The Pharma Innovation

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Knowledge regarding fetal well-being among the Staff Nurses working in obstetrics and Gynecological wards

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Abstract
Introduction: A study to assess the "knowledge regarding fetal well-being among the staff nurses working in Obstetrics and Gynecological wards" was carried out with the objectives to assess the knowledge regarding fetal well-being among the staff nurses.
Material and Methods: A Non-experimental descriptive Survey design was adopted on 120 samples. The Non-probability purposive sampling technique was used to select samples. Knowledge regarding fetal well- being among the staff nurses was assessed by a structured knowledge questionnaire with 30 items.
Result: Maximum staff nurses have 72.5% staff nurses have average knowledge, 12.5% staff nurses have good and 15% poor regarding assessment of fetal well- being.
Conclusion: Based on the study findings it is concluded that the nurses don't have an adequate knowledge regarding assessment of fetal well- being.

Keywords: Assess, knowledge, fetal well-being, staff nurses

Introduction

Health status of any country is represents by the health of the women. Women's health assumes importance during pregnancy because her health status directly effects the health of the fetus. Fetal movements assumed as a reassuring sign of a healthy pregnancy. The complications that arise from high risk pregnancies are intrauterine death, stillbirth, preterm labor or delivery, miscarriage, pre-Eclampsia, Eclampsia, maternal death, birth defect. Thus in order to reduce the perinatal mortality formal counting of the fetal movements could identify a fetus at risk by pregnant women.

Fetal monitoring is the assessment of various parameters of the fetus. It gives us to detection of any abnormality occurs in the fetus. In hospital, the members of the health team care create decisions for speed and nature of delivery like induction, augmentation, assisted delivery or caesarean section [1]. Fetal wellbeing includes all the measures done during in pregnancy and to note the well-being of the fetus up to delivery of the baby. The cause of stillbirth unknown in majority of cases. There is high level of fetal surveillance in all pregnancies to decrease fetal morbidity and mortality then becomes difficult. There is requirement for more practical step because to find out the conditions which may occur in fetal growth restriction, fetal loss or damage and low birth weight [2].

As per the report published by UNICEF 2.6 million children worldwide die every year in 28 days of birth, which is an average of 7,000 deaths every day. There are 6.4 million newborn deaths in India. In India, 25.4 newborn deaths per 1,000 live births are 52 in the countries of low-income. The report says that compared to boys in India, there is more death rate in girls' world [3].

Maternal death is a huge public health issue in developing countries like India due to excessive blood loss (post-partum hemorrhage) and infection, mainly because women do not give birth in hospital or health center. In India though transport is also free to avail Government health facilities for pregnant women.

Fetal well-being high risk pregnancy is effect in both mother and fetus. It is very important of fetal well-being. When the mother is prone to have high risk pregnancy. Indications for high risk mother related to other conditions like diabetes, hypertension, chronic illness and heart diseases etc. the purposes of fetal well-being is to detect the maternal and fetal risk and which may require for early treatment and safely delivered for the mother and the fetus [4].

The fetal well-being is an important device for optimal fetal outcomes from both pregnancy and labour.

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Fetal risk of hypoxia, cerebral ischemic injury can be detected through continuous assessment of fetal wellbeing throughout the labour. It may determine the intrauterine disruption between the fetus and mother in gas exchange (i.e. asphyxia) and it can lead to disturbances in labour and delivery. In addition to the prevention of brain injury due to less oxygen supply to the baby during intrauterine period, antepartum and intrapartum order, to make accurate understanding of the occurrence of this type of injury [5].

Methodology
A non- experimental research design was adopted to conduct the study. A total of 120 samples was chosen from selected hospitals of Pune city by using a non-probability- purposive sampling technique and recruited in the present study.
Study instrument was self -structure questionnaire used by researcher which consists of two sections: Section I consist of demographic variables and section II consist of structured knowledge questionnaire of 30 items to assess the knowledge regarding assessment of fetal well-being. The correct answered was scored as '1' and wrong answered scored as '0'. The obtained marks in the MCQ test are grouped in to three categories namely poor = (Score 1 to 9), average = (Score 10 to 19), good = (Score 20 to 30). Test is divided in to subparts such as, 05 questions are regarding basic information about fetus and fetal well-being ; non- invasive procedure for the assessment of fetal well-being during antenatal period consisted 12 items; invasive procedure for the assessment of fetal wellbeing during the antenatal period composed with 11 items; intra-natal invasive procedure has 2 questions. The content of the research tool was validated by expert and the reliability of the tool was calculated by Test-retest method and the calculated r value was 0.877 which is highly reliable. The collected data were analyzed by using descriptive and inferential statistics.

Sampling criteria
Inclusion Criteria
- Staff nurses present during the period of data collection.

Exclusion Criteria
- Samples those are not in a state to respond the knowledge questionnaire.

Results

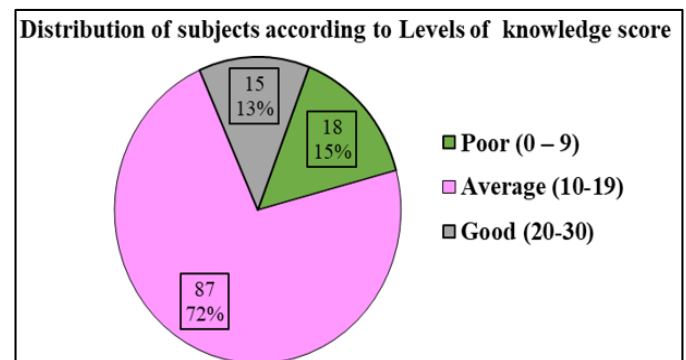**Table 1:** Distribution of subjects based on demographic Data n=120

Variables	f (frequency)	% (percentage)
Age group(in years)		
18 to 24	25	20.8
24 to 30	33	27.5
30 to 36	20	16.7
36 to 42	22	18.3
42 to 48	20	16.7
Professional Education		
ANM	26	21.66
GNM	60	50
B.Sc. Nursing	24	20
P. B.B. Sc. Nursing	5	4.16
M.Sc. Nursing	5	4.16
Experience in years		
<2	45	37.5
2 to 5	25	20.8
6 to 10	13	10.8
>10	37	30.8

The data reflected in the above Table 1, shows that maximum 27.5% (33) were in the age group of 24 to 30 and few 16.7% (20) were in the age group of 30-36 & 42-48 years. According to professional educational half of staff nurses were GNM 50% (60) followed by 20% (24) were completed B.Sc. Nursing, and 4.16% (5) have completed PBBsc. and M.Sc. Nursing. Maximum 37.5 % (45) staff nurses have less than 2 years of experience and minimum 10.8% (13) having 6-10yrs of experience.

Table 2: Percentage and frequency distribution of subjects according to the level of knowledge regarding assessment of fetal well-being n=120

Level of knowledge	f (frequency)	%(percentage)	Mean	SD
Poor (0 – 9)	18	15.0		
Average (10-19)	87	72.5	14.40	4
Good (20-30)	15	12.5		

The data depicted in Table 2 demonstrates maximum staff nurses (72.5%) are in the range of average score range that is scores in the range of 10 marks to 19 marks; 15(12.5%) scored in good category; and 18 (15%) staff nurses scored poor scores. The mean score was 14.40 with standard deviation of 4.

Fig 1: Pie diagram showing distribution of subjects according to level of scores on knowledge test of fetal well-being

Table 3: Association of knowledge regarding fetal well- being amongst staff nurses with selected demographic variables

S. NO	Demographic characteristics	F value	df	P	Remarks
1	Age	F=5.511	8	0.713	NA
2	Professional education	F= 14.699	6	0.011*	Associated
3	Years of experience	F=5.797	6	0.433	NA

Table 3, illustrates that the knowledge of fetal well-being is significantly associated with professional education level $p< 0.05$, in this demographic variable researcher accepts the hypothesis H1= There is significant association of knowledge of fetal well-being with professional education level of staff nurses, and rejects H_01

Conclusion
This study was conducted to assess the knowledge regarding fetal well-being amongst the staff nurses working in Obstetrics and Gynecological wards in selected hospitals of Pune city. Depending on the study results, it is concluded the staff nurses don't have a good knowledge regarding assessment of fetal well- being. There was significant association of knowledge regarding fetal well-being with professional education in level of staff nurses. So researcher

feel that knowledge can be improved by structured teaching programed, conferences, seminar, in service education. So researcher feels that knowledge and skill of staff nurses working in Obstetrical and Gynecological wards will improve and will enhance outcome of maternal health, healthy baby and helping to reduce the morbidity and mortality of fetus.

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