

Assessment of Nurses' Knowledge toward Neonatal Needs for Resuscitation in the Delivery Room

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Abstract:

Objective: The study aims to assess nurses' knowledge toward neonatal resuscitation and find the relationship between the nurses' knowledge and their demographic characteristics.

Methodology: A descriptive study was carried out in 4 teaching hospitals (Al-Yarmouk Teaching Hospital, Al-Karama Teaching Hospital, Al-karkh Hospital for Deliver, and Al-Kadhimiya Teaching Hospital) in Baghdad City from the 12th September 2011 to 22th April 2012. A purposive (Randomly) sample of (40) nurses who are working in the delivery room in these hospital. The data was collected through using constructed questionnaire which comprises (44) items add filled by using interview technique. The reliability of the questionnaire was determined through a pilot study and validity through a panel of experts. The data were analyzed through the application of descriptive statistic frequency, percentage, and the application of inferential statistical procedures, which include Pearson correlation coefficient and chi-square.

Results: the finding of the study was indicated that the nurses have inadequate knowledge about neonatal resuscitation in the delivery room.

Recommendation: the study recommended that nurses' knowledge should be improved toward neonatal resuscitation in the delivery room.

Key words: Assessment, Nurses' Knowledge, Neonatal Resuscitation.

Introduction:

The World Health Organization (WHO) estimates that more of than one – third (16 million) global death each year are from cardiovascular disorder, and more than a third of death each year in newborn (immediately after birth) and (3.3 million) are from acute respiratory failure and shock (1).

Neonatal resuscitation is a complex procedure that requires the use of specialized knowledge of the nurses. Appropriate assessment and resuscitation is an important part of neonatal care provided during the first minutes of life. Nurses are often in the frontline of neonatal resuscitation. Appropriate education and training of nurses staff in is essential if the standard of care

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delivered to babies in the delivery or operation room is to be improved and maintained (2). Quick and effective resuscitation in the first few minutes of life for newborn is long term benefit and prevent long term handicap, simple measures such as protection from hypothermia, appropriate head position, suction and recognizing those who need respiratory support (3).

Appropriate assessment and resuscitation is an important part of the neonatal care provided during the first minutes of life. For babies needing resuscitation, the approach follows a standard sequence of assessment of: Airway (A), Breathing (B), Circulation (C), Drugs (D) (4). Approximately 10% of newborn require some assistance to begin breathing at birth, and about 1% require extensive resuscitation. Although the vast majority of newborn infants do not require intervention to make the transition from intrauterine to extrauterine life, the large number of births worldwide means that many infants require some resuscitation. Newborn infants who are born at term, have had clear amniotic fluid, and are breathing or crying and have good tone must be dried and kept warm but do not require resuscitation (5).

To be assessed the newborn for the need of resuscitation to receive one or more of the following actions in sequence:

- A. Initial steps in stabilization (clearing the airway, positioning, stimulating);
- B. Ventilation;
- C. Chest compressions;
- D. Medications or volume expansion (6).

Progression to the next step is based on simultaneous assessment of three vital signs: respirations, heart rate, and colour. Progression occurs only after successful completion of the preceding step. Approximately 30 second is allotted to complete one step successfully, re-evaluate, and decide whether to progress to next (7).

Methodology:

A Descriptive study was conducted on nurse who work in delivery room from the 12th September 2011 to 22th April 2012. The study was conducted at three teaching hospital (Al-Yarmouk Teaching Hospital, Al-Karama Teaching Hospital, Al-karkh Hospital for Delivery, and Al-Kadhimiya Teaching Hospital). A purposive (Randomly) sample of (40) nurses who are working in the delivery room. The data will be collect through using specially constructed questionnaire, which comprises two part:

Part I: Demographic Characteristics

The demographic Characteristics for the nurses include nurses' age, level of education, marital status, number of years of employment in nursing, years of experience in the delivery room and number of training courses (8).

Part II: Nurses' Knowledge

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Nurses' knowledge toward neonatal resuscitation. The total number of the items of the questionnaire was (44) items. The questionnaire was rated on three likert scale (yes, uncertain, and no) and was scored as 3 for yes, 2 uncertain, and 1 for no. The investigator held a direct interview to obtain data from nurses and used constructed questionnaire format that answered by interview. The validity of the questionnaire determine through a panel of (10) experts the reliability of the questionnaire will determine through a pilot study. The data will analyze through the application of descriptive statistic frequency, percentage, and the application of inferential statistical procedures, which include Pearson correlation coefficient and chi-square (9).

Results and Findings

Table (1): Sample Distribution, According to the Demographic Characteristics

Demographic Characteristics	F	%
Age (years)		
< 20	3	7.5
20---29	7	17.5
30---39	12	30.0
40---49	10	25.0
50 and more	8	20.0
Total	40	100
Level of education		
Midwifery school	9	22.5
Secondary nursing school graduate	16	40.0
Graduate of institute	15	37.5
Total	40	100
Marital status		
Single	8	20.0
Married	26	65.0
Divorced	3	7.5
Widowed	3	7.5
Total	40	100
Residence		
Center of Baghdad	31	77.5
Others	9	22.5
Total	40	100
Years of practice in maternal op room		
Less than 1 year	3	7.5
1-5	15	37.5
5 --10	10	25.0
10 --15	6	15.0
15 years and more	6	15.0
Total	40	100
Years of employment in nursing		
Less than 1 year	0	0
1-5	12	30.0
5 --10	13	32.5
10 --15	5	12.5
15 years and more	10	25.0
Total	40	100
Training of Neonatal Resuscitation (NR)		

Cont. table 1:

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Yes	12	30.0
No	28	70.0
Total	40	100
Type of NR training		
Theory	8	66.7
practice	4	33.3
Total	12	100
Place of NR training		
Inside country	12	100.0
Outside country	0	0
NR Training courses number	1.3 ± 0.5	1-2
Duration of NR training (days)	3.7 ± 2.0	1-7
Have information on NR		
Yes	37	90.0
No	3	10.0
Total	40	100
Source of information on neonatal resuscitation		
Medical magazines & Books	11	27.5
Workshops	16	40.0
Academy study	5	12.5
Video & Films	5	12.5
Internet	3	7.5
Total	40	100

This table shows that most of nurses age group (30%) were of age (30-39 years), (40%) graduated of intermediate, (65%) of nurses are married, (77.5%) were lived in center of Baghdad, (37.5%) years of practice in maternal operation room were (1-5years), and (23.5%) of them had (5-10) years of employment in nursing, (70%) of nurses had no training neonatal resuscitation (NR), (66.7%) theoretical training of NR, (100%) inside country training of NR, and (90%) have information on NR, (40%) source of information on NR from workshops.

Table (2): Nurses' Knowledge toward neonatal resuscitation

No.	Knowledge items	Yes	uncertain	No	%
	Definitions knowledge score				
1.	Neonatal Asphyxia: Failure of a newborn infant to establish spontaneous respiration immediately following complete delivery	20.0	30.0	50.0	100
2.	Neonatal resuscitation is a complex procedure that requires nurses with specialized knowledge	20.0	60.0	20.0	100
3.	Approximately 5% to 10% of the newly born population require some degree of active resuscitation at birth like (drying, warmth, and minimal airway suction)	10.0	50.0	40.0	100
4.	Approximately 10% - 20% of the newly born require more aggressive resuscitation at birth to establish, and maintain homeostasis	40.0	60.0	0	100

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5.	Effectively performed Appropriate assessment is important part of neonatal care	30.0	55.0	15.0	100
6.	Effectively and careful neonatal assessment has potential to decrease infant mortality and morbidity	45.0	45.0	10.0	100
Cont. table 2:					
Consistent with the needs for the neonatal resuscitation					
7.1.	Antepartum factors				
7.1.1.	Poorly controlled maternal diabetes	15.0	40.0	45.0	100
7.1.2.	Multiple Pregnancies & twin	30.0	45.0	25.0	100
7.1.3.	Severe Anemia & malnutrition during pregnancy	25.0	65.0	10.0	100
7.1.4.	Congenital abnormality	40.0	50.0	10.0	100
7.1.5.	Chronic Hypertension	30.0	45.0	25.0	100
7.1.6.	Maternal hypertension or hypotension	5.0	75.0	20.0	100
7.1.7.	Rh Incompatibility	40.0	45.0	15.0	100
7.1.8.	Smoking during pregnancy and emotional stress	35.0	50.0	15.0	100
7.1.9.	Young or Elderly Prime, less than 16 & more than 35 years	30.0	40.0	30.0	100
7.1.10	Infectious disease (TORCH)	30.0	50.0	20.0	100
7.1.11	Antpartum hemorrhage (abruption placenta, or placenta previa)	10.0	40.0	50.0	100
7.1.12	No or lack of prenatal care	35.0	55.0	10.0	100
7.1.13	previous fetal death	50.0	35.0	15.0	100
7.1.14	Diminished fetal activity	10.0	55.0	35.0	100
7.1.15	polyhydramnios or oligohydramnios	5.0	75.0	20.0	100
7.1.16	chronic illness including (cyanotic congenital heart disease, lung & kidney disease)	35.0	50.0	15.0	100
7.1.17	maternal infection	40.0	50.0	10.0	100
7.1.18	substance abuse and drug therapy	50.0	40.0	10.0	100
7.2.	Intrapartum factors				
7.2.1.	prolonged rupture of membranes (greater than 24 hours)	20.0	40.0	40.0	100
7.2.2.	bleeding in second or third trimester	35.0	55.0	10.0	100
7.2.3.	Very low birth weight newborn	25.0	70.0	5.0	100
7.2.4.	Prematurity	30.0	45.0	25.0	100
7.2.5.	Prolapsed cord	35.0	65.0	0	100
7.2.6.	Malpresentation (Breech presentation)	55.0	25.0	20.0	100
7.2.7.	Congenital Anomalies	30.0	55.0	15.0	100
7.2.8.	Meconium-stained amniotic fluid	40.0	60.0	0	100
7.2.9.	Emergency cesarean section	35.0	50.0	15.0	100
7.2.10	Forceps, or vacuum-assisted delivery	35.0	50.0	15.0	100
7.2.11	Post maturity	55.0	30.0	15.0	100
7.2.12	Shoulder dystocia	15.0	70.0	15.0	100
8.	Noted the ABC of resuscitation				

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8.1.	A- Airway (position & clear airway)	35.0	50.0	15.0	100
8.2.	B- Breathing (stimulate to breathing)	50.0	50.0	0	100
8.3.	C- Circulation (assess heart rate & color)	55.0	45.0	0	100
9.	The aims of neonatal resuscitation score:				
9.1.	To prevent long term handicap	25.0	55.0	20.0	100
9.2.	To limited admitted to the hospital	30.0	55.0	15.0	100
9.3.	To limited the cost of treatment	40.0	45.0	15.0	100
9.4.	To prevent the morbidity & mortality	10.0	70.0	20.0	100
9.5.	To effective contribution for child health	25.0	45.0	30.0	100

This table shows that nurses' knowledge scores toward neonatal resuscitation
Table (3): Means and Standard deviation of Nurses' Knowledge

Knowledge Items	Mean ± SD	(Range)
Definitions knowledge score (6) items	12.30±1.81	(9-16)
Antepartum risk factors associated with the needs for the neonatal resuscitation score (18) items	37.35±3.50	(31-44)
Intrapartum risk factors associated with the needs for the neonatal resuscitation score (12) items	26.35±2.72	(20-30)
Noted the ABC of resuscitation score (3) items	7.25±1.25	(5-9)
The aims of neonatal resuscitation score (5) items	10.30±1.63	(8-13)
The total knowledge score (44) items	93.55±6.08	(82-103)

This table shows that there is no statistical significant association with nurses' knowledge.

Table (4): Distribution of the level of nurses' knowledge

Knowledge Items		F	%
Definitions knowledge score	Poor	18	45.0
	Acceptable	20	50.0
	Good	2	5.0
Total		40	100
Antepartum risk factors associated with the needs for the neonatal resuscitation score	Poor	18	45.0
	Acceptable	22	55.0
	Good	0	0
Total		40	100
Intrapartum risk factors associated with the needs for the neonatal resuscitation score	Poor	10	20.0
	Acceptable	28	75.0
	Good	2	5.0
Total		40	100
Noted the ABC of resuscitation	Poor	12	30.0
	Acceptable	8	20.0
	Good	20	50.0
Total		40	100
The aims of neonatal resuscitation score:	Poor	23	55.0
	Acceptable	14	35.0
	Good	3	10.0
Total		40	100

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The total knowledge score:	Poor	10	25.0
	Acceptable	30	75.0
	Good	0	0
Total		40	100

This table show that the level of nurses' knowledge toward neonatal resuscitation, the total knowledge score was 25.0% for poor, 75.0% for acceptable, and 0% for good.

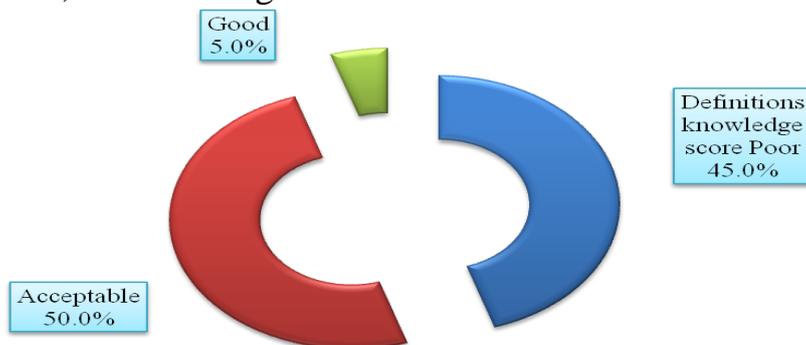


Figure (1): Distribution nurses' knowledge toward Definitions Knowledge of Neonatal Resuscitation.

This figure show that the nurses' knowledge scores toward definitions knowledge of neonatal resuscitation was 45% for the poor ,50% for acceptable and 5% for good.

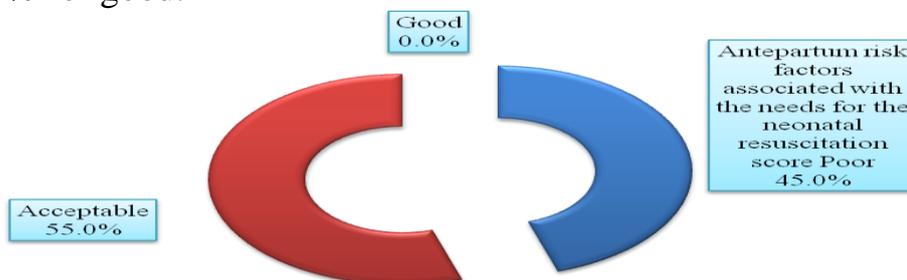


Figure (2): Distribution nurses' knowledge toward antepartum risk factors associated with the needs for the neonatal resuscitation.

This figure show that the nurses' knowledge scores toward antepartum risk factors associated with the needs for the neonatal resuscitation. was 45% for the poor ,55% for acceptable and 0% for good.

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Figure (3): Distribution nurses' knowledge toward intrapartum risk factors associated with the needs for the neonatal resuscitation.

This figure show that the nurses' knowledge scores toward intrapartum risk factors associated with the needs for the neonatal resuscitation. was 20% for the poor ,75% for acceptable and 5% for good.

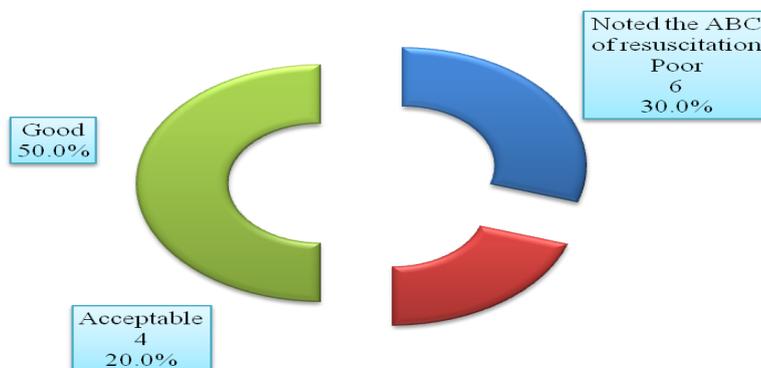


Figure (4): Distribution nurses' knowledge toward noted the ABC of resuscitation

This figure show that the nurses' knowledge scores toward noted the ABC of resuscitation was 30% for the poor ,20% for acceptable and 50% for good.

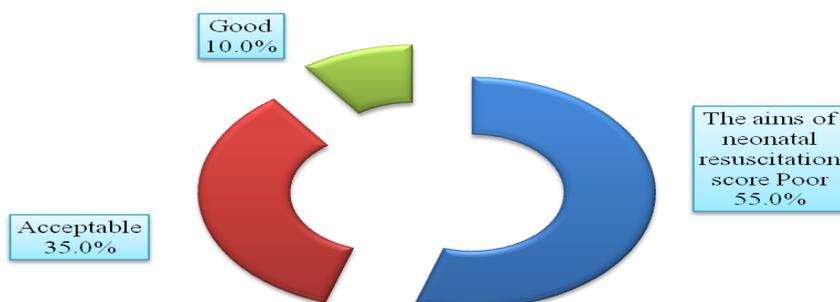


Figure (5): Distribution nurses' knowledge scores toward the aims of neonatal resuscitation.

This figure show that the nurses' knowledge scores toward the aims of neonatal resuscitation was 55% for the poor ,35% for acceptable and 10% for good.

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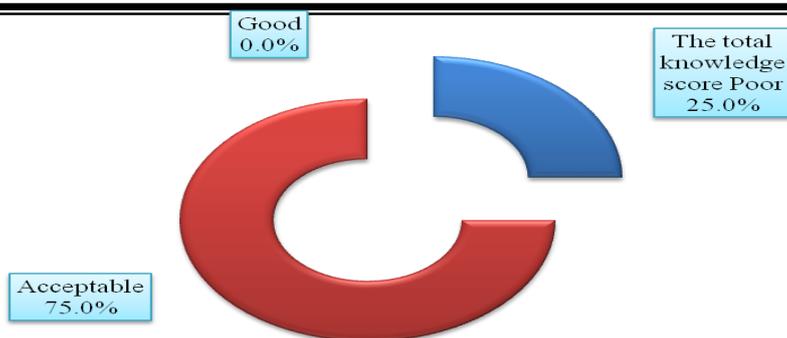


Figure (6): Distribution total nurses' knowledge scores toward neonatal resuscitation score:

This figure show that the total nurses' knowledge score toward neonatal resuscitation was 25% for the poor ,75% for acceptable and 0% for good.

Table (5): Association of Nurses' Knowledge Score and their Education Level.

Knowledge Items	Level of education						P value	
	Midwifery school		Secondary nursing school graduate		Graduate of institute			
	F	%	F	%	F	%		
Definitions knowledge score	Poor	1	25.0	3	50.0	5	50.0	0.709
	40.0	4	50.0	3	75.0	3	Acceptable	Total
	10.0	1	0	0	0	0	Good	
	100	100	100	100	100	100		
0.174	50.0	5	16.7	1	75.0	3	Poor	Antepartum risk factors associated with the needs for the neonatal resuscitation score
	50.0	5	83.3	5	25.0	1	Acceptable	
	0	0	0	0	0	0	Good	
	100	100	100	100	100	100		
0.883	20.0	2	16.7	1	25.0	1	Poor	Intrapartum risk factors associated with the needs for the neonatal resuscitation score
	70.0	7	83.3	5	75.0	3	Acceptable	
	10.0	1	0	0	0	0	Good	
0.024*	30.0	3	50.0	3	0	0	Poor	Noted the ABC of resuscitation
	10.0	1	50.0	3	0	0	Acceptable	
	60.0	6	0	0	100	4	Good	
0.195	50.0	5	83.3	5	25.0	1	Poor	The aims of neonatal resuscitation score:
	30.0	3	16.7	1	75.0	3	Acceptable	
	20.0	2	0	0	0	0	Good	
0.202	40.0	4	0	0	25.0	1	Poor	The total knowledge score:
	60.0	6	100	6	75.0	3	Acceptable	
	0	0	0	0	0	0	Good	

*Significant using Fisher-exact test at 0.05 level of significance

This table shows the level of nurses' knowledge association with education level, the total knowledge score for Midwifery school was 25.0% for poor,75.0% for acceptable and 0% for good. Secondary nursing school graduate was 0% for poor ,100% for acceptable and 0% for good. Graduate of institute was 40.0% for poor, 60.0% for acceptable, and 0% for good.

Table (6): Association level of nurses' knowledge with training session toward neonatal resuscitation (NR)

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P value	Training neonatal resuscitation				Knowledge Items	
	No		Yes			
	%	F	%	F		
0.435	50.0	6	37.5	3	Poor	Definitions knowledge score
	50.0	6	50.0	4	Acceptable	
	0	0	12.5	1	Good	
0.017*	66.7	8	12.5	1	Poor	Antepartum risk factors associated with the needs for the neonatal resuscitation score
	33.3	4	87.5	7	Acceptable	
	0	0	0	0	Good	
0.659	16.7	2	25.0	2	Poor	Intrapartum risk factors associated with the needs for the neonatal resuscitation score
	75.0	9	75.0	6	Acceptable	
	8.3	1	0	0	Good	
0.637	33.3	4	25.0	2	Poor	Noted the ABC of resuscitation
	25.0	3	12.5	1	Acceptable	
	41.7	5	62.5	5	Good	
0.431	66.7	8	37.5	3	Poor	The aims of neonatal resuscitation score:
	25.0	3	50.0	4	Acceptable	
	8.3	1	12.5	1	Good	
0.292	33.3	4	12.5	1	Poor	The total knowledge score:
	66.7	8	87.5	7	Acceptable	
	0	0	0	0	Good	

*Significant using Fisher-exact test at 0.05 level of significance

This table shows the level of nurses' knowledge association with training on neonatal resuscitation (NR) sessions, the total knowledge score for yes training was 12.5% for poor, 87.5% for acceptable and 0% for good.

Table (7): Association of Nurses' Knowledge Score with Type of Neonatal Resuscitation Training (NR)

P value	Type of NR training				Knowledge Items	
	Practice		Theory			
	%	F	%	F		
0.311	50.0	2	25.0	1	Poor	Definitions knowledge score
	25.0	1	75.0	3	Acceptable	
	25.0	1	0	0	Good	
	100	4	100	4		
0.285	25.0	1	0	0	Poor	Antepartum risk factors associated with the needs for the neonatal resuscitation score
	75.0	3	100.0	4	Acceptable	
	0	0	0	0	Good	
0	25.0	1	25.0	1	Poor	Intrapartum risk factors associated with the needs for the neonatal resuscitation score
	75.0	3	75.0	3	Acceptable	
	0	0	0	0	Good	
0.549	25.0	1	25.0	1	Poor	Noted the ABC of resuscitation
	25.0	1	0	0	Acceptable	
	50.0	2	75.0	3	Good	
0.311	50.0	2	25.0	1	Poor	The aims of neonatal resuscitation score:
	25.0	1	75.0	3	Acceptable	
	25.0	1	0	0	Good	
0.285	0	0	25.0	1	Poor	Total knowledge score
	100.0	4	75.0	3	Acceptable	
	0	0	0	0	Good	

*Significant using Fisher-exact test at 0.05 level of significance

This table shows the level of nurses' knowledge association with type of neonatal resuscitation training , the total knowledge score for theory training

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was 25.0% for poor, 75.0% acceptable and 0% for good, the total knowledge score for practice was 0% for poor, 100% for Acceptable and 0% for good.

Discussion

With appropriate resuscitation of newborns are prevented from suffering severe asphyxia each year by simple measures such as protection from hypothermia, appropriate head positioning and suctioning and recognizing those who need respiratory support can make significant changes in neonatal mortality and morbidity rates (10)

Throughout the finding of the present study table (1) indicated that most of nurses age group (30%) were of age (30-39 years), (40%) graduated of intermediate, (65%) of nurses are married, (77.5%) were lived in center of Baghdad, (37.5%) years of practice in maternal operation room were (1-5years), and (23.5%) of them had (5-10) years of employment in nursing, (70%) of nurses had no training neonatal resuscitation (NR), (66.7%) theoretical training of NR. Training session consider an important to improve nurses' knowledge in delivery room it is appositve effect and supportive for nurses' knowledge for neonatal resuscitation, (100%) inside country training of NR, and (100%) have information on NR, (40%) source of information on NR from workshops.

The result of the study revealed that there is no significant association between nurses' knowledge and there demographic characteristics table.

In ref. (11) stated that the resuscitation of a severely depressed newly born infant requires at least two nurses, one to ventilate and intubate if necessary and another to monitor heart rate and perform chest compressions if required. A team of 3 or more nurses with designated roles is highly desirable during an extensive resuscitation including medication administration. The nurses responsible for neonatal resuscitation should be a good knowledge and skills is best achieved through regular effective training.

Table 2. This table shows the nurses' knowledge scores toward neonatal resuscitation. Forty four items of the questionnaire used to assess nurses' knowledge for neonatal resuscitation in delivery room. The results indicated that the nurses' knowledge is

acceptable 75.0% in table (4). In ref. (12) suggested that the most of the nurses had adequate knowledge about evaluation of newborn infants, their knowledge of appropriate decisions and actions during neonatal resuscitation was low. The better performance among nurses who had attended neonatal resuscitation (NR) training courses, as well as those who had previously worked in the delivery room and the special care baby units, lent credence to the need to specifically acquire knowledge of NR and have the opportunity to put the knowledge into practice. Figure (6) show that the total nurses' knowledge score toward neonatal

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resuscitation was 25% for the poor ,75% for acceptable and 0% for good, which reflected that the nurses' knowledge was acceptable.

In table 5 shows the level of nurses' knowledge association with education level, the total knowledge score for midwifery school was 25.0% for poor,75.0% for acceptable and 0% for good. Secondary nursing school graduate was 0% for poor ,100% for acceptable and 0% for good. Graduate of institute was 40.0% for poor,60.0% for acceptable, and 0% for good that reflected there is no significant association between nurses' knowledge and their educational level of nurses in the delivery room toward neonatal resuscitation. Table 6 and 7 indicated that there is significant association between nurses' knowledge and there training session and type of training of neonatal resuscitation. In ref. (12) mentioned that the nurses' knowledge for neonatal resuscitation in the first minute of neonate life are very important, because of the potential for serious disability or death of the newly born. Further, more this study is supported by a study reported that nurses have acceptable knowledge scores about neonatal resuscitation.

Recommendations

study recommended that:

Great emphasis should be directed toward the educational aspects by the increase health education of the nurses working in the operation or delivery room about neonatal resuscitation through regular training.

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تقييم معارف الممرضات نحو حاجة الوليد للإنعاش في غرفة الولادة

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الخلاصة: تهدف الدراسة إلى تقييم معارف الممرضات تجاه إنعاش الوليد في غرفة الولادة وإيجاد العلاقة بين هذه المعارف والصفات الديموغرافية للممرضات.

المنهجية: دراسة وصفية نفذت في المستشفيات التعليمية (مستشفى اليرموك، مستشفى الكرامة، مستشفى الكرخ للولادة، ومستشفى الكاظمية) في مدينة بغداد للفترة من 12 أيلول 2011 لغاية 22 نيسان 2012. تم جمع عينة البحث بالطريقة التصادفية غير الاحتمالية ل (40) ممرضة يعملن في صالة الولادة. جمعت المعلومات من خلال استبيان مصمم ومكون من 44 فقرة وتم اخذ المعلومات بطريقة المقابلة، تم تحديد الثبات للاستبيان من خلال الدراسة الاستطلاعية وحددت مصداقيتها من قبل مجموعة من الخبراء. تم تحليل البيانات من خلال استخدام الإحصاء الوصفي الذي يتضمن التكرارات والنسب المئوية واستخدام الإحصاء الاستنبائي الذي شمل معامل ارتباط بيرسون ومربع كاي.

النتائج: أشارت نتائج الدراسة بأن اغلب الممرضات ممن يعملن في صالة الولادة لديهم معارف قليلة عن إنعاش الوليد في صالة الولادة

Assessment of Nurses' Knowledge toward Neonatal Needs for Resuscitation in the Delivery Room Prof. Dr. Eqbal Ghanim Ma'ala , Suad Hassoon Khudhair

التوصيات: أوصت الدراسة بتحسين معارف الممرضات حول إنعاش الوليد في صالة الولادة وذلك بإقامة برنامج تثقيفي وتدريبى عن إنعاش الوليد في صالة الولادة.