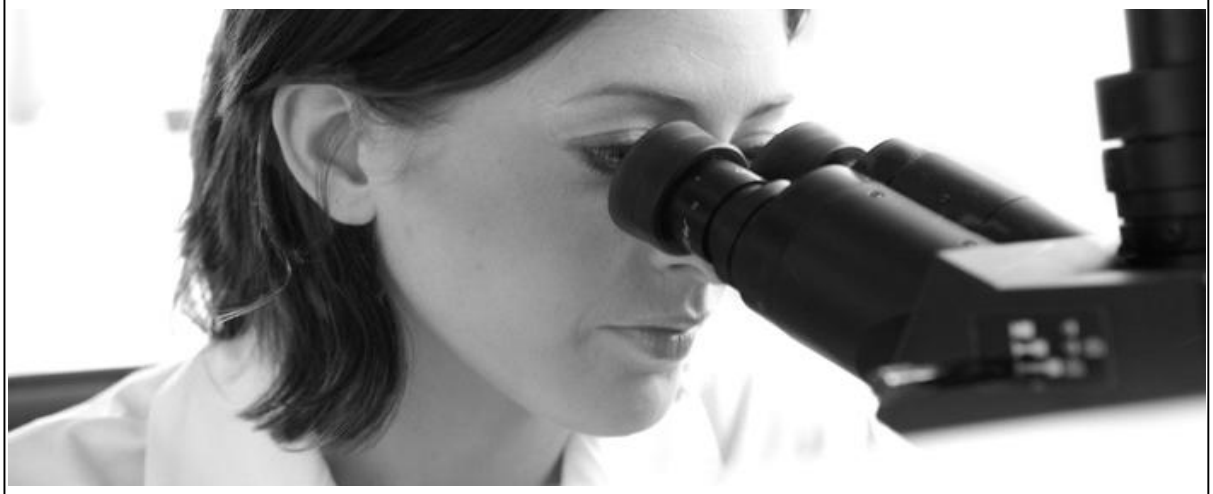

Revathi D and Nagamani Ch

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RESEARCH ARTICLE

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING POSTPARTUM HAEMORRHAGE AMONG MPHW STUDENTS IN SELECTEI MPHW SCHOOLS, HYDERABAD, A.P."

Revathi D[1] and Nagamani Ch[2]

[1]OBG Department , Narayana College Of Nursing Nellore
[2]Owaisi College of Nursing, Hyderabad

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ABSTRACT

Introduction: Postpartum Haemorrhage (PPH) is a leading cause maternal mortality and morbidity Worldwide. In India the maternal deaths noted annually are 117,000 and out of this figure it is estimated that maternal deaths due to Postpartum Haemorrhage is 20% with 1000 maternal deaths per 100,000 live births MPHW students as future

Objectives: assess the pre-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools at Hyderabad, Andhra Pradesh. Develop and administered structured teaching programme knowledge regarding Postpartum Haemorrhage. Assess the post-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools. compare the pre-test level of knowledge with post-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools. associate the post-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools with selected demographic variables

Material and methods: The present community based cross- sectional study was conducted in. in selected MPHW schools i.e., Regional training centre[Female],Niloufer Health School-30 students, Durgabai Deshmukh Hospital, Andhra Mahila Sabha., M.P.H.W.[F]TrainingSchool-35students,Family Planning Association of India [Hyd. Branch] ,M.P.H.W.[F]Training school-35 students of Urban setting, Hyderabad, A.P. The study sample included 100 MPHW students selected by using convenience sampling technique

Results. The mean Pre-test knowledge score 14.36± 2.826[M±SD] was less than the Post-test knowledge score 36.86±5.235[MS±S D]. The difference between the mean score of pre-test and post-test [22.50] is significant at 5% [0.05] level. The't' value computed between the Pre-test and Post-test was statistically significant at 0.05% level [t=39.473, D.F. =99].

Conclusion : The findings of study revealed that MPHW students were lacking in depth knowledge in the aspects of Postpartum haemorrhage such as meaning and classification of PPH, causes ,Risk factors and Complications , Clinical manifestations and diagnosis of PPH, Prevention of PPH, Nurses role and management of PPH. Over all MPHW students have below average [inadequate] knowledge and teaching has made a commendable effect in improving the knowledge of MPHW students regarding Postpartum Haemorrhage .

INTRODUCTION

The World Health Organization states that every minute, at least one woman dies from complications related to pregnancy and childbirth – that means 5,29,000 women a year. Unavailable, inaccessible, unaffordable, or poor quality care is fundamentally responsible. Postpartum Haemorrhage remains a major cause of maternal mortality and morbidity worldwide. Approximately, half a million women die annually from causes related to pregnancy and child birth. About one quarter of these deaths are result of complications in the third stage of labour- namely Postpartum Haemorrhage. The contribution of PPH to maternal mortality can range from 17% to 40% deaths.

In developed countries, the incidence of PPH is lower where there is access to adequate intensive care, skilled obstetrics care, prompt diagnosis, access to medicines and blood bank facilities. The **WHO** defines postpartum haemorrhage as blood loss after child birth of 500ml or more. Postpartum Haemorrhage can be classified into primary/early and secondary/late Postpartum Haemorrhage. Postpartum Haemorrhage mostly occur in the immediate Postpartum period

Corresponding author:* **Revathi D
OBG Department , Narayana College Of Nursing Nellore

within 24 hours after birth, and due to uterus agony. Which is a failure of the uterus to properly contact after the child is born. Consequently, bleeding from the blood vessels in the uterus is not controlled.

Late or secondary PPH is defined as excessive vaginal bleeding occurring between 24 hours and 6 weeks after delivery. Secondary PPH is also referred to as persistent or delayed PPH and is estimated to occur in 1% to 3% of all deliveries. Secondary PPH cases are noted usually during the second postpartum week, and the most common aetiology is retained placental fragments. Postpartum haemorrhage has several potential causes, 90% of early PPH occurs due to uterine agony - A failure of the uterus to contract and retract following delivery of the baby. Once a baby is delivered, the uterus normally continues to contract and removes the placenta. After the placenta is delivered contractions helps to compress the bleeding vessels in the area where the placenta was attached. If the uterus does not contract strongly enough, as in the case of uterine agony, the blood vessels will continue to bleed freely and haemorrhage occurs. If small pieces of the placenta remain attached, bleeding is also likely. It is estimated that as much as 600ml of blood flows through the placenta each minute in a full-term pregnancy.

Without immediate and proper medical attention, a woman with PPH can die. Anaemic women are particularly susceptible to such blood loss and consequences of PPH. Recognizing risk factor for PPH can help care givers identify who are at risk for PPH, however 20% of women may not have a pre-existing risk factor, therefore all caretakers need to promptly diagnose and manage PPH. To prevent and manage PPH several health related systems need to be functioning in concert, trained birth attendants, emergency transport systems, availability of blood transfusions, essential obstetrical care and availability of effective oxytocin medicines.

Based on extension review of literature, the International Confederation of Midwives [ICM] and the Federation of Gynaecology and Obstetrics [FIGO], the joint statement recommends the Active Management of the Third Stage of Labour be offered to all women to prevent PPH. Active management of the third stage of labour consists of interventions designed to facilitate the delivery of the placenta by increasing uterine contractions and to prevent PPH by averting uterine agony. The three components of AMTSL are:[66]

1. Administration of uterotonic agents;
2. Controlled cord traction;
3. Uterine massage after delivery of placenta,

Need For Study

Postpartum Haemorrhage is the leading cause of maternal death around the world. Every 10 minutes, a woman dies of PPH. Approximately 31% to 34% of all maternal deaths are from PPH, with greatest burden of disease in developing world. Global action to address PPH comprehensively is a public health imperative.

According to a report on the global burden of maternal death and disability, PPH continues to be a major cause of maternal deaths in both developing and developed countries. The estimated incidence rate of PPH globally is estimated to be 10.5% of live births.

According to world Health organization 2011-2012 – Many women still die in pregnancy or child birth. Leading causes of maternal mortality are Haemorrhage 25%, Infection 15%, unsafe abortion 13%, eclampsia 12%, obstructed labour 8%, other causes 27%.The pregnancy – related maternal mortality rate in the United States is approximately 7-10 women per 100,000 live births. National statistics suggest that approximately 8% of these deaths are caused by PPH. In the developing world, several countries have maternal mortality rates in excess of 1000 women per 1,00,000 live births, and world Health organization [WHO] statistics suggest that 25% of maternal deaths are due to PPH, accounting for more than 1,00,000 maternal deaths per year.

The objectives of the study

To assess the pre-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools at Hyderabad, Andhra Pradesh.

To develop and administered structured teaching programme knowledge regarding Postpartum Haemorrhage.

To assess the post-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools.

To compare the pre-test level of knowledge with post-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools.

To associate the post-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools with selected demographic variables

Hypothesis

NH1:-There will be no significant difference between the pre-test and post-test scores of MPHW students on knowledge regarding PPH.

NH2:-There will be no significant relationship between the knowledge scores of MPHW students regarding knowledge on PPH with selected demographic variables.

METHODOLOGY

Research approach: A quantitative research approach was utilized.

Research design: The pre experimental one group pre-test and post-test design was adapted.

Setting: A study was carried out in in selected MPHW schools. Regional training centre [Female], Niloufer Health School, Hyderabad, Durgabai Deshmukh

Hospital, Andhra Mahila Sabha., M.P.H.W. [F] Training School, Vidyanagar, Hyderabad Family Planning Association of India. M.P.H.W.[F]Training school Near Topaz building, Punjagutta, [Hyd.Branch], of Hyderabad

Population

The present study population comprises of **MPHW Students in selected MPHW schools**.

Sample: The sample for the present study consists of MPHW students, who were studying in Regional training centre

Sampling: Non probability convenience sampling was employed to select a sample.

Sample size: The sample size consists of 100 MPHW students, who were studying in Regional training centre

Description of the Tool: Structured knowledge questionnaire consists of two parts

Part-I: It is comprised of base line proforma with 5 items i.e., Age, Religion, Educational qualification, Duration of experience in Obstetric & Gynaecological Departments, Witnessing any PPH case during clinical postings of MPHW students.

Part-II: The structured knowledge questionnaire under 5 sections was prepared to collect the data for the study and it consists of 46 questions pertaining to knowledge domain regarding Postpartum Haemorrhage in 5 sections which is mentioned below.

Section-A: Meaning and Classification of PPH contains 9 questions [1-9]

Section-B: Causes, Risk factors and complications of PPH contains 8 questions [10-17]

Section-C: Clinical manifestations and diagnosis of PPH contains 6 questions [18-23]

Section-D: Prevention of PPH contains 8 questions [24-31]

Section-E: Nurses role and management of PPH contains 15 questions [32-46].

Table No 1 plan for data analysis

S.no	Data analysis	Method	Remarks
1	Descriptive	Frequency and percentage mean median and standard deviation	To describe the distribution of demographic variables To determine the level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools.
2	Inferential	Chi -square	To associate the post-test level of knowledge regarding Postpartum Haemorrhage among MPHW students in selected MPHW schools with selected demographic variables

RESULTS AND DISCUSSION

The data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study. The findings were presented in the following sections.

The analysis of the data was mainly classified as:-

Section-I: Description of sample characteristics according to the demographic variables such as age, religion, educational qualification, duration of experience in Obstetrics department, witnessing any PPH case during clinical postings of the MPHW students with the help of frequency and percentage distributions.

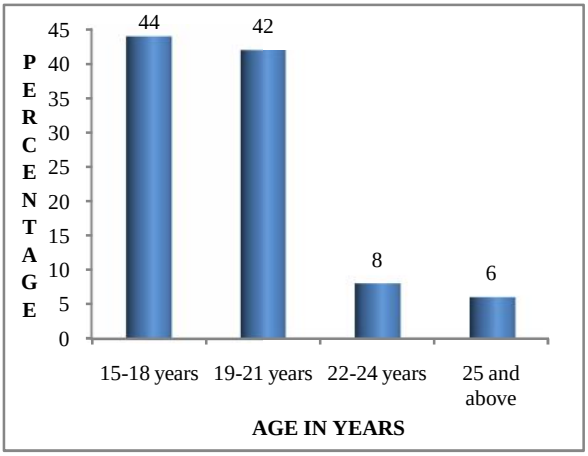
Section-II: Assessment of knowledge scores of the MPHW students regarding the Postpartum Haemorrhage in pre-test and post-test assessing the effectiveness of structured teaching programme by comparing the pre test and post test knowledge scores of the MPHW students.

Section-III: Association between the post test and knowledge levels of the MPHW students and selected demographic variables such as age, religion, educational qualification, duration of experience in Obstetrics department, witnessing any PPH case during clinical postings of the MPHW students by using Chi-square test.

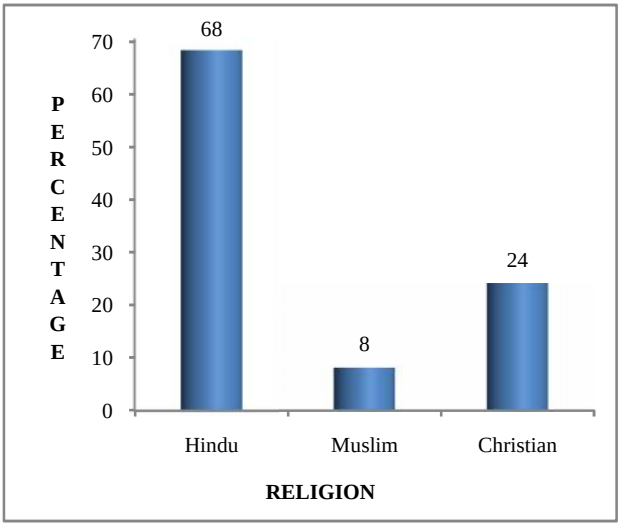
RESULTS AND DISCUSSION

Section-I

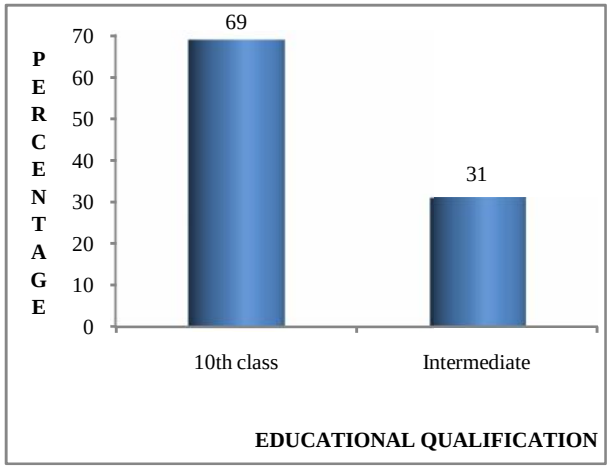
Frequency and percentage distribution of demographic variables



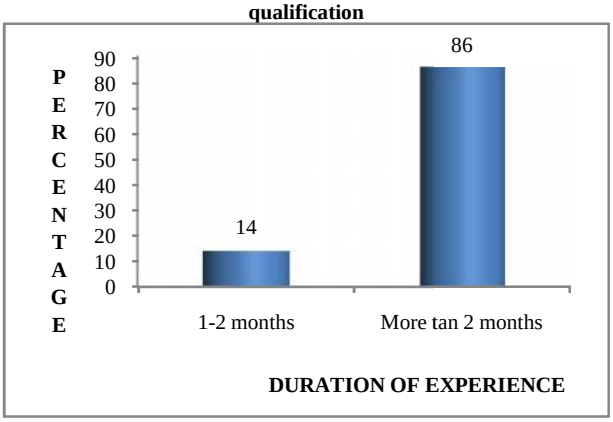
Percentage distribution of MPHW students based on age



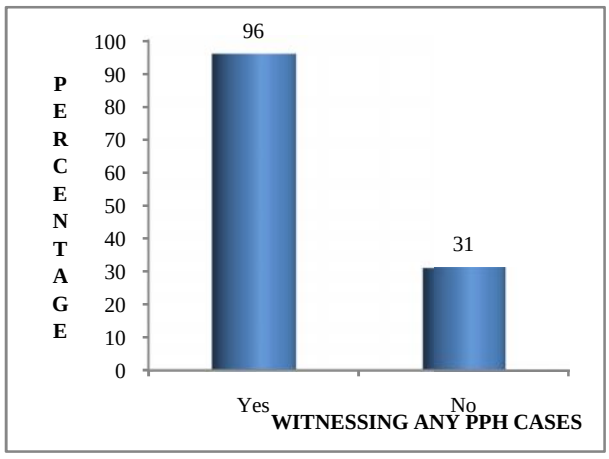
Percentage distribution of MPHW students based on religion



Percentage distribution of MPHW students based on educational qualification



Percentage distribution of MPHW students based on duration of experience in Obstetrics department



Percentage distribution of MPHW students based on witnessing any PPH case during clinical posting

Section-II

Table 2 Frequency and percentage distribution of pre-test and post-test knowledge levels of the MPHW students. [N=100]

Knowledge levels	Pre-test		Post-test	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Below average	100	100%	-	-
Average	-	-	19	19%
Above average	-	-	81	81%
TOTAL	**100**	**100%**	**100**	**100%**

The table – 2 shows that 100[100%] of the MPHW students were performing at below average knowledge levels and no one was performing at average and above average knowledge levels before administering teaching programme on knowledge regarding postpartum Haemorrhage, After administering the structured teaching programme 19[19%] of the MPHW students were performing at the average knowledge levels and 81[81%]of the MPHW students were performing at the above average knowledge levels .This indicates out of 100 ,majority of the MPHW students were above average knowledge levels after structured teaching program

Table 3 Mean and standard deviation between the pre-test and post-test scores and paired t-test value. [N=100]

T-test: paired two sample for means		
Parameters	**Pre-test scores**	**Post-test scores**
Mean	14.36	36.86
Standard deviation	2.826	5.235
Standard error	0.282	0.523
Degree of freedom	99	
t- calculated value	**39.473 S***	
t-table value	1.982	

The table 3 shows that the Pre –test knowledge scores mean is 14.36 with standard deviation 2.826 and standard error 0.282 was less than the mean Post-test knowledge scores mean is 36.86 with standard deviation 5.235 and standard error 0.523.The difference between the mean score of Pre-test and Post-test [22.50] is significant at 5% level. The 't' value computed between the Pre-test and Post-test was statistically significant at 0.05 % level[t=39.473,d.f=99].Since calculated value of t=39.473 is greater than table value of t=1.982 at 99 degrees of freedom with 0.05 level of significance. Therefore it can be concluded that it was highly significant.

SECTION III

Findings related to association between post-test knowledge scores with selected demographic variables

There was association between the post test knowledge scores of the MPHW students and selected demographic variables such as age, religion, educational qualification, duration of experience in obstetrics department, witnessing any PPH case during clinical postings of the MPHW students.

CONCLUSION

MPHW students were lacking in depth knowledge in the aspects of Postpartum haemorrhage such as meaning and classification of PPH, causes, Risk factors and Complications , Clinical manifestations and diagnosis of PPH,, Prevention of PPH, Nurses role and management of PPH. Over all MPHW students have below average[inadequate]knowledge and teaching has made a commendable effect in improving the knowledge of MPHW students regarding Postpartum Haemorrhage .It has given a new avenue to the researcher to widen the horizon on more research aspects of Postpartum Haemorrhage

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