

## Assessment of Nurses – Midwives Practices Regarding Prolonged Labor in Babylon Governorate

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### الخلاصة :

**الهدف :** تقييم ممارسات الممرضات القابلات فيما يخص الولادة المطولة ، في مستشفيات محافظة بابل .  
**المنهجية :** اختيرت عينة تمريضية تتكوّن من (٥٧) ممرضة قابلة واللواتي تم اختيارهن من (٦) مستشفيات (٣) منها عامة و(٢) منها ولادة و(١) تعليمية ، وهنّ يمثلنّ مختلف مستويات التعليمية للتمريض .  
وصممت استمارة استبيان لغرض الدراسة، تكوّنت من المعلومات الديموغرافية المتعلقة بالمعلومات المتعلقة بالموّدة والتي تخص العمر ، الحالة الاجتماعية ، المستوى التعليمي ، خبرة في مجال التمريض والقابلة والدورات التي التحقت بها خلال فترة عملها .  
**النتائج:** أشارت نتائج الدراسة ، إلى وجود علاقة ذات دلالة إحصائية بين ممارسات الممرضات-القابلات فيما يتعلق بالولادة المطولة والعمر (  $X^2=23.434.P < 0.05$  ) ، الحالة الاجتماعية (  $X^2=12.088.P < 0.05$  ) ، وسنوات الخدمة في مجال القبالة (  $X^2=17.8.P < 0.05$  ) ، بينما أشارت النتائج إلى : عدم وجود علاقة بين الممارسات والتحصيل الدراسي للممرضة القابلة (  $X^2=11.153.P < 0.05$  ) .  
واستنتجت الدراسة بأن النتائج المتعلقة بممارسات القابلات الممرضات بالتأكد غير مقنعة وتؤثر على نوع العناية المعطاة للمرأة الماخض التي تعاني من عدم تقدم المخاض .  
**التوصيات :** أوصت الدراسة بتصميم وبناء برنامج تعليمي للممرضات ، حيث يتم من خلال البرنامج التأكيد على عملية الولادة بتشجيع الممرضات القابلات للمشاركة في برامج تدريبية خاصة لتغطية حاجاتهن المختلفة المتعلقة بالإخفاقات والمعوقات لممارستن وإقامة علاقة تعاونية ما بين وزارة الصحة والتعليم العالي لتهيئة هذا البرنامج .

### Abstract

**Objective :** to assess the nurse-midwives practices regarding prolonging labor in Babylon Governorate hospitals .

**Methodology :** Purposive sample of (57) nurse-midwives, which was selected from (6) hospitals included (3) General Hospital, (2) Maternity Hospital and Teaching Hospital .These nurse-midwives represented several nursing educational levels.

A questionnaire was constructed for the purpose of the study, which was comprised demographic characteristics, information about nurse-midwives related to their ages, marital status, educational level, experience years in nursing and delivery , and attending midwifery courses through out their work .

**Results :**The study findings indicated that , there were a significant relation ship between the nurse-midwives practices regarding prolonged labor and their ages (  $x^2 = 23.434. P < 0.05$  ) , Marital status (  $x^2=12.088 . P < 0.05$  ) , and the experience years in delivery room (  $x^2=17.8. P < 0.05$  ) , while there was no significant relation between the nurse-midwives practices and their educational level (  $x^2=11.153. P < 0.05$  ) .

The study concluded that these results regarding the nurse-midwives practices certainly unsatisfactory and effects the type of care given to laboring women with low progress labor.

**Recommendation:** The study recommended that an educational program can be designed and constructed for nurse-midwives through the program , an emphasis can be directed and oriented toward the laboring process. The nurse-midwives can be encouraged for being participated in a special training programs designed and constructed to fulfill the nurse-midwives needs concerning defects and limitations in their practices. collaborative work can be issued between ministry of health and higher education to provide such program.

**Key Words:** Assessment, Midwives practices, Prolonged labor.

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## Introduction

Labor permits a series of extensive change in the mother to allow for the delivery of her fetus through the birth canal .it is defined as progressive cervical effacement , dilatation , or both , resulting from regular uterine contractions occurring at least every (5) minutes and lasting (30) to (60) seconds <sup>(1)</sup> .

The nurse-midwife who was the caregiver should respect the needs of the individual and provide an environment with in which each women can labor and give birth with dignity <sup>(2)</sup> .

Nursing practice requires knowledge and skill in helping women to maintain physiological and psychological health as changes occur throughout the life span. The practice of nursing should be based on a scientific, problem –solving process designed to meet the needs of laboring women and their families .So as to support the up grading of midwifery skill by strengthening maternal care services and training <sup>(3)</sup> .

Child birth may be surrounded by traditions many of which are beneficial but others may be harmful. The role of the birth attendant is to anticipate and manage complication that may occur to either the mother or the fetus. When a decision is made to intervene, it must be considered carefully, each intervention carries not only potential benefits .but also potential risks.

Prolonged labor has been variously defined from one exceeding (24) hours while <sup>(4)</sup> stated that prolonged labor, exceeding (12) hours of established labor. Objectives of the study to find out the relation-ship between nurse-midwives practices regarding prolonged labor and demographic variables related to the age, marital status, educational level, years of experience in nursing service, years of experience in delivery room and attending a course in midwifery during her work .

## Methodology

The present study employs a descriptive design which is appropriately structured for the assessment of the nurse-midwives practices regarding prolonged labor, conducted from June 1<sup>St</sup> - 2003 through August –30<sup>th</sup> – 2003 .Sample of the study a purposive sample of (57) nurse midwives who were working at the delivery room were included in the present study . The sample was assigned to the study all the nurse-midwives working in the delivery room, in Babylon Governorate.

Instrument Assessment tool , it is composed of (99) items which comprised a variety of practices performed by the nurse – mid wives regarding prolonged labor to present complications and to augment labor . The assessment tool consisted of (13) main categories.

Data were collected for the original study through the utilization of the observational assessment tool and the interview technique as means of data collection process. Data collection was initiated on , June 1<sup>ST</sup> , 2003 , through August 30<sup>th</sup> , 2003 .Data were collected by the investigator during morning and evening shift for three times observation to nurse-midwife practices regarding prolonged labor . All items of assessment tool were rated and scored as 1 for never , 2 for some times , and 3 for always .

The analysis of the data was employed through the application of the following statistical data analysis approaches.

A- Descriptive statistical data analysis

B-Inferential statistic .







**Table (4) Significance for the Nurse-mid wives practices aspects relative to the marital status**

No	Items of practices regarding prolonged labor	Married N= 45			Single N=12		
		MS	SD	Sig.	MS	SD	Sig.
1	Preparation for labor	1.772	0.935	N.S	1.604	0.89	N.S
2	Nursing intervention	1.666	0.953	N.S	1.666	0.984	N.S
3	Nursing support	2.8	0.909	S	3	0	S
4	Comfort measures	1.827	0.951	N.S	1.913	0.991	N.S
5	Membranes status	1.708	0.874	NS	1.766	0.941	N.S
6	Oxytocin dministration	2.088	0.991	S	2.053	0.963	S
7	Monitoring for mother's status	1.641	0.931	N.S	1.538	0.91	N.S
8	Monitoring for fetus status	1.311	0.476	N.S	1.166	0.577	N.S
9	Ambulation of laboring woman	2.866	0.457	S	3	0	S
10	Reliving bladder distension	1.696	0.963	N.S	1.666	0.984	N.S
11	Giving medication	1.933	1.009	N.S	1.6	0.957	NS
12	Oxygen administration	1.538	0.881	N.S	1.5	0.904	N.S
13	Assisting during delivery	2.9	0.216	S	2.166	0.84	S
<b><math>X^2 = 12.088</math> D.f =2 P &lt; 0.005</b>							

Sig. =  $p < 0.05$

Table (4) indicated that there were significant positive mean scores with positive trends for the married & single nurse - midwives practices in the items (3,6,9,13) only . while other items showed negative trends .

## Discussion

Discussion significance of the Nurse-Midwives practices aspects regarding prolonged labor relative to their ages educational level, experience and marital status:

### ***1-Nurse-midwives practices with respect to their ages :***

Through the course of data analysis, the findings of the study reflected the existence of significantly higher mean scores of Nurse-midwives practices regarding prolonged labor with respect to their age .The age group (26-30) years experienced almost better practices than other age groups in the items related to nursing support ( $3\pm 0$ ) Oxytocin administration ( $2.51\pm 0.065$ ) ambulation of laboring women ( $3\pm 0$ ), giving medication ( $2.6\pm 0.87$ ) and assisting during delivery ( $2.8 \pm 0.657$ ). There is a significant relationship between midwives practices and their age group ( $X^2 = 23.434$ ,  $P < 0.05$ ), ( Table 1 ) .

The study reported that the younger nurse-midwives have more practices than the older ones , while in a study conducted by Daoud , he stated that the older nurses had more better performance than the younger probably due to their orientation and the benefits that may gain out of their employment<sup>(5)</sup> . this fact can be interpreted in away that the nurse-midwives were governed by restricted rules and regulations in which they have to do their best with no concern with the authority of their related benefits . Mamb, stated that, the youngest ages were found with most knowledge because they being recently qualified and the knowledge of high risk factors relatively fresh to apply practices<sup>(6)</sup> .

### ***2- Nurse-midwives practices with respect to experiences : -***

In the study the investigation of the relation of the nurse midwives practices and their experience in delivery rooms, it was found that there is a significant relationship ( $X^2 = 17.8$ ,  $P < 0.05$ ), between their performance and their experience . The nurse midwives who had ( 11-15 ) years experience in delivery room , expressed a better degree of practices regarding prolonged labor with respect to items , preparation for labor , nursing support , membrane status , ambulation of laboring women and assisting in delivery , ( Table , 2).

### ***3-Nurse-midwives practices with respect to educational level :***

As a result of the data analysis , it had been indicated there were higher mean scores among nurse-midwives practices regarding prolonged labor with respect to their educational level .The midwifery school graduated midwives were performing adequately appropriate work as being professionals , in items regarding Nursing support ( $3 \pm 0$ ) , Oxytocin administration (  $2.295 \pm 0.927$ ), Monitoring for fetus status ( $2.15 \pm 1.172$ ), Ambulation of laboring women (  $2.625\pm 1.119$ ), giving medication (  $2.6 \pm 0.855$ ), and assisting during delivery ( $3 \pm 0$ ) ,

It is clear from the table that there was no significant relationship which was detected between the nurse-midwives practices and their educational level .

This results indicated that the nurse-midwives practices unsatisfactory due to poor knowledge and skills , techniques or unavailability of the resources and facilities required, and lack of services and session of continuing education to improve their knowledge and skills to acquire more experience and to develop new skills for the sake of better performance .

Although there was no statistical relationship were detected between their educational level and practices , ( $X^2 = 11.153$ ,  $P < 0.05$ ) ( Table 3).This result might be due to small size of sample or might be due to less attention to nurse-midwife role .

### ***4- Nurse-midwives practices with respect to their marital status:***

Further more the current study revealed that married nurse-midwives practices regarding prolonged Labor had presented more mean score practice than the single with respect to the items, nursing support, Oxytocin administration ambulating of laboring women and assisting in delivery,( Table 4 ) .

So far, the marital status provide evidence for its relationship with these nurse-midwives practices. Such finding can be Justified in a sense that these nurses were considered responsible figures for their significant others who they may have to concerned a bout their life and survival <sup>(7)</sup> .

The table also indicated a significant relationship between marital status and the nurse-midwives practices( $X^2=12.088.P < 0.05$ ).

This fact had emerged due to the nature to their life as being married and having responsibility to take care of their dependent children. There fore they had to respect their work for the benefit of saving the future of the family.

### **Recommendations**

- 1- To install in service education programme for nurse-midwives to up grade the techniques necessary to assess, evaluate and improve the quality of care rendered to high risk expectant women.
- 2-Efficient training in delivery rooms should be provided for nurse-midwives.
- 3- Establish educational courses teach them the art science of labor support.
- 4- Broadened the study to include private company clinics, mission clinics and their health center.

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