E-ISSN: 2663-0435
P-ISSN: 2663-0427
www.nursingpractice.net
IJMNP 2023; 6(2): 31-35
Received: 22-05-2023
Accepted: 30-06-2023

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Effectiveness of midwife led birth preparedness package on intrapartum behaviour for a positive birth experience

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DOI: https://doi.org/10.33545/26630427.2023.v6.i2a.142

Abstract
The WHO Framework for improving respectful Care for pregnant women has identified experience of care as being of equal importance to the delivery of standard clinical care. The Birth Preparedness package was developed to provide a sense of personal success and a positive experience of active involvement of women in decision-making during labour, even in cases where medical interventions are required or desired. Midwife-led care is a game-changer that can tackle many of the challenges our country is facing.
Problem statement: A study to assess the effectiveness of Midwife led Birth preparedness Package on Intrapartum Behaviour for a positive birth experience in a selected Tertiary Care Hospital in Western Maharashtra.
Objectives of the study: To assess the effectiveness of Midwife led Birth preparedness package on intrapartum behaviour
To find the association of Intrapartum behaviour score with maternal satisfaction assessment using Mother on Respect Index (MOR Index)
To find the association of intrapartum behaviour with selected demographic variables
Hypothesis: H 0 (1): There is no correlation between Intrapartum behaviour and maternal satisfaction.
H0 (2): There is no association between Intrapartum behaviour with selected demographic variables
Research Methodology
Research approach: Quantitative Experimental
Research Design: Non Randomized Control Trial: One group post-test only design
Target Population: Antenatal women of Western Maharashtra
Study population: Antenatal women attending selected tertiary care hospital in Western Maharashtra
Sampling Technique: Purposive Sampling
Sample Size: 130
Tool: Structured Intrapartum behaviour rating scale
Mother on Respect Index
Major Findings: Intrapartum coping behaviour observed and recorded in rating scale. No mothers reported with 25-50 average coping behaviour. 7(5.4%) has shown good intrapartum behaviour. Majority of subjects 123(94.6%) shown excellent intrapartum behaviour. A statistically significant association of intrapartum behaviour score with gravida score & Parity score at a calculated p value 0.005 & 0.001 respectively. There was no evidence for association of Intrapartum coping behaviour score with age, educational qualification, occupation, type of family & Planning of pregnancy status at a p value >0.05.
Positive birth experience was assessed using Mother on Respect Index. No mother reported with low MOR index. 28(22%) reported medium MOR index and majority 102(78%) reported high MOR index. There is a moderate positive correlation between Intrapartum Coping behaviour score as with Mother on respect index score as calculated p value <0.0001 this finding is statistically highly significant.
Conclusion: Midwife Led Care to adhere international human rights law to make sure that women and teenage girls have the right to have a safe and healthy pregnancy and childbirth.

Keywords: Led birth preparedness, positive birth experience, family & Planning of pregnancy

Introduction

"If we want to find safe alternatives to obstetrics, we must rediscover midwifery.
To rediscover midwifery is as the same as giving back child birth to women."

Michel Odent

In the past two decades, there has been a significant rise in the use of a variety of methods to initiate, augment, monitor, regulate, or terminate labour in order to improve outcomes for both mothers and babies which all are totally deviating from the definition of "Normal Labour".

This over medicalization of childbirth has had a detrimental effect on the woman's autonomy and her childbirth experience. As a result, birth preparedness programmes are designed to identify the most commonly used practices throughout labour in order to create standards of good practice for uncomplicated childbirth. This approach emphasizes the importance of experience of care in order to ensure high-quality care and improved outcomes for women, and not just as a complement to routine clinical practices.

The WHO Framework for improving respectful Care for pregnant women has identified experience of care as being of equal importance to the delivery of standard clinical care. However, many settings do not prioritize non-clinical intrapartum practices such as emotional support, effective communication, and respectful care that may be relatively inexpensive to implement. Similarly, maternity services that respect women's values and encourage choice during the early and late stages of pregnancy are not always provided. Non-clinical elements of labour and birth care are integral to the overall experience of care and should be complementary to any clinical interventions to optimise care for the mother and her family.

Scope of the study

A "positive childbirth experience" must be an important goal for all women who are in labour. A positive childbirth experience is defined as one that meets or exceeds a woman's pre-existing beliefs and expectations, such as delivering a healthy baby clinically and psychologically safe in a practical and emotional environment with continuous support from a birth partner (s) and competent clinical staff [1].

The Birth Preparedness package was developed to provide a sense of personal success and a positive experience of active involvement of women in decision-making during labour, even in cases where medical interventions are required or desired. The package can be incorporated into routine practice to provide good-quality, evidence-based care regardless of the setting or quality of health care.

Nurses have a key role to play in recognizing the need for health promotion interventions like proper nutrition, exercise, health education, and counselling. They also need to provide health education to avoid further complications in pregnancy, labour, and childbirth, and to ensure a positive experience for the baby. Midwife-led care is a game-changer that can tackle many of the challenges our country is facing [2]. According to the Lancet series on midwives (2014), if midwives are taught, trained, and deployed to the full extent of their abilities, they can provide almost all of the services they need. Around 85% of births don't require special obstetric intervention, and midwife-led care can help promote physiological births and reduce over medicalization. The Indian Nursing Council has released guidelines for midwife led care.

Problem statement

A study to assess the effectiveness of Midwife led Birth preparedness Package on Intrapartum Behaviour for a positive birth experience in a Selected Tertiary Hospital, Western Maharashtra

Research question

(PE/ICOT format)

- Does Midwife led Birth preparedness Package has an effect on learned intrapartum behaviour
- Does Learned intrapartum behaviour has an impact on birth experience

Population: Antenatal women who are registered in selected tertiary level Hospital, Pune

Exposure/Intervention: Non Randomized Control Trial: Post-test only design

Comparator: No

Outcome: Effect of Midwife led birth package on Intrapartum behaviour and positive birth experience

Objectives of the study

- To assess the effectiveness of Midwife led Birth preparedness package on intrapartum behaviour
- To find the association of Intrapartum behvaiour score with maternal satisfaction assessment using Mother on Resepct Index (MOR Index)
- To Find the association of intrapartum behaviour with selected demographic variables

Assumption

This study assumes that:

Midwife led Birthprepardness package has a significant effect on Intrapartum behavior

Intrapartum behaviour has an impact on birth experience perceived by mothers.

Hypothesis

Hypothesis: H0 (1): There is no correlation between Intrapartum behaviour and maternal satisfaction.

H0 (2): There is no association between Intrapartum behaviour with selected demographic variables

Operational definition

Midwife led continuity care

In this study, researcher as a midwife supports a woman throughout the antenatal, intrapartum and postnatal continuum are recommend for pregnant women in setting with well-functioning of midwives.

Midwife led Birth preparedness Package

In this study, this includes routine health education on antenatal visit after 34 weeks, Group therapy conducted for all antenatal mothers conducted on Gynae OPD days ensuring minimum attendance in minimum 3 sessions, Video assisted Teaching given on completion of 37 weeks at OPD & at the time of admission for safe confinement in labour room regarding labour process and management

Mother on Respect Index

The MOR index was developed through participatory research process and has been administered to women in Canada and US and is a reliable and valid measure of respectful maternity care.

Delimitation

- Study will be conducted among antenatal women who all are registered in a selected tertiary care hospital, Pune during the data collection period.
- Antenatal women who are able to communicate in Hindi/Malayalam/English only.

Research Methodology
- **Research approach:** Quantitative Experimental
- **Research Design:** Non Randomized Control Trial: One group post-test only design
- **Target Population:** Antenatal women of Western Maharashtra
- **Study population:** Antenatal women attending selected tertiary care hospital in Western Maharashtra
- **Sampling Technique:** Purposive Sampling
- **Sample Size:** calculated as per gold standard study 100

200 antenatal women were enrolled for the study. 70 mothers were taken up for planned/emergency LSCS due to the high risk assessment by Obstetrician.
Post-test assessment was done on 130 mothers who were in low/moderate risk category and delivered normally.

Tool
a) Structured Intrapartum behaviour rating scale developed and validated by Researcher. Inter observer reliability was assessed for each item using Crohn Bach alpha. Items were modified as per validity and reliability assessment.
b) Mother on Respect Index

Data Collection process
Permission to conduct the study was obtained from the Head of the Department & Institutional Ethical Committee.
The investigator introduced self and informed the subjects about the objectives of the study their willingness for participation in the study was sought and written informed consent was obtained in the language they understood.
All the subjects enrolled in the study on completion of 34 weeks and was monitored during their antenatal visits, labour and ensured the quality antenatal, intrapartum and post-partum care was delivered. Only midwives were involved in rendering care. High risk cases were referred to obstetrician.

Intervention
Routine health education on antenatal visit after 34 weeks, Group therapy conducted for all antenatal mothers conducted on Gynae OPD days ensuring attendance in minimum 3 sessions, Video assisted Teaching given on completion of 37 weeks at OPD & at the time of admission for safe confinement in labour room regarding labour process and management
Intrapartum behaviour was assessed by the researcher in all four stages of labour
First postnatal day the MOR proforma has given to the subjects to fill their perception.

Analysis and Results

Table 1: Assessment the Intrapartum Coping behaviour among the subjects who have undergone normal vaginal delivery using self-structured rating scale n=130

Intrapartum Coping behaviour	No of subjects	Percentage
25 – 50 (Average)	0	0
51 – 75 (Good)	7	5.4
76 – 100 (Excellent)	123	94.6
Total	130	100.0

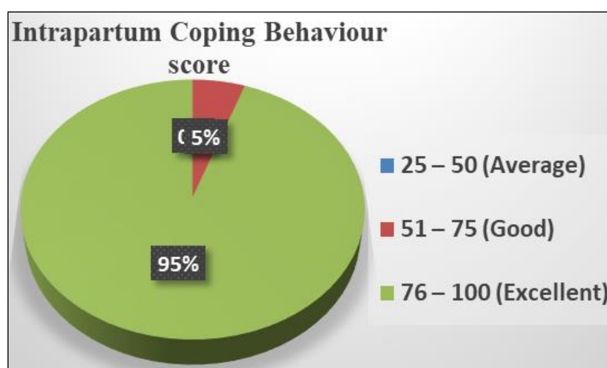

Fig 1: Assessment of Intrapartum Coping Behaviour Score n=130

Tab 1 & Fig 1 illustrate the intrapartum coping behaviour observed in rating scale. No mothers reported with 25-50 average coping behaviour. 7 (5.4%) has shown good intrapartum behaviour. Majority of subjects 123 (94.6%) shown excellent intrapartum behaviour.

Table 2: Association of Intrapartum Coping behaviour score according to gravida in study group n=130

Gravida	n	Intrapartum Coping behaviour score		F Value	P Value
		Mean	SD		
G1	63	82.45	4.426	5.45	0.005
G2	57	83.84	4.468		
G3 &above	10	88.33	1.506		

Df= (2,127)

Tab 2 illustrates a statistically significant association of intrapartum behaviour score with gravida score at a calculated p value 0.005.

Table 3: Association of Intrapartum Coping behaviour score according to parity in study group n=130

Parity	n	Intrapartum Coping behaviour score		F Value	P Value
		Mean	SD		
Para 0	72	82.33	4.642	7.52	0.001
Para 1	54	84.56	3.937		
Para 2	4	89.00	1.155		

Df= (2,127)

Tab 3 illustrates a statistically significant association of intrapartum behaviour score with parity at a calculated p value 0.001.

Table 4: Association of Intrapartum Coping behaviour score according to type of family in study group n=130

Type of family	n	Intrapartum Coping behaviour score		F Value	P Value
		Mean	SD		
Nuclear	46	83.35	4.649	0.22	0.82
Joint	84	83.56	4.430		

Df= (1,128)

Tab 4 depicts no association of Intrapartum coping behaviour score with type of family at a p value >0.05.

Table 5: Association of Intrapartum Coping behaviour score according to pregnancy status in study group n=130

Pregnancy status	Intrapartum Coping behaviour score			F Value	P Value
	n	Mean	SD		
Unplanned	31	84.20	3.727	0.52	0.60
Planned	93	83.24	4.754		
ART infertility treatment	6	83.00	4.243		

Df= (2,127)

Tab 5 depicts no association of Intrapartum coping behaviour score with Pregnancy status at a p value >0.05.

Table 6: Association of Intrapartum Coping behaviour score according to age in study group n=130

Age (Yrs)	Intrapartum Coping behaviour score			F Value	P Value
	n	Mean	SD		
≤20	6	80.71	3.773	1.50	0.21
21-25	54	83.67	4.638		
26-30	46	83.00	4.602		
31-35	20	83.89	4.575		
36-40	4	85.89	2.848		

Df= (4,125)

Tab 6 depicts no association of Intrapartum coping behaviour score with age at a p value >0.05.

Table 7: Association of Intrapartum Coping behaviour score according to education of wife in study group n=130

Educational Qualification	Intrapartum Coping behaviour score			F Value	P Value
	n	Mean	SD		
<X	21	83.69	3.860	0.51	0.73
X – XII	33	82.60	4.526		
Diploma/below graduation	20	83.94	5.802		
Graduation	42	83.55	4.418		
Post-graduation	14	84.19	4.285		

Df= (4,125)

Tab 7 depicts no association of Intrapartum coping behaviour score with education of mother at a p value >0.05.

Table 8: Association of Intrapartum Coping behaviour score according to occupation in study group n=130

Occupation	Intrapartum Coping behaviour score			F Value	P Value
	n	Mean	SD		
House wife	96	83.27	4.539	0.52	0.67
Government	21	84.57	5.182		
Private	12	83.00	3.133		
Daily/Temporary	1	84.00	.		

Df= (3,126)

Tab 8 depicts no association of Intrapartum coping behaviour score with Occupation at a p value >0.05.

Table 9: Correlation between total duration of labour and Mother on respect index score, Intrapartum Coping behaviour score in study group n=130

Correlation between total duration of labour and	r Value	P Value
Mother on respect index score	0.43	0.63
Intrapartum Coping behaviour score	-0.338	<0.0001

Tab 9 shows that there is a positive correlation between Mothers on Respect Index score with total duration of labour as r value 0.43. But this correlation is not statistically significant as the p value calculated is 0.63.

There is a statistically significant negative correlation between total duration of labour and intrapartum coping behaviour score as p value <0.0001.

Table 10: Assessment of maternal satisfaction based on the mother on respect index n=130

Mother on respect index	No of subjects	Percentage
14-36 (Low)	0	0
37-60 (Medium)	28	22
61-84 (High)	102	78
Total	130	100

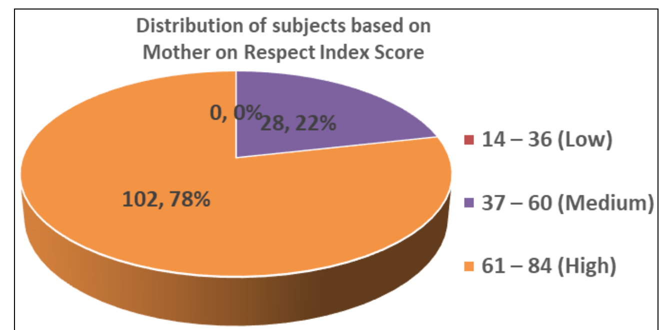

Fig 2: Assessment of maternal satisfaction based on the mother on respect index

Tab 10& Fig 2 depict that no mother reported with low MOR index. 28(22%) reported medium MOR index and majority 102(78%) reported high MOR index.

Table 11: Correlation between Intrapartum Coping behaviour and Mother on Respect Index Score

Correlation between Intrapartum Coping behaviour and	r Value	P Value
Mother on respect index score	0.691	<0.0001

Tab 11 shows a moderate positive correlation between Intrapartum Coping behaviour score as with Mother on respect index score as calculated p value <0.0001 this finding is statistically highly significant.

Major Findings

Intrapartum coping behaviour observed and recorded in rating scale. No mothers reported with 25-50 average coping behaviour. 7 (5.4%) has shown good intrapartum behaviour. Majority of subjects 123 (94.6%) shown excellent intrapartum behaviour.

A statistically significant association of intrapartum behaviour score with gravida score & Parity score at a calculated p value 0.005 & 0.001 respectively.

There was no evidence for association of Intrapartum coping behaviour score with age, educational qualification, occupation, type of family & Planning of pregnancy status

at a p value >0.05.

There is a positive correlation between Mothers on Respect Index score with total duration of labour as r value 0.43. But this correlation is not statistically significant as the p value calculated is 0.63.

There is a statistically significant negative correlation between total duration of labour and intrapartum coping behaviour score as p value <0.0001.

Positive birth experience was assessed using Mother on Respect Index. No mother reported with low MOR index. 28 (22%) reported medium MOR index and majority 102 (78%) reported high MOR index.

There is a moderate positive correlation between Intrapartum Coping behaviour score as with Mother on respect index score as calculated p value <0.0001 this finding is statistically highly significant.

Discussion

Downe S etal's review of qualitative studies on what is important to women in the context of intra-artum care suggests that the majority of women desire a normal birth with positive outcomes for both mother and baby, however, they recognize that medical intervention may be necessary at times [2].

Renfrew MJ's review of qualitative evidence on providers' views and experience of delivering intrapartum care reveals that staff shortages and organisational time constraints may limit the capacity to provide natural progression of labour without augmentation, as well as local protocols and informal rules that may limit the ability of healthcare professionals to provide personalized care [3].

Tunçalp O'Riordan's review of the qualitative studies on what matters to women reveals that most women desire a normal childbirth with positive outcomes, but do not value unnecessary medical interventions such as additional vaginal examinations. Furthermore, the majority of women, particularly first-time mothers, are concerned about labour and childbirth, as well as about certain medical interventions, including caesarean sections [4].

Studies conducted by Acharya AS etal at Delhi, Mazumdar R *et al.* at West Bengal strongly recommends the importance of birth preparedness package in reduction of complications and enhance positive birth experience [5, 6].

All these findings are incongruence with present study findings and promote Midwife Led care to ensure positive birth experience.

Recommendation and Conclusion

Providing women and babies with respectful maternity care is a basic human right, and it should be done in a way that improves their birth experience. This includes Respectful Maternity Care (RMC), companionship, communication, and pain relief. It's necessary to develop or revise national guidelines and facilities based on the World Health Organization's Intrapartum Care Model to make sure that unnecessary birth practices that aren't recommended for healthy women are no longer done in facilities. Midwife Led Care to adhere international human rights law to make sure that women and teenage girls have the right to have a safe and healthy pregnancy and childbirth.

Acknowledgement

Not available

Author's Contribution

Not available

Conflict of Interest

Not available

Financial Support

Not available

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6. See generally Rixey v. West Paces Ferry Hosp., Inc., 916 F.2d 608, 615 (11th Cir. 1990) (stating the appropriate cause of action has now transformed into a malpractice action). See also Lamb v. Candler Gen. Hosp., Inc., 413 S.E.2d 720, 722 (Ga. 1992); Ramage v. Cent. Ohio Emergency Serv., 592 N.E.2d 828, 833 Ohio; c1992.
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How to Cite This Article
Sivapriya S, Raddi SA, Pandey U. Effectiveness of midwife led birth preparedness package on intrapartum behaviour for a positive birth experience. International Journal of Midwifery and Nursing Practice. 2023;6(2):31-35

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