

A Study to Assess the Knowledge, Attitude and Practice on Umbilical Cord Clamping and Cutting Among Midwives in Selected Hospital of Bharuch

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Abstract: Umbilical cord clamping consists in the binding of the umbilical cord by nipper to interrupt blood flow from placenta to foetus. (<https://clinicaltrials.gov>). Before the mid 1950s, the term **early clamping** was defined as umbilical cord clamping within 1 minute of birth, and **late clamping** was defined as umbilical cord clamping more than 5 minute after birth. Using quantitative research design the investigator has collected 30 samples by non probability convenient sampling technique. The aim of the study was to assess the knowledge, attitude and practice on umbilical cord clamping and cutting among midwives in selected hospital of Bharuch. Assessment of knowledge of staff nurses regarding. Majority 46.67% of staff nurses had a moderate knowledge and 43.33% of staff nurses were practicing averagely.

Keywords: Assess, knowledge, attitude, practice, umbilical cord clamping

Introduction:

Umbilical cord clamping consists in the binding of the umbilical cord by nipper to interrupt blood flow from placenta to foetus. (<https://clinicaltrials.gov>)

Before the mid 1950s, the term **early clamping** was defined as umbilical cord clamping within 1 minute of birth, and **late clamping** was defined as umbilical cord clamping more than 5 minute after birth. In a series of small study of blood volume changes after birth, it was reported that 80 to 100 ml of blood transfer from the placenta to the new born in the first 3 minutes after birth and up to 90% of that blood volume transfer was achieved within the first few breaths in healthy term infants. Because of this early observation and the lack of specific recommendations regarding optimal timing, the interval between birth and umbilical cord clamping began to be shortened, and it became common practice to clamp the umbilical cord shortly after birth, usually within 15-20 seconds. (<https://www.acog.org>)

Need of the Study:

From 2012 WHO guidelines on basis newborn resuscitation: In newly born term of preterm babies who do not require positive pressure ventilation, the cord should not be clamp earlier than 1 minute after birth. When newly born term or preterm babies require positive pressure ventilation, the cord should be clamped and cut to allow effective ventilation to be performed. Newly born babies who do not breath spontaneously after thorough drying should be stimulated by rubbing the back 2-3 times before clamping the cord and initiating positive pressure ventilation. The study of Susan Mc Donald, the conclusion showed that delayed clamping increase early hemoglobin concentration and iron stores in infants. Delayed cord clamping is likely to be beneficial. When we were posted to OBG posting we observed that midwives practicing the umbilical cord cutting and clamping, “The way they were performing some did standardized and some were not good enough than we decided this topic should need to be focused on. The new study compared outcomes for over 1500 babies from the initial study, 767 with caregivers aiming for 60 second delay in clamping and 764 with caregivers aiming for cord clamping before 10 seconds after delivery. Researchers found that delaying clamping reduces a child's relative risk of death or major disability in early childhood by 17 percent. This included a 30 percent reduction in mortality before the age of two. In addition, 15 percent fewer infants in the delayed-clamping group needed blood transfusions after birth. <https://www.sciencedaily.com>

Statement of the Problem:

“A Study to assess the knowledge, attitude and practice on umbilical cord clamping and cutting among midwives in selected hospital of Bharuch.”

Objectives

1. To assess the knowledge towards the umbilical cord clamping among midwives.
2. To assess the attitude towards the umbilical cord clamping among midwives.
3. To assess the practices on umbilical cord clamping among midwives.
4. To know correlation between knowledge, attitude and practice on umbilical cord clamping.

5. To associate knowledge, attitude and practice on umbilical cord clamping with selected demographic variable.

Methodology

This chapter discuss the methodology adopted for the study and include research approach, design setting for the study, population, and Sample, sampling technique, validity of tool, data collection, procedure and plan for analysis.

Research Approach and Rationale: The approach indicate the basic procedure for conducting research. The choice of the appropriate approach depends upon the purpose of the study. A quantitative approach was considered most suitable for this study as the aim of the study is to assess the knowledge, attitude and practice on umbilical cord clamping and cutting among midwives in selected hospital of Bharuch.”

Research Design: Research design selected for present study is descriptive research design. It is blue print for conduct of a study.

Study Variable: In this study the variable are: Age, religion, Qualification, Experience and Source of information.

Research Setting: Setting refers to the areas where the study is conducted. The present study areas are selected hospitals of Bharuch, Gujarat.

Target Population: Target population for this study is nursing staff working in hospitals.

Sample Size and Sampling Technique: Sampling is process of selecting a portion of the population that represent the entire population. Sampling is necessary because it is more economical and efficient to work with small group of elements. The population for the study was staff nurses working in selected hospitals of Bharuch district, Gujarat. Sample size of this study consisted of 30 staff nurse.

Sampling Techniques: The investigator has adopted non probability convenient sampling for the selection of sample.

Criteria for Sample Selection:

1 Inclusion Criteria:

1. Staff nurse who are present during data collection.
2. Staff nurse who are qualified (ANM, GNM, BSc AND OTHER ONE YEAR CERTIFIED TRAINING NURSE) and registered in State nursing or Indian nursing council.
3. Nurses who are willing to participate in the study.

2 Exclusion Criteria

1. Staff nurse who are not present during data collection.
2. Staff nurse who are not willing to participate in study.

Selection of Tool for Data Collection:

A Structured questionnaire was used to evaluate knowledge and practice & attitude of staff nurse regarding umbilical cord cutting. A total 30 staff nurse were selected using Non probability convenient technique from selected hospitals of Bharuch.

The data collection tool in the study consisted of two part:

Section 1: Demographic variable.

Section 2: self structured knowledge, practice and attitude questionnaire.

Analysis and Interpretation of the Demographic Data:

The data collected was tabulated organized and present under the following and consist of two section.

Section 1: Analysis and interpretation of the personal data of sample such as Age, religion, Qualification, Experience and Source of information.

Section 2: Analysis and interpretation of the level of knowledge, practice & attitude with their selected demographic variables.

Distribution of Demographic Variable of Midwives

Table 1: frequency and percentage distribution of demographic variable of midwives by their age, religion, experience, qualification and source of information regarding umbilical cord clamping and cutting

Demographic variable	Frequency	Percentage
Age:-		
21 – 30	15	50.0%
31 – 40	08	26.7%
41 – 50	03	10.0%
51 – 60	04	13.3%
Religion:-		
Hindu	17	56.7%
Muslim	13	43.3%
Education :-		
BSC. Nursing	00	00.0%
GNM Nursing	01	03.3%
ANM Nursing	06	20.0%
Others / 1 Year Training	23	76.7%
Experience :-		
1 – 5	14	46.6%
6 – 10	05	16.7%
11 – 15	03	10.0%
16 – 20	03	10.0%
21 – 25	05	16.7%
Source of information:-		
Television	12	40.0%
Newspaper	06	20.0%
Colleagues	07	23.3%
Others	05	16.7%

It shows that out of 30 samples of midwives, 50.0% of midwives belongs to age group of 21 – 30, 26.7% belongs to age group of 31 – 40, 10.0% of midwives belongs to age group of 41 – 50, and 13.3% of midwives belongs to age group of 51 – 60.

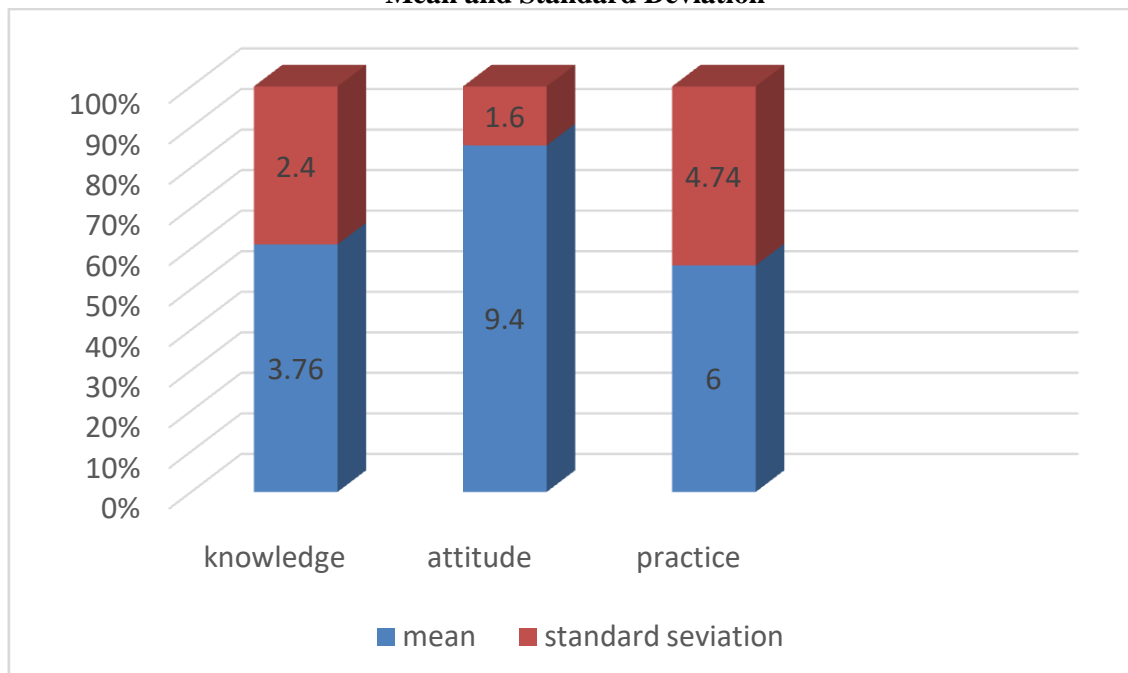
It shows that out of 30 samples of midwives, 56.7% of midwives belongs to Hindu religion, 43.3% belongs to Muslim religion.

It shows educational qualification of all participants, 23 (76.7) participants were certified training course, 6 (20.0%) had completed ANM, and 1 (03.0%) had completed GNM.

It shows that, related to experience 46.6% midwives had a 1- 5 years of experience, 16.7% midwives had a 6 – 10 years of experience, 10.0% midwives had a 11 – 15 years of experience, 10.0% midwives had a 16 – 20 years of experience, and 16.7% midwives had a 21 – 25 years of experience.

It shows that, related to source of information 40.0% midwives had a television source of information, 20.0% midwives had a newspaper source of information, 23.3% midwives had a colleagues source of information, and 16.7% midwives had a others source of information.

Assessment of knowledge score regarding umbilical cord clamping and cutting mean knowledge, attitude and practice score of midwives regarding umbilical cord clamping and cutting

Mean and Standard Deviation

Summary: The Quantitative research approach and a descriptive research design was used in present study. A convenient sampling technique was used to obtain samples of 30 staff nurse. A structured questionnaire was prepared to collect the data, which consider 3 sections. Section A had a demographic variables and Section B had a structured questionnaire for evaluation of knowledge and practice.

Major Finding of the Study:

While talked about overall knowledge, 28 had a moderate, and 26 (43.33%) had a Inadequate knowledge. Similar findings were observed in descriptive study conducted by Asma Ahmed in the year 2003 among 150 registered nurses working in Iran. Study found that mean percentagescore+/- SD on the knowledge scale was 36.9% +/- 20.2% and 47. 19% +/-25%. Result revealed the fact that only 34.2% of nurses heard about the importance of clamping and cutting of umbilical cord. StudyConducted that the RNs on level on knowlegde on umbilical cord clqmping and cutting was very low which stronglyinfluence the practice of heath care providers in working unit.

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