Research Article

COMPETENCIES IN ESSENTIAL OBSTETRIC & NEWBORN CARE [EONC] DURING LABOUR AMONG NURSES WORKING IN SELECTED RURAL HEALTH SETUP

*Pandit Sharad B., Boricha B. G and Mhaske Anuradha

MGM Institute of Health Sciences, Navi Mumbai, Maharashtra, India

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ABSTRACT

Background: Nurses with competency are the backbone of a health system and the key to reaching the maternal & newborn health targets of Sustainable Development Goals. The aim of this study was to assess Competencies in Essential Obstetric & Newborn Care during Labour among Nurses working in selected Rural Health setup.

Methods: A quantitative exploratory research study was carried in the Rural Maharashtra, where 182 Nurses were included by the cluster sampling method. Questionnaire and observation checklist used to collect the data.

Results:
The results show majority nurses belong to 40 to 50 yrs. age group & not undergone any training on EONC. Majority nurses have average competencies and 96.70 % of nurses had a negative attitude score towards the EONC.

Conclusion: The study shows that the majority of nurses had average competencies. This study highlights the need for supportive supervision, periodic assessment of competency & Skill Training to achieving the maternal & newborn health Sustainable Developmental Goals.

INTRODUCTION

With Skill India Campaign in 2015, Government of India has also committed to provide Skilled Birth Attendance at every birth. Skilled Birth Attendance is key strategies for reducing maternal and newborn mortality and morbidity globally. Nurses with competency are the backbone of a health system and the key to reaching the maternal & newborn health Sustainable Development Goals. Regrettably, there is a profound shortage of fully trained competent Nurses are a key barrier to achieving this.

Maternal & Neonatal mortality is unacceptably high. It was estimated that in 2015, roughly 303000 women & 695852 neonates died during childbirth, and most could have been prevented (WHO, 2015). [1] Sustainable Development Goal-3 was targeted to reduce MMR to less than 70 per 100 000 live births, and NMR to low as 12 per 1000 live births, end of preventable deaths by 2030 (Ties Boerma, 2015). [2] Retrospective, observational study where 8915 of deliveries during the study period were reviewed and all causes of maternal deaths were analysed. The third delay was found to be the most frequent (79%) followed by the first delay (71%) while the least one was the second delay (40%). There is a paradigm shift of delays toward the third delay rather than the first or second delays (Gelany SE *et al*, 2015). [3] The reality remains that human resource shortages will continue to challenge access to quality maternal care. However, with adequate attention as well as the specific health system context, task-shifting programs can effectively expand the roles of midlevel providers (WHO, 2012; Columbia University). [4][5] Primary research about the availability of skilled birth attendance, many of which are widely recognized there are serious, persistent gaps in safe delivery capacity at the primary level, despite efforts to decentralize care through NRHM (Nirupam Bajpai *et al*, 2013) .[6] A large-scale quality of care assessment was carried out in three districts of Malawi. It shows Serious deficiencies in providers' knowledge regarding monitoring during routine labour and management of emergency newborn care were documented. These may contribute to maternal and neonatal deaths in Malawi (O Bayley *et al*, 20113).[7] Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination (WHO, 2015).[8] Though WHO tracks the proportion of women delivered by SBAs, we know little about their competence to manage common life-threatening obstetric complications.

Corresponding author: **Pandit Sharad B**
MGM Institute of Health Sciences, Navi Mumbai, Maharashtra, India

There is a wide gap between current evidence-based standards and provider competence to manage selected obstetric and neonatal complications (Steven A Harvey *et al*, 2007). [9]

MATERIAL AND METHODS

A quantitative exploratory research study was carried out to assess Competencies in Essential Obstetric & Newborn Care during Labour among Nurses working in selected Rural Health setup. The study was conducted in the Rural Maharashtra during the period of March 2016 to August 2016. In this study, 182 Nurses were included by cluster sampling method from selected rural health setup. With ethical approval and followed by the consent form Nurses, data were collected by means of the self-administered questionnaire, and observation checklist. The competencies in essential obstetric & newborn care during labour were observed on Childbirth simulator. Collected data were analysed using descriptive statistics, based on the objectives of the study.

RESULTS

There are 182 nurses included in the study, the majority of nurses, according to age 34.62% belong to 40 to 50 yrs., 29.67 % belong to 50 to 60 yrs., 20.88 % belong to 20 to 30 yrs., and 14.84 % belong to 30 to 40 yrs. age group. According to education & Designation, nurses were distributed 54.95% ANM, 30.22% GNM (Staff Nurse) and 14.84% LHV. According to experience majority, 41.76% had more than 20 yrs., 26.92% had 10-20 yrs, & 25.27% had 5-10 yrs Experience. 58.24% nurses have not undergone any training on EONC, 71.05 % of nurses had the duration from completion of training more than 5 years.

Table 1 Distribution of Nurses according to level of knowledge & practices regarding EONC
n=182

Level of score	Knowledge		Reported Practices		Observed Practices	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Poor	61	33.52	16	8.79	6	3.30
Average	118	64.84	147	80.77	170	93.41
Good	3	1.65	19	10.44	5	2.75

Above table 1 shows the levels of knowledge & practices score were seen into 3 categories, poor, average and good. Majority 64.84% of nurses had an average, 33.52% of nurses had a poor level of knowledge score. The 80.77 % of nurses had average, & 10.44 % had a good level of reported practices.
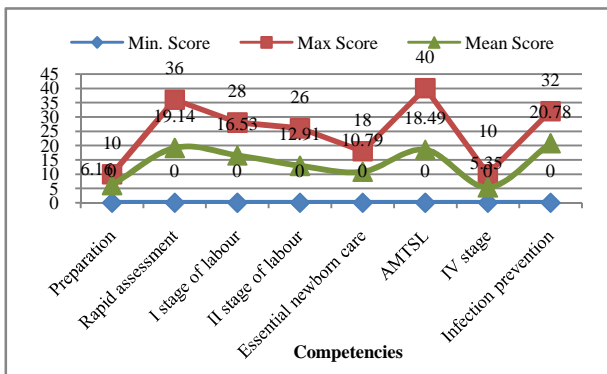
Graph 1 Area wise Observed Practices of nurses in relation to EONC on stimulator

The majority 93.41% of nurses had average level observed practices on the stimulator.

In above graph it shows that, Area wise Mean score of Observed practices on simulator, where (6.16) Competency in preparation, (19.14) Competency in rapid assessment, (16.53) Competency in I stage of labour, (12.91) Competency in II stage of labour, (10.79) Essential newborn care, (18.49) Competency in active management in III stage of labour (AMTSL), (5.35) Competency in IV stage, (20.78) Competency in infection prevention, and (110.15) Overall mean score is average.

The nurses were also assess for the attitude toward the essential obstetric & newborn care during labour, where 96.70 % of nurses had negative and 3.30 % had positive attitude score towards the EONC.

DISCUSSION

This study seeks to explore the nurse's competencies in essential obstetric and newborn care during labour in rural health setup. The Study shows that the majority of the nurses 34.62% belong to 40 to 50 yrs., 29.67 % belong to 50 to 60 yrs. of age group. And majority 41.76% had more than 20 yrs., 26.92% had 10-20 yrs. of experience. The study findings are close to Higgins A. *et.al.* [10] published findings 81 (40%) were between the ages of 40 and 49, 47 (23%) were over the age of 50. The highest number were registered over 20 years (n=88, 42%), 38 (18%) were registered between 16- 20 years, 27 (13%) were registered between 11-15 years and 34 (16%) were registered between 6-10 years.

This study results Majority 64.84% of nurses had an average level of knowledge score, 80.77 % of nurses had average level of reported practices, and the majority 93.41% of nurses had average level observed practices on the stimulator distinct from Zaitoon Qazi *et al* [11] findings, where almost in all the facilities, providers were less knowledgeable (50%) about AMTSL; newborn resuscitation; and use of Partograph were completely lacking. Sarika Chaturvedi *et al* [12] results, overall poor competence score 75% of participants score below 35% of the maximum score among Skilled birth attendants. Shabina Ariff *et al* [13] results all three cares of health care providers performing below the competency level of MNCH knowledge and skills. Mamadou Traore *et al* [14] findings showed that there are deficiencies in EmONC knowledge and competency among primary health worker in Mali.

Supportive supervision could be an important step to bridge the current gap in competence. This evaluation highlights the need for periodic assessment of competency & training to address the gap. International Confederation of Midwives sets global standards in Essential competencies for basic midwifery practice which ensures that all nurses can achieve competency [15].

CONCLUSION

The study shows that the majority of nurses had average competencies in essential obstetric & newborn care during labour. This study highlights the need for supportive supervision, periodic assessment of competency & Skill Training by adopting International Confederation of Midwives

(ICM) global standards in Essential competencies for basic midwifery practice to ending the preventable maternal & newborn death and achieving the Sustainable Development Goals by 2030.

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