An Exploratory Study to Assess Knowledge and Practices Regarding Antenatal Care Among Midwives Working In Rural Areas of Pune District And To Prepare Module for Enhancement of Midwifery Practices in Community Setting.

Madhuri Shelke, Principal, Institute of Nursing Education and Research,
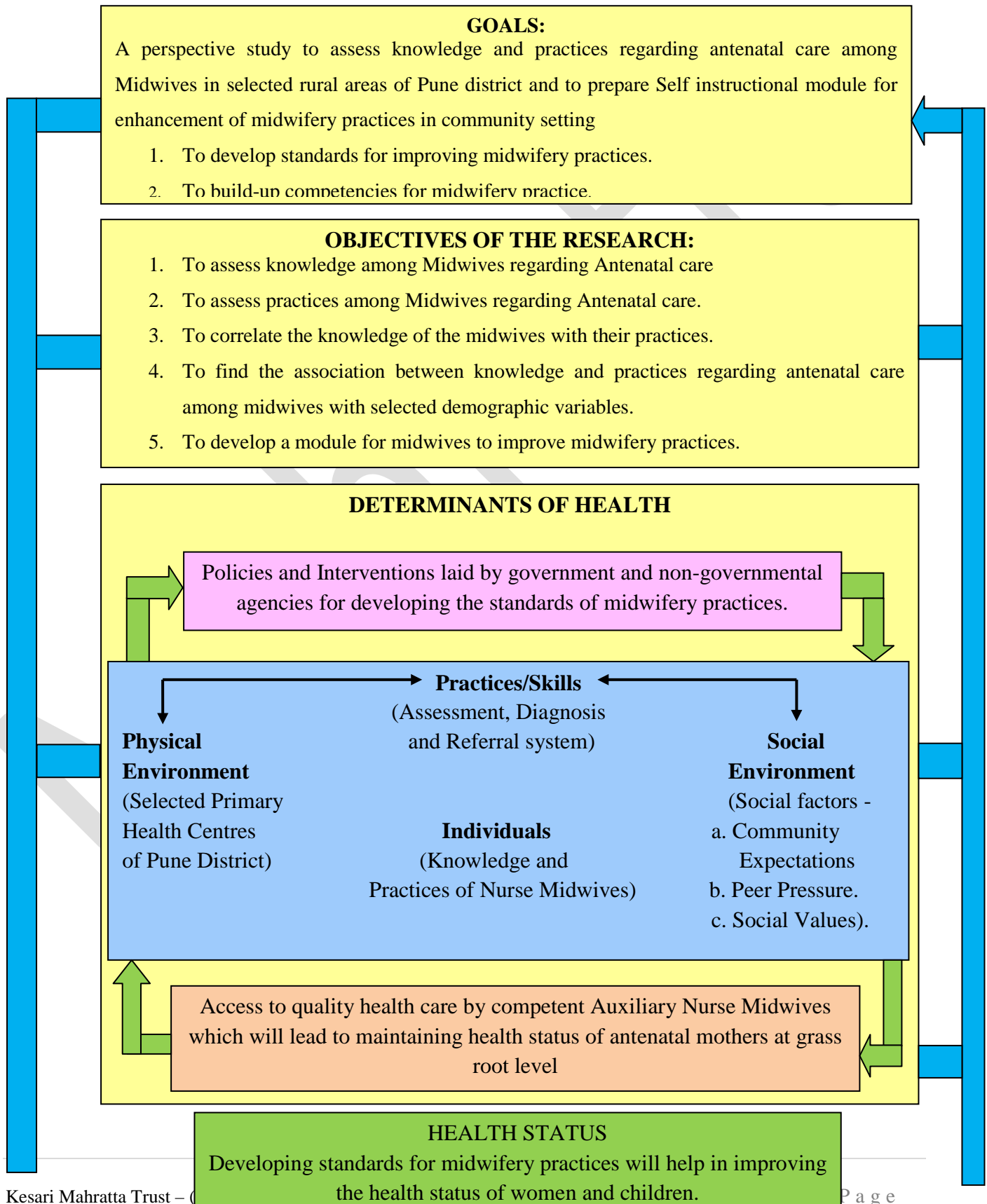*Tilak Maharashtra Vidyapeeth, Pune – 37.   Email: nursing@tmv.edu.in*

Introduction:

In 2000 A.D., National Population Policy considered that there is need to improve maternal health thereby reducing maternal mortality rate. The objective is that maternal mortality rate should be reduced to 100/1 lakh live birth from 407/1 lakh live birth. In India, maternal mortality rate has always been high, because most of the deliveries are conducted at home through untrained Dais; antenatal mothers have to face complications of labour leading to death. If trained midwives are able to reach-out to the women in labour and provide services, the maternal mortality rate will surely be reduced, because trained midwives can handle the situation skillfully and provide referral services. So there is a need to strengthen the midwives keeping the goal in view the investigator decided to take up this study.

Research Methodology:

In order to achieve the objective of the study an exploratory descriptive survey approach was considered appropriate. Research Design: Research Design adopted for the study was simple descriptive survey designed. It examines and describes the knowledge and practices regarding antenatal care among midwives and the correlation between the knowledge and selected demographic variable such as age, religion, education, designation and years of experience. Based on the objectives of the study the major variable identified was midwives knowledge and practices are taken as the independent variable such as age, religion, education, designation and years of experience as the demographic variables. Setting of the study: the study was conducted in rural area khedshivapur and wagholi area of Pune city. Population: The population of the present study comprises of midwives working in khedshivapur and wagholi primary health centers in Pune. Sample and Sampling Techniques: the sample selected for the present study comprised of midwives working in khedshivapur and wagholi primary health centers in Pune, with a sample size of 60. Non-probability purposive sampling is used for the present study. Inclusion criteria: decided were Midwives working at rural area of Pune district and those willing to participate in the study. Data collection Techniques and tools: structured questionnaire was used to assess the knowledge and 3-point likert scale was used to assess the practices. Description of data collection tool: study instrument used by the researcher consisted of three sections. Section – I Demographic data, Section II – Structured questionnaire to assess knowledge of midwives to assess antenatal care. Section – III Three-point likert scale to assess practices regarding antenatal care. The tool was validated by 15 different experts in the field of community health nursing (05), midwifery nursing (05), and 5 from medical field of gynecology obstetric and public health and translated into Marathi language. Survey was conducted to establish the reliability on 6 samples by test-retest method and the value was 0.8172. Similarly a Pilot study was conducted on 10 samples to establish the feasibility of the tool from generating data from the samples. The final study was conducted in primary health centre of khedshivapur and whagoli of Pune district selected through non-probability convenient sampling descriptive and analytical sampling was used to analyze the

data. To analyse the data statistical analysis was performed with SPSS statistical software version 17.0, and the results are expressed percentage and frequency analysis of variance (ANOVA) is used to assess the association between knowledge and practices with selected demographic variables.

CONCEPTUAL FRAMEWORK

GOALS:
A perspective study to assess knowledge and practices regarding antenatal care among Midwives in selected rural areas of Pune district and to prepare Self instructional module for enhancement of midwifery practices in community setting

1. To develop standards for improving midwifery practices.
2. To build-up competencies for midwifery practice.

OBJECTIVES OF THE RESEARCH:
1. To assess knowledge among Midwives regarding Antenatal care
2. To assess practices among Midwives regarding Antenatal care.
3. To correlate the knowledge of the midwives with their practices.
4. To find the association between knowledge and practices regarding antenatal care among midwives with selected demographic variables.
5. To develop a module for midwives to improve midwifery practices.

DETERMINANTS OF HEALTH

Policies and Interventions laid by government and non-governmental agencies for developing the standards of midwifery practices.

Practices/Skills
(Assessment, Diagnosis and Referral system)

Physical Environment
(Selected Primary Health Centres of Pune District)

Individuals
(Knowledge and Practices of Nurse Midwives)

Social Environment
(Social factors -
a. Community Expectations
b. Peer Pressure.
c. Social Values).

Access to quality health care by competent Auxiliary Nurse Midwives which will lead to maintaining health status of antenatal mothers at grass root level

HEALTH STATUS
Developing standards for midwifery practices will help in improving the health status of women and children.

Conceptual Frame work: Healthy People in Healthy Communities. A modified model for a systematic approach to health improvement (from U.S. department of health and Human Services

Analysis and discussion:

Major Findings of the study: **Findings from section – I** for the demographic data shows that 36% of the nurses of age above 40 years, 22% of them were from age group 36-40 years, 20% of them were from age group 31-35 years, another 20% of them were from age group 26-30 years and remaining 2% of them were from age group 20-25 years, 61% of them were Christians, 27% of them were Hindu and remaining 12% were Muslim, 61% of them were ANM, 22% of them were LHV and 17% of them were GNM, 30% of them had 8-14 years of work experience, 23% of them had below 7 years experience, 20% of them had 15-21 years of experience, 15% of them had more than 28 years of experience and remaining 11.7% of them had 22-28 years of experience, and 61.7% of them were ANM, 21.7% of them were LHV and 16.7% of them were NM.

Findings from section – II knowledge of midwives regarding antenatal care reveal that majority of 86.5% of the samples were aware about the components of physical assessments. 73.3% of them knew the importance of early registration. 68.3% of them were about the components of obstetric history. Only 20% of the samples knew the benefit of knowing the annual expected registration rate. Only 30% of them were aware about what is included in counseling during antenatal period. 31.7% of them knew what the advice regarding antenatal care includes. Only 35% of them were about the preparation for prevention of complication. 36.7% of them were aware of the schedule of third antenatal visit.

Findings from section – III Findings of practices of midwives shows that majority of 70% of the samples maintain ANC card for each antenatal mother. 70% of them provide T.T. immunization for each antenatal mother. 76.7% of them distributed iron and folic acid tablets to antenatal mothers. Only 15% of the samples advised antenatal mothers regarding remedial measures for minor disorders. Only 10% of them assessed the antenatal mother during each antenatal visit to rule out high risk cases. 53.3% of them never detected minor disorders of pregnancy during antenatal visits. 46.7% of them never advised the antenatal mothers regarding remedial measures for minor disorders. 46.7% of them never assessed the antenatal mother during each antenatal visit to rule out high risk.

Findings from section – IV Analysis of data related to correlation between knowledge and practice. This assessment was done using Pearson's correlation coefficient. The Pearson's correlation coefficient was found to be 0.57. T-test for testing significance of correlation coefficient was used to assess the relationship. T value was found to be 5.32 and the p-value for the corresponding t-test was 0.000 at 58 degrees of freedom. Since p-values is small (less than 0.05), the null hypothesis is rejected. There is significant positive correlation between knowledge and practice. Following graph is the visual representation of this correlation.

Findings from section – V: Findings of the analysis of midwives's knowledge with the selected demographic variable shows that the association between knowledge regarding antenatal care among

midwives with their demographic variables was assessed using ANOVA. The following table gives the summary of the ANOVA:

Variable	F	p-value
Age	24.7	0.000
Religion	2.80	0.298
Education	70.1	0.000
Work experience	17.7	0.000
Designation	70.1	0.000

Since p-values corresponding to all variables except religion are small (less than 0.05), the null hypothesis is rejected. Knowledge regarding antenatal care was found to have significant association with age, education, work experience and designation.

Conclusion:

To conclude with the help of above findings this study provides us with the evidence that majority of the sample were aware about the components of physical assessment, importance of early registration and the components of obstetric history. Only 20 – 30% samples knew the benefits of knowing the annual expected registration rate, and counseling during antenatal period. It was observed that 70-80% of the midwives maintained antenatal cards for mothers, T.T. immunization, and distribution of iron and folic acid tablets to antenatal mothers. But few 10-15% of the samples were practicing giving advice to antenatal mothers regarding antenatal measures for minor disorders, assessment of antenatal mothers during each antenatal visits to rule out high risk cases and more than 50% of them never detected minor disorders of pregnancy during antenatal visits. With these results the investigator decided to develop a module to enhance the knowledge and practices of the midwives working in the rural area. This will in turn strengthen the midwives to give quality care, and have implications for midwifery practice nursing education, nursing administration and nursing research.

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