

## Effectiveness of Structured Teaching Programme on Knowledge of Preparation and Management of Labour among Primigravida Women in Selected Hospital, Salem

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### Abstract:

Pregnancy is a special event in women's life, as it is unique for the mother child binominal. Maternal and neonatal morbidity and mortality remain unacceptably high, despite a focus on improving the health of pregnant women and newborns through Millennium Development Goals 4 and 5. The main aim of this study is to identify the level of knowledge on preparation and management of labour among primigravida women in the age group of 20-35 years. A pre experimental one group pre test and post test design was selected and purposive sampling technique was adapted to recruit the sample. The sample size was 30. Tools like demographic variables, structured interview schedule and structured teaching programme on preparation and management of labour were used. At the first day, pre test was conducted and structured teaching on preparation and management of labour was administered for group of antenatal women. After one week post test was conducted by same tool. Data analysis was done by using both descriptive and inferential statistics. Majority (50%) of the women were in the age group of 21-25 years. The overall mean score in pre test was  $12.16 \pm 4.4$  and the mean percentage was 40.53. In post test the overall mean score was  $22.76 \pm 7.26$  and the mean percentage was 75.87. The calculated 't' value is 10.18 at 0.05 level of significance. It depicts that structured teaching on preparation and management of labour was highly effective. There was no significant association between the demographic variables of primigravida women and the pre and post test knowledge scores.

**Keywords:** Preparation and Management of Labour, Structured Teaching Programme, Primigravida women.

### Introduction

According to WHO criteria normal birth is defined as spontaneous onset of labour, low risk at the start of labour and meaning so throughout labour and delivery. The infant is born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After the birth the mother and infant are in good condition.

Gaps in care during labour, delivery and the early neonatal period are well recognized, yet few simple and scalable strategies have proven to be effective to support health worker adherence to clinical, essential childbirth related practices (EBPs). Poor quality of care is of particular concern in low and middle income countries where the majority of avoidable maternal, fetal and newborn morbidity and mortality occurs. The largest burden of both overall neonatal and more specifically preterm mortality occurs within the first 24 hours of life. Similarly a large proportion of stillbirths are intrapartum deaths, occurring less than 12 hours before delivery and thus resulting in infants without any signs of maceration or skin deterioration. Thus the intrapartum and immediate postnatal periods represent critical windows of opportunity to improve neonatal outcomes in these settings. Estimates suggest that improved facility based care during labour and birth and immediate newborn care can avert 0.8 million newborn deaths by 2025. These estimates reflect the potential of packages of interventions, rather than a single intervention, to make significant improvement in outcomes.

Conducted a cross sectional study to evaluate the effect of attending a prenatal childbirth preparation course on labour duration and outcomes with 53 primiparous women who attended 54 women who did not attend a CPC. The State- Trait Anxiety Inventory (STAI) score was significantly

lower in the study group compared with controls. The first stage and the entire duration of labour were significantly shorter in women who attended the CPC. Women in the study group rated their labour experience significantly higher and exhibited significantly higher rates of breast feeding than controls.

Conducted a quasi experimental study on effectiveness of breathing exercise during the second stage of labour pain, duration and first minute APGAR score shows the mean Visual Analogue Scale scores of intervention group ( $88.2 \pm 6.3$ ) and control group were ( $90.5 \pm 7$ ) respectively. The duration of the second stage of labour was ( $369.6 \pm 92$ ) for intervention group and ( $440.7 \pm 142.5$ ) for control group. The mean first minute APGAR scores were ( $8.84 \pm 0.5$ ) for intervention group and ( $8.73 \pm 0.89$ ) for control group. Based on this study breathing exercises with deep inhalation and exhalation in pregnant women are effective in reducing the perception of labour pain and shortening the duration of the second stage of delivery.

### Statement of the problem

A study to assess the Effectiveness of Structured Teaching Programme (STP) on Knowledge of Preparation and Management about Labour among Primigravida Women in selected hospital, Salem.

### Objectives

1. To assess the knowledge on preparation and management of labour among primigravida women before implementation of structured teaching programme.

- To evaluate the effectiveness of structured teaching programme on knowledge of preparation and management about labour.
- To associate the pre test knowledge scores of primigravida women with their selected demographic variables.

**Hypothesis**

H1: There is a significant difference between pre and post test knowledge scores on preparation and management of labour among primigravida women at  $p \leq 0.05$  level.

H2: There is a significant association between the pre test knowledge scores with the selected demographic variables of primigravida women at  $p \leq 0.05$  level.

**Conceptual framework**

The investigator adopted Rosenstock’s and Becker Health Belief Model theory as a basis of conceptual framework, which is aimed to assess the effectiveness of structured teaching programme on knowledge of preparation and management of labour among primigravida women.

**Materials and methods**

Pre experimental one group pretest and posttest research design was used for this study. Purposive sampling technique was adopted to recruit the samples. The present study was conducted in Sri Gokulam Hospital,

Salem. The samples selected for the study were 30 primigravida women who have 36 & 37 weeks of gestation visited in OPD of Sri Gokulam Hospital. Tools like Semi Structured Interview schedule on demographic variables, Structured Interview Schedule and Structured Teaching Programme on preparation and management of labour pain. On the first day pretest was conducted and Structured Teaching Programme on preparation and management of labour pain is administered for 20 minutes in a group (4-5 mothers) of primigravida mothers. At the seventh day post test was conducted by same tool to assess the effectiveness of structured teaching programme on preparation and management of labour pain. Data analysis was done, the descriptive statistics like mean, standard deviation and mean percentage was used to assess the knowledge on preparation and management of labour pain. Inferential statistics like paired ‘t’ test was used to assess the difference between pre and posttest knowledge scores. Chi square was used to assess the association between pretest knowledge scores with selected demographic variables.

**Results and discussion**

Majority (50%) of women were in the age group of 21-25 years. Highest percentage (70) were had higher education. Most of them (67%) belong to Hindus and half of the percentage (54%) were housewife. Maximum (53.3%) women were having family monthly income of Rs. 5001-10,000 and nearly 53.3 percentage of women belongs to nuclear family. Half of the (53%) percentage of women had labour support through her mother and all of them had regular antenatal checkup.

Level of Knowledge	Pre - test		Post - test	
	F	%	F	%
Inadequate knowledge (1 - 33)	18	56	-	-
Moderately adequate knowledge (34 - 66)	12	44	6	12
Adequate knowledge (67 – 100)	-	-	24	88

**Table No.1:** Distribution of pre and posttest level of knowledge scores on preparation and management of labour among primigravida women.

Distribution of pre and posttest level of knowledge scores of preparation and management of labour among primigravida women shows that in pretest, 56 percentage of women had inadequate knowledge, where as in posttest none of them had inadequate knowledge. In pretest 44 percentage of them had moderately adequate knowledge and in posttest only 12 percentage of them had moderately adequate knowledge. In posttest

majority (88%) of them had adequate knowledge and in pretest whereas none of them were had adequate knowledge. Hence it shows that after implementation of Structured Teaching Programme on preparation and management of labour. It shows that the Structured Teaching Programme was highly effective.

n=30

S. No	Areas of preparation and management of labour	Max Score	Pre test			Post test			Diff. in Mean %
			Mean	SD	Mean %	Mean	SD	Mean %	
1.	Introduction	5	1.1	2.6	22	2.3	4.9	46	24
2.	1 <sup>st</sup> stage of labour symptoms & management	10	4.2	5.2	42	5.3	6.3	53	11
3.	2 <sup>nd</sup> stage of labour symptoms and management	6	2.5	4.3	41	3.2	5.9	53	12
4.	3 <sup>rd</sup> stage of labour symptoms and management	6	2.7	5.1	45	3.2	5.9	53	8
5.	4 <sup>th</sup> stage of labour symptoms and management	3	1.5	4.3	50	1.9	5.4	63	13
	<b>Total</b>	<b>30</b>	<b>12</b>	<b>21.5</b>	<b>40</b>	<b>15.9</b>	<b>28.4</b>	<b>53</b>	<b>14</b>

**Table No.2:** Area wise distribution of mean, standard deviation and mean percentage on knowledge regarding preparation and management of labour among primigravida women

Area wise distribution of pre and post test knowledge scores of preparation and management of labour shows that the highest mean score was on the 4<sup>th</sup> stage of labour symptoms and management in both pre and post test which was 1.5±4.3 and 1.9±5.4, the mean percentage was 50% and 63% respectively. The lowest mean score was on introduction for

both pre and post test which was 1.1±2.6 and 2.3±4.9, the mean percentage was 22% and 24% respectively. Hence it shows that after implementation of Structured Teaching Programme on preparation and management of labour was very much effective.

S.No	Demographic variables	df	$\chi^2$	Table value
1	Age in years	6	4.204	12.59
2	Education	8	1.518	15.51
3	Occupation	6	1.081	12.59
4	Religion	6	3.965	12.59
5	Type of family	6	0.566	12.59
6	Monthly Income	6	0.529	12.59
7	Weeks of gestation	4	0.529	8.79
8	Labour support given by others	6	3.309	12.59
9	Residence	2	1.428	5.99
10	Antenatal checkup	2	0	5.99
11	Previous hospitalization	2	0.017	5.99

**Table No.3:** Assess the difference between mean, SD and 't' value of pre and posttest knowledge scores on preparation and management of labour  
df = 29; P<0.05 - Significant\*

Difference between mean, SD and paired 't' test of pre and post test knowledge scores among primigravida women on preparation and management of labour shows that in pre test overall mean score was 12.16±4.4 and the mean percentage was 40.53. Whereas in post test the mean score was 22.76±7.26 and the mean percentage was 75.87. The

calculated 't' value is 10.18 at p<0.05 level of significance, which shows it is highly significant. Hence it is interpreted that implementation of structured teaching programme on preparation and management of labour was highly effective in improving the knowledge of primigravida women.

n=30

S.No	Knowledge	Max. Score	Mean	SD	Mean %	't' Value
1.	Pre -test	30	12.16	4.4	40.53	10.18*
2.	Post-test		22.76	7.26	75.87	

**Table No. 4:** Association between pre test knowledge scores of preparation and management of labour with their selected demographic variables  
df = 29; P<0.05 - Not Significant

There was no significant association between age, education, occupation, religion, type of family, weeks of gestation, monthly income, labour support given by others, residence, antenatal checkup, previous hospitalization with the pre test scores on preparation and management of labour. Hence the difference observed mean score values were not true difference thus the research hypothesis was rejected.

## Conclusion

Majority of the women in the age group of 21-25 years. In both pre and post test, highest mean was obtained in the area of 4<sup>th</sup> stage of labour symptoms and management is 1.5±4.3 & 1.9±5.4 and mean percentage was 50 & 63 respectively. The overall mean score in pre test was 12.16±4.4 and the mean percentage was 40.53. In post test the overall mean score was 22.76±7.26 and the mean percentage was 75.87. The calculated 't' value is 10.18 at p<0.05 level of significance, it shows structured teaching programme was highly effective. It is also found that there was no significant association between the pre test knowledge scores on preparation and management of labour among primigravida women and their demographic variables.

## Implications

### Nursing Service

1. Staff development program can be arranged for staffs working in the hospitals and maternity centre.
2. Motivate the students, nurses and health care workers to update the knowledge on various approaches of preparation and management of labour.

### Nursing administration

The nurse administrator can organize in service education program

regarding newer modalities of preparation and management of labour for students and staff nurses.

## Nursing research

Nursing research can be conducted to find out the effectiveness of newer modalities in preparation and management of labour, which would help in updation of the clinical practice with evidence based approach.

## Recommendation

- A comparative study can be done to determine the effectiveness of structured teaching programme on management of labour between primigravida and multigravida women.
- A study can be conducted to assess the knowledge regarding preparation and management of labour among students and staff nurses.

**Conflict of Interest:** Nil

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**Ethical Clearance:** Obtained from Institutional Ethical Board.

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